

bulletin

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Registrants on track for 2009 target

by Clare Millington

The latest figures released by the GOC show registrants have made a promising start in the first year of the current CET cycle.

With two years remaining until the deadline (on 31 December 2009), most registrants are well on their way to achieving the minimum CET points requirement. Registrants have already confirmed an average of 20 CET points each – over half the total number of points needed by non-specialists by the end of

“The majority of optometrists, dispensing opticians and contact lens opticians have clocked up between 13-24 points so far.”

the cycle. The majority of optometrists, dispensing opticians and contact lens opticians have clocked up between 13-24 points so far. Optometrists have completed the most CET – around 14 per cent have confirmed 36 points or more. If uptake of CET continues at the current rate, many registrants will go above and beyond the minimum points requirement.

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GOC registration team

Renew by 15 March

With under a month to go until the retention deadline, the GOC is urging all full registrants to return their applications now. Practitioners who fail to renew their registration by the 15 March deadline face removal from the register on 1 April 2008.

All registrants, including those who pay by direct debit, must complete, sign and return a retention form if they are to stay on the Opticians Register from 1 April. Practitioners who do not return their completed form by the deadline will be removed from the register, even if they have paid by direct debit.

The list of registrants not renewed will be published on the Council website, and copies sent to Primary Care Trusts.

Any registrant who has not received their retention forms should contact the registration team to make sure their address details are up to date. Call **020 7580 3898**, option 1, or email superinfo@optical.org.



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Registrants on track for 2009 target

“Don’t stop at 36 points – this is just the bare minimum.”

Deputy registrar and director of education, Dian Taylor said: “These figures are encouraging. As the halfway point approaches, most registrants appear to be on track but they must not lose momentum. It is vital to maintain knowledge and skills over the whole cycle, not just in the first phase. In short, don’t stop at 36 points – this is just the bare minimum.”

Last year was a busy one for CET. One practitioner has already gained an impressive 209 CET points, and a total of 903,614 points were awarded overall. With over 8,000 events approved, there was an abundance of CET available. Ocular abnormalities and ocular examination had the highest provision, with 1,726 and 985 events offered respectively. As well as being the least favoured competency, low vision had the lowest provision. Although just 58 events have been offered so far, this is an increase from the last cycle when only five events were offered.

Ocular abnormalities is the most popular competency at this stage, racking up 24 per cent of all awarded generalist points. Contact lens practice also remains a firm favourite, accounting for 11 per cent of points gained. The least popular competencies

are binocular and low vision, which have attracted fewer registrants than the most popular prescribing specialty competency, ‘prescribing safely’.

Text-based distance learning is the modality of choice for most registrants, by an overwhelming majority. Almost 300,000 CET points – 31 per cent - were gained in this way. Lectures are next in the popularity stakes with 96,719 points awarded, followed by skills workshops with just over 17,000 points awarded so far. This suggests there is still a demand for traditional learning methods. Poster sessions and audio-based distance learning have the least uptake, accounting for just 124 and 879 points respectively.

Looking ahead to the next cycle, Council is considering proposals for changes to the current CET scheme. Carrying over points to the following CET cycle, and the requirement to gain points across a range of competencies were just some of the possibilities included in the consultation, which closed on 31 January. Full details will be made available in March, but *Bulletin* was given an advance preview of some of your comments:

CET consultation – your responses

On methods of learning:

“I see the need for flexibility for those taking time out for family reasons or illness.”

“I do not think that the points from distance learning should be limited. [If] CET is undertaken then it shouldn’t matter in what form it is done.”

On the lack of funding for dispensing opticians:

“The current...situation...is unfair and insulting...DOs are forced to do CET to maintain a registration that is rendered virtually irrelevant by the deregulation of dispensing over the years.”

On the total points requirement:

“[The scheme] should encourage participation right through to the end of the cycle rather than tailing off after the 36 point target [is] reached.”

On the scheme in general:

“It works! So why change?”

