

bulletin

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Under investigation – FTP complaints

by Clare Millington

Last year, less than one per cent of UK opticians were the subject of a fitness to practise (FTP) complaint. The statistics, featured in the GOC's 2007-8 Annual Report, indicate that the majority of optometrists and dispensing opticians are providing patients with good quality eyecare.

From a total of over 22,000 individual and business registrants, the Council received just 172 complaints during 2007-8 that required investigation. When compared to the previous year, the number of complaints increased by 33 per cent. This follows two consecutive years during which FTP complaints fell sharply: in 2005-6, 146 complaints were received, and in 2006-7 that number fell to just 129 – the lowest level in six years.

Commenting on the figures, the Council's director of legal and fitness to practise, Phillip Grey said: "Although the number of complaints rose fairly significantly last year, the majority of registrants will never have any experience of the FTP investigation process. When placed in context against the last six years' figures, 172 complaints in one year is actually a fairly typical number overall."

"The majority of registrants will never have any experience of the FTP investigation process."

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Have you renewed yet?

The GOC is urging all full registrants to get their retention application in well before the 15 March deadline, to avoid paying a late fee of £20.

Practitioners must renew their GOC registration by completing and returning a retention form, along with the £219 retention fee, by 15 March at the latest. Those who pay by direct debit must still send in the completed retention form.

A late application charge of £20 will apply to anyone whose form is received after the deadline of 15 March but before 31 March. This will increase the cost of retention from £219 to £239. The Council stressed that the closer it gets to the deadline, the more likely registrants are to have problems.

Practitioners who fail to renew their registration by 31 March, including payment of a late fee where applicable, risk removal from the registers on 1 April. Those removed will not be able to continue practising until they have restored to the register.

Any registrant who has not received their retention forms should contact the registration team to ensure their address details are up to date. Call 020 7580 3898 (option 1), or email goc@optical.org. Forms can be downloaded from www.optical.org



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Message from the Editor

The dawning of each new year always carries with it a weight of expectation, and the next 12 months certainly look set to be eventful.

Much of 2008 was spent laying the foundations for significant changes that will affect eyecare practitioners, and the GOC itself. Throughout 2009, many of those plans will come into fruition - and with so much going on, it’s been a challenge to fit everything into this issue.

You can find out about the latest plans for revalidation, and what the scheme could mean for you. We also review the latest retention fee increase and take a look at where the money goes. Elsewhere, the latest report on CET activity highlights developments as the current cycle enters its final year.

And whether you’ve managed to stick to your new year’s resolutions, or have fallen at the first hurdle, why not resolve to make your registration renewal a priority? The 15 March deadline is drawing closer.

This year, *Bulletin* will also be going electronic. Starting in the Spring, you’ll receive two printed and two electronic editions over the course of the year. So make sure we have your up to date email address by checking your details online, at www.optical.org.

Happy new year, and happy reading!

Clare Millington, Editor

Complaint outcomes

The statistics show that around 16 per cent of cases were closed before they were given full consideration by the Investigation Committee (IC). This may take place if the individual decides to withdraw their complaint, or if they withdraw cooperation – for example, by not returning several letters or telephone calls. In these circumstances, the IC must approve the closure of a complaint file after considering a summary of the initial allegation. During 2007-8, 20 per cent of cases resulted in formal action, such as an immediate referral to the FTP Committee, a performance assessment or a formal warning. Of the cases given full consideration, the Committee judged that no further action should be taken in 76 cases.

Philip Grey explains: “A ‘no further action’ decision may be made if the Investigation Committee considers that the circumstances described in the complaint are entirely out of the registrant’s control. In this situation, there can be no case to answer and the allegation will go no further.”

Another option available to the Committee is to put the registrant in question forward for a performance assessment. This may be ordered if the Committee feels that it needs more information about the standard of a registrant’s work before deciding what action, if any, to take. In 2007-8, four registrants were instructed to undergo this type of assessment. The number of cases where such assessments are ordered is steadily rising.

Cause for complaint

Clinical issues were the public’s main concern, accounting for 31 per cent of complaints received. Issues included complaints relating to the treatment and detection of eye conditions such as cataracts, glaucoma and retinal detachments. Spectacle prescriptions also featured highly, accounting for 28 per cent of complaints. In total, 12 per cent of cases involved concerns about a registrant’s conduct.

The majority of complaints were made by a member of the public – 156 out of 172 complaints were made in this way. A total of seven complaints were made by various primary care organisations, whilst employers or universities reported four cases. Other sources of complaints include police circular notification, the NHS Counter Fraud Service and fellow GOC registrants.

Erasures from the registers

The likelihood of a registrant being ‘struck off’ the GOC registers remains extremely low. Overall, just five registrants were erased during 2007-8. This follows two erasures in 2006-7, and one the previous year. Erasures in 2007-8 were ordered in two cases of clinical incompetence, and three criminal convictions including sexual assault.

Number of complaints received by the GOC over five years:

Year	2003-4	2004-5	2005-6	2006-7	2007-8
Number	178	182	146	129	172



Dr Geoffrey Harris

Message from the chair: striking a balance

This April, the GOC will begin a fresh chapter in its history as it takes its place in the new era of professional regulation.

At such times we have to bear in mind two balancing precepts: ‘evolve or die’ and ‘if it ain’t broke, don’t fix it’. Whilst leading and responding to change for the future, we will sustain the best from the present.

The professions regulated by this Council are amongst the best known and well respected in the country. Optometrists and dispensing opticians are seen regularly by just about everyone, and trusted by all.

The GOC is at the forefront of healthcare regulation. Under Rosie Varley’s leadership, it has wielded influence, both nationally and internationally, well beyond that which numbers alone would merit.

My task and responsibility is to sustain and build on the reputation that the Council and the professions it regulates currently enjoy. That will mean focusing on our core tasks – the fundamentals required to deliver good

eyecare and protect the public – and doing the things we do really well.

More than that, just as the optical professions are moving forward and developing their practice in areas such as independent prescribing or contact lenses, the GOC must evolve and innovate. We must continue, particularly given current economic realities, to be effective and efficient.

Whilst maintaining our independence and effectiveness as a regulator, we will make even greater efforts to work with all our stakeholders. We will take account of the views of registrants, patients and partner bodies amongst others as we develop and implement our future plans. These will include preparing for the introduction of revalidation and the establishment of the new independent hearings body, the Office of the Health Professions Adjudicator.

I will meet and listen to many of you on many occasions during my service as chair. Your views will help us get the balance right.

Dr Geoffrey Harris

Council bids farewell to Rosie Varley

In December 2008, Rosie Varley handed over chairmanship of the GOC. Professor Mike Salmon pays tribute to Rosie's ten years in the role.



During Rosie's outstanding leadership, the GOC has developed substantially. It is now recognised both nationally and internationally as being at the forefront of modern regulatory practice.

Rosie came to the Council in 1998 after a successful career in the NHS. She has championed the two optical professions; and built effective, long-lasting relationships with Government, healthcare regulatory bodies and other partner organisations. Proof of Rosie's influence lies in the early establishment of reform legislation, which has formed the basis of a modernised GOC.

Rosie's reputation in the world of healthcare regulation was confirmed when she was invited to chair the Council for Healthcare Regulatory Excellence (CHRE) through troubled times: a task which she has performed with great success. Rosie's sense of commitment, duty and selflessness has endeared her to all who have worked with her both within and outside the GOC. She has set a tone of team working and has never shirked ownership of making difficult decisions, even