Message from the Editor

This will be my last edition of *Bulletin*, after two and a half years with the GOC.

In that time, I have been privileged to meet many dedicated, interesting people. I have talked to student optometrists and dispensing opticians, one of the oldest practitioners on the register, and professionals of all ages doing amazing things on a daily basis, whether in private practice in Birmingham, or on a charitable mission to Zambia.

I hope that over the past couple of years *Bulletin* has managed to reflect some of the variety and energy in the sector as a whole, as well as conveying the vital role that regulation plays in maintaining standards.

In this issue, you can find out more about planned changes to fitness to practise hearings, what the Optical Consumer Complaints Service is all about, and get to know some more of the GOC’s Council members.

Keep on reading, and keep up the great work!

Kate Fielding



Rosie Varley

Message from the Chairman: business as usual

Looking back, I realise that I have often used these columns to talk about some of the significant changes affecting the Council.

Healthcare regulation has seen more change than most in recent years, and 2008 will be no different, as we work to implement new legislation following the White Paper. Yet the Council will continue to do what it has done since it was created half a century ago – protect the public and promote good eye care. So this time I would like focus on the things that won’t change. Let me assure you, it is still ‘business as usual’ at Harley Street.

We will continue to ensure that those entering the register receive comprehensive and relevant training. Education is probably the most important area of our work, and the one which receives least attention from the press and Parliament alike. By setting standards for entry to the register, we provide the foundation for professionalism and ensure that every member of the public can expect a good standard of eye care.

Continuing Education and Training is now part of the

picture, and here to stay. Future developments will only serve to strengthen the role CET plays in ensuring safe and effective practice throughout a practitioner’s career.

We will continue to enforce registration requirements. This year’s retention cycle for full registrants will end in March, and those who have not renewed their registration will be removed from the register.

Nor will we take our eye off the ball when it comes to dealing with those who fail to meet minimum standards of conduct or performance. We will be vigilant in protecting both public safety and the reputation of the professions.

No organisation or sector can afford to stand still. But while processes change and adapt – to new technology, expectations or opportunities – principles remain the same. The beliefs and commitments that led the optical professions to take the first steps towards regulation more than fifty years ago hold good. I think we can all be proud of that.

Rosie Varley

Show me the evidence: a short guide to the standard of proof

The standard of proof used in Fitness to Practise hearings is set to change. *Kate Fielding* talks to the GOC's legal director, *Philip Grey*, to find out more.

When is the standard of proof used by the GOC?

It is used when the Fitness to Practise (FTP) Committee is deciding whether factual allegations against a registrant have been proved, after hearing or seeing all the evidence. For example, an allegation might be that on a particular date *Patient A* visited your premises, you conducted an eye examination and you failed to perform tonometry. The GOC brings evidence to support the allegation, then the panel will decide if it has been proved.

What are the different standards of proof?

When using the criminal standard, an allegation is proved if the panel is sure it is true ie if the evidence proves it 'beyond reasonable doubt'. The civil standard of proof is usually expressed as 'on the balance of probabilities'. At its most simple, if something is more likely to have happened than not, then it will be proved to have taken place.

What about the 'sliding scale'?

The Government White Paper on healthcare regulation talks about the civil standard being 'flexible in application', with a 'sliding scale', depending on the gravity of the allegation. I think we need to be clear about this – there is only one civil standard, which is the balance of probabilities. In reality it is meaningless to say that for a particularly serious allegation we have to prove this to 70 or 80 per cent likelihood. What it boils down to is that if it's a very serious allegation, the evidence has got to be particularly cogent before the panel can decide that the case is proved. For example, corroborated eyewitness accounts from independent witnesses who didn't have an axe to grind, or very clear expert evidence.

Why is the standard of proof changing?

The Government is passing legislation that will require all healthcare regulators to use the civil standard of proof. There are two broad reasons. Firstly, patient safety: it was felt that regulation is about protecting the public, not punishing the professionals, so the hurdle to finding them guilty of professional misconduct should not be as high as the criminal standard. The second reason is public perception – the Government is worried that the public won't make complaints because they think it is too difficult to prove them. In fact, only the GOC, GMC and NMC still use the criminal standard, and the GMC will be changing in April.

What difference will this make in practice?

I don't think this will make a huge difference to most cases. Whether it's the criminal or civil standard that is being used, the panel are going to decide on their view of the credibility of the witnesses, the appropriateness or otherwise of the optician's conduct, the quality of the expert evidence that we call and so on. But in criminal courts the defence will argue 'if you come to the conclusion that my client probably did this, then you find him not guilty'. That argument will no longer be available to the defence in FTP cases.

Is it true that more people will be 'struck off' as a result?

The standard of proof has no bearing on whether the panel decide that something amounts to impairment of the registrant's fitness to practise, or on any sanction they might impose – those

are matters for professional judgement of the panel. They could say 'you didn't perform tonometry, but we don't feel that in the circumstances it is deficient professional performance'. It's open to them to say 'it is deficient professional performance, but in the overall circumstances we don't consider your fitness to practise to be impaired'. Or if they find impairment, they could still decide not to impose a sanction.

What happens when someone has already been convicted of a criminal offence?

With criminal offence cases, nothing will change. The procedure is that we obtain the certificate of conviction from the relevant criminal court and that is absolute proof of the fact that the person was convicted, and of the facts that lie behind that conviction. Registrants can't come before the panel and say 'I know I've got this conviction, but I wasn't really guilty'. The vast majority of criminal cases involve an admission of the factual allegation by the registrant, but then there may be a dispute as to whether that amounts to an impairment of their fitness to practise.

The civil standard of proof will be introduced from Autumn 2008, provided the new Health and Social Care Bill comes into force as expected in July.



A guide to the key terms

Burden of proof: The burden of proof is about which party has to prove something. In FTP cases it's always the GOC's job to prove that the allegations it has brought are correct, not for the registrant to prove their innocence. In other words, a registrant is 'innocent until proven guilty'.

Standard of proof: How you discharge the burden of proof – either by making the panel 'sure', or persuading them it is 'more likely than not' that allegations are true.

Evidence: Could be *documentary* (eg record cards, claim forms) or *live* (eg verbal evidence from the patient, who can be cross-examined).

Who's Who on Council?

Nominated members take 'The Bulletin Questionnaire'.



Name: **Rob Hogan**
Age: **52**
Family: **Married to Emma with two children, aged six and four**
Profession: **Optometrist**
Lives: **Kegworth, Leicestershire**

What is the biggest challenge for the GOC at the moment?

Balancing proportionate regulation in an environment that is conducive to functional development, whilst ensuring effective safeguards for visual well-being in the UK.

What has been your most rewarding moment as a professional?

There have been many: being awarded my PhD, chairing DOCET, [Directorate of Optometric Continuing Education and Training] my ongoing involvement with the College...I hope there are many more.

What is your idea of perfect happiness?

Scuba-diving in the Maldives.

What is your greatest fear?

Fear can be thought of as: False Expectation Appearing Real – a mere perception.

What is the most important lesson life has taught you?

Time is relative. It is a hope or a memory with only a moment in between – Carpe Diem.



Name: **Kevin Lewis**
Age: **51 years young**
Family: **Married with two sons, aged 18 and 22**
Profession: **Optometrist**
Lives: **Nine - oh! Langdon Hills, Essex**

What is the biggest challenge for the GOC at the moment?

The reorganisation of the Council. This will be a challenge from both the inside, with staff structure changes, and from the outside, as it needs to be perceived by the public as a workable and fit-for-purpose organisation.

What has been your most rewarding moment as a professional?

My first day as a pre-registration optometrist in east London. I had to refer a patient for increased cranial pressure as an emergency. Three months later she returned to thank me, as she had been told by her surgeon that she probably would have been dead within a week had she not been referred.

What is your idea of perfect happiness?

Shooting two rounds of 64 to win my golf club championship.

What is your greatest fear?

Shooting two rounds of 64 in my golf club championship and forgetting to sign my scorecard.

Spectacles or contact lenses?

Contact lenses every time. Even though I now wear spectacles after 25 years wearing contact lenses.



Name: **Ahmed Sadiq**
Age: **43**
Family: **Married, with one daughter aged 11**
Profession: **Consultant ophthalmic surgeon, specialising in phacoemulsification and oculoplastics**
Lives: **Manchester**

What is the biggest challenge for the GOC at the moment?

Being able to see into the future.

What has been your most rewarding moment as a professional?

Voluntary work. Making a difference to people's lives and making them independent again. Patients praying for you.

Which person living or dead would you most like to have dinner with?

The Moghul Emperors: great palaces, food, music, poetry, and murderous plotting besides.

What is the most important lesson life has taught you?

Family is more important than work. You only appreciate time, life, health and wealth when you no longer have them.

Spectacles or contact lenses?

Being myopic (-6 to -7), I've been wearing spectacles since primary school (I still have photographs of me in the old black-rimmed NHS type). Whilst studying at university I purchased RGP contact lenses. On the first day I wore them, I sat on my glasses so I had to wear them for the full day. I've now reverted back to spectacles and am avoiding varifocals for as long as I can. If patients ask about laser surgery I usually suggest they go ahead - but I haven't had it done myself.



Name: **Nigel Carmichael Andrew**
Age: **56**
Family: **Single, one son aged 17**
Profession: **Ophthalmic surgeon**
Lives: **Canterbury**

What is the biggest challenge for the GOC at the moment?

To retain its autonomy, avoid political correctness and rely on common sense.

What has been your most rewarding moment as a professional?

As a registrar I undertook an eye camp in rural northern Pakistan. I learnt the old technique of Graefe knife incision for intracapsular cataract surgery. I performed 60 procedures under difficult conditions, with some very satisfactory outcomes.

What is your idea of perfect happiness?

Returning to the Okavanga swamps in Botswana with friends and family to spend an indefinite period being punted from island to island, camping amidst the glorious wildlife.

What is the most important lesson life has taught you?

Be decisive and take risks.

Spectacles or contact lenses?

Contact lenses cause problems. Spectacles are more fun, diverse, and much safer.



Name: **Peter Kyle**
 Age: **56**
 Family: **Married with three children**
 Profession: **Ophthalmic surgeon, with a particular interest in orbital disorders**
 Lives: **Glasgow**

What is the biggest challenge for the GOC at the moment?

Adapting to the change in the structure of Council and maintaining the ongoing work of the GOC.

What has been your most rewarding moment as a professional?

Witnessing junior trainees blossoming.

Which person living or dead would you most like to have dinner with?

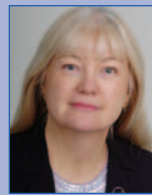
John Buchan, a fascinating individual who lived life to the full and I think would provide enthralling company.

What is the most important lesson life has taught you?

Trying to be positive even in the worst of times.

What is your greatest fear?

Losing my hair.



Name: **Jo Underwood**
 Age: **Old enough to know better!**
 Family: **Married with no children**
 Profession: **Principal of ABDO College, dispensing optician and contact lens optician**
 Lives: **Chartham, just outside Canterbury**

What is the biggest challenge for the GOC at the moment?

Restructuring itself to fit in with the new government requirements, whilst at the same time ensuring registrants have confidence in it.

Which person living or dead would you most like to have dinner with?

Peter Ustinov - an excellent raconteur and charmer.

What is your idea of perfect happiness?

Lazing in front of the fire with my husband and a glass of champagne.

What is your greatest fear?

Snakes, and not being able to live up to my father's hopes of what I could achieve.

Spectacles or contact lenses?

As a presbyopic emmetrope, I hate both.



Name: **Stuart Roxburgh**
 Age: **57**
 Profession: **Consultant ophthalmologist**
 Lives: **Perth**

What is the biggest challenge for the GOC at the moment?

Keeping regulation sensible and proportionate, and reminding government about the core values and aspirations of the optical professions.

What has been your most rewarding moment as a professional?

The genuine gratitude of ordinary NHS patients whose quality of life has been improved by some intervention I have been responsible for.

Which person living or dead would you most like to have dinner with?

Marx – Groucho not Karl.

What is your idea of perfect happiness?

A days skiing with the family and friends followed by a meal full of laughter (with a little vino to lubricate things).

What is the most important lesson life has taught you?

Keep your feet on the ground and respect others.



Name: **Alan Tomlinson**
 Profession: **Professor of optometry**
 Lives: **Glasgow**

What is the biggest challenge for the GOC at the moment?

Implementing changes to the Council and maintaining a proportionate response in a climate of increased regulation.

What has been your most rewarding moment as a professional?

Qualifying as an optometrist, and each day since.

Which person living or dead would you most like to have dinner with?

Albert Einstein.

What is your idea of perfect happiness?

A GOC meeting that finishes before noon on a sunny day in London.

What is the most important lesson life has taught you?

There is always another frustration round the corner.

Talking point

Raising public awareness

Ian Hamer is a lay member of Council, and has a background in consumer issues.

I was appointed to the GOC in January 2007, the beginning of a time of change for health-care regulation. Those changes are being driven by the White Paper, *Trust, Assurance and Safety*.

As a lay member, I support its aims and approach in making public protection paramount.

However, a number of questions are being raised which the GOC is having to address. Amongst the most difficult is that of proportional regulation. Much

of the White Paper is medically focused. The challenge for the GOC is to comply with the thrust of its proposals whilst resisting a 'one size fits all' approach to healthcare regulation.

It is also clear that public awareness of the changes being proposed is low. Some of the decisions that we are having to make are more difficult without the driver of public opinion to back them up.

Unlike some other healthcare professions there is

a significant element of commercialism attached to optics. Consumers are more often directed towards commercial aspects, such as the price of spectacles, two-for-one deals etc, than the real healthcare issues.

I believe that this is an area which should be addressed by registrants in conjunction with the professional bodies and the GOC. An open question is: 'Should (and can) the GOC take the lead on this?'. Informed consumers make better choices.

Hearings Report

Director of Legal and Fitness to Practise, *Philip Grey*, reports on the recent cases before the GOC's FTP, and Registration Appeals Committees.

In November 2007, an application by **Harin Chohan** to be restored to the register of dispensing opticians was refused by the Registration Appeals Committee.

Mr Chohan had been erased in November 2004, following a criminal conviction for testing sight whilst unregistered. As a student optometrist, he had lied to his employer and supervisor, claiming that he had passed exams he had in fact failed. Prior to the College of Optometrists alerting his employer, Mr Chohan had tested the sight of sixteen patients, including children, while pretending to be fully qualified. At the restoration hearing, the Committee commented that "he demonstrated no real remorse today nor any significant insight into the effect of his behaviour on his former employers, the patients and the profession." Mr Chohan will not be able to make a further application until November 2008.

Also in November, the Committee found the fitness to practise of optometrist **Oliver Wright Stevens** to be impaired and imposed an 18-month period of conditional registration. The allegations concerned inadequate record keeping over a period of nearly four years. The conditions imposed included requirements relating to training, and that Mr Stevens must place himself under a supervisor who is to report to the GOC prior to a review hearing in early 2009.

In January 2008, the Committee considered the case of optometrist **Alan Frape Peacock**, who faced allegations of inadequate consultations and inadequate record keeping over a 15-year period. It was further alleged that Mr Peacock's practice did not have adequate equipment available for testing glaucoma. Mr Peacock did not attend the hearing, despite the Council's efforts to contact him, and the hearing went ahead in his absence. The Committee found the allegations proved and Mr Peacock's fitness to practise impaired. They imposed an erasure order, and an immediate order of suspension, pending the erasure order coming into force. The Committee stressed the gravity of the allegations, which involved a large number of patients over a span of 25 years facing known increased risk of glaucoma.

Also in January, the Committee considered the case of optometrist **Paul Spratt**. Mr Spratt had been convicted of ten counts of obtaining a money transfer by deception at Teesside Crown Court in November 2006, and been sentenced to 150 hours community punishment. The offences related to Mr Spratt dishonestly obtaining funds from Middlesbrough PCT between September 2002 and October 2003. Mr Spratt admitted the convictions, and the Committee concluded that his fitness to practise was impaired. The Committee went on to erase Mr Spratt from the register, commenting that his explanations to the Committee for his conduct were unsatisfactory. The determination added: "We have taken the view that dishonesty, as demonstrated by this registrant, brings the profession into disrepute and undermines public confidence in the profession. We are satisfied that the registrant's behaviour is fundamentally incompatible with being a registered professional."

Full transcripts of hearings are available from the GOC website, www.optical.org



Monitoring equality and diversity

Sheila Wild, Council member and policy head at the Equality and Human Rights Commission, highlights the GOC's responsibilities.

Equality monitoring is the process used to collect, store and analyse data about people's backgrounds. For the GOC, equality monitoring is used to highlight possible inequalities in our dealings with registrants (including Fitness to Practise procedures). We can then investigate the underlying

causes of these and identify what needs to be done to remove any unfairness or disadvantage. It also helps us to understand how well our policies and procedures are promoting equality of opportunity for all our registrants.

The Council gathers information about race, gender and disability by asking registered optometrists and dispensing opticians, including students, to complete a short questionnaire. Their responses provide valuable insight into the profile of our registrants. By using Census information as a benchmark, we can then explore the impact our procedures have upon registrants, and judge whether people are being treated fairly.

Monitoring enables us to fulfil public sector equality duties on race, disability and gender, including a new requirement to make an annual report to Parliament on equality and diversity. All registrant data is subject to the Data Protection Act, which means that this information is only ever presented in aggregate format (ie as statistics). It cannot be used in a way that identifies individuals. For more information on the Council's data protection policy, visit www.optical.org



Dealing with optical consumer complaints

In November last year, the Optical Consumer Complaints Service (OCCS) won a three-year contract to provide a consumer complaints mediation service. *Richard Wilshin*, OCCS Administrator, explains the work and challenges involved.



The OCCS operates independently of all optical and consumer interests, and aims to offer a mediation service that is fair and free from any prejudice. When resolving disputes between a patient or customer and an optical practice, we provide mediation that does not favour either party.

In practical terms, this means that where a dispute has not been resolved directly, the OCCS seeks to represent the consumer's complaint whilst also assisting the practice involved.

Two years ago, a survey of consumers and opticians indicated that the large majority of those who had dealt with the OCCS were satisfied with the service. Experience has indicated that the cooperation of practices helps to resolve

disputes quickly and effectively. This saves time and money, and assists in promoting and preserving the public image of the profession. After all, the profession finances the service through the GOC registration fee. It therefore behoves us all to work together to reach acceptable solutions.

Looking to the future, we are currently reviewing our organisation and procedures. There are plans to move to new offices, and to update and computerise internal processes.

We look forward to providing an improved service with the goodwill and cooperation of practices, so that complaints can be satisfactorily resolved for both parties, with minimum delay and cost.



"We look forward to providing an improved service with the goodwill and cooperation of practices"

All change for pre-reg entry arrangements

The GOC have agreed changes to the current arrangements for entry to the Pre-Registration Period (PRP). A new 'optometry progression' scheme will replace the Professional Qualifying Examination Part 1 (PQE1).

The new scheme was agreed at the June 2007 meeting of Council, and is designed to offer support to those who do not achieve the required standard for automatic entry to the pre-registration year (a minimum 2:2 degree and competence in key skills).

From September 2008, students who fail to achieve the minimum qualification requirement can choose to re-enter the final year of their degree programme as a 'special student'. If they gain an average pass mark of 50 per cent for their end of term assessments, the student will then be able to progress to the period of pre-registration training.

The scheme will also be open to optometry students who graduated from UK universities between 2003 and 2008 but did not achieve the required standard for automatic progression, or whose certificate of clinical competence has expired. Only one attempt will be permitted in the progression scheme.

Performance in the new scheme will not alter the classification of the optometry degree initially awarded to candidates. Universities will charge students for participation in the scheme.

The College of Optometrists will offer the final PQE1 sessions in February 2008 and October 2008. After this time, there will be no further PQE1 examinations.

Potential candidates should seek advice from participating universities about their suitability for the progression scheme.



Regulation reform update: the milestones

by Jon Levett

The GOC has been working closely with the Government to put in place the reforms to healthcare regulation set out in the White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*.

We now know more about planned legislation, which is enabling the Council to formulate its own plans for the future.

Key milestones will be:

- A newly-constituted Council will be in place in 2009. The Council will be smaller, and more board-like, and both lay and professional members will be appointed by the Appointments Commission against clearly specified criteria and competencies.
- The Fitness to Practise Committee will be required to apply the civil standard of proof (the 'balance of probabilities') when considering the facts of a case from the Autumn of 2008 (see article on p3). The Health and Social Care Bill, which is currently going through Parliament, will require all healthcare regulators to use the civil standard.
- The Office of the Healthcare Professions Adjudicator (OHPA) will be established in 2010. OHPA will be a new independent body set up to hear fitness to practise allegations. It is expected that the GOC will begin referring cases in 2011. The Council recently submitted evidence to the Parliamentary Bill Committee which has been looking at OHPA's future operation. Our evidence can be found at: www.publications.parliament.uk/pa/cm/cmpbhealth.htm
- The legislation to underpin revalidation will be introduced in 2011. The GOC intends to carry out some earlier pilot studies before the legislation comes in to force.

New measures to protect children and vulnerable adults

The Soham murders of Holly Wells and Jessica Chapman in 2002 led the Government to investigate failings in child protection measures, record keeping and information sharing across the services.

The *Bichard Report* has led to the new Safeguarding Vulnerable Groups legislation which will come into force in the UK from Autumn 2008.

Under the Act, the GOC will be required to share information with an Independent Safeguarding Authority (ISA) who will determine whether a GOC registrant should be barred from working with children and/or vulnerable adults.

GOC registrants will be subject to continuous "monitoring" by the Scheme and employers will be able to check the status of an individual online at no cost to ensure they do not appear on a barred list.

The GOC is currently considering whether "monitoring" should be a requirement of GOC registration, and if so how and when this might be introduced.

Practitioner perspective



Katie Harrop is a qualified optometrist practising in Brighton. She is a Council member of the British Contact

Lens Association, and a member of the College of Optometrists.

Since I qualified in 1999 there has been an increasing amount of anxiety in our profession about being sued or struck off. Over the last few years I think the profession has begun to feel that the British public are developing a litigation culture, and that being struck off the register is something that is happening more and more.

Often our only source of information about fitness to practise cases is the optical press. These publications only have a limited amount of space in which to print the details, so frequently the reports give the impression that you can be hauled in front of a FTP hearing all too easily. It was for this reason that I decided I would start reading the transcripts of hearings on the GOC website and I would recommend that others have a look too. Once you read a number of the transcripts you realise that the best way to avoid a fitness to practise hearing is to keep good records and don't commit fraud. If you make decisions based on sound thinking and record everything thoroughly then you are in a good position. I'm sure that we all appreciate the protection of the General Medical Council, General Dental Council and others when we or our families are patients. The FTP panel have an important role to play in patient protection and aren't out to get you!

Got a view?

Have your say by emailing us at bulletin@optical.org or writing to:

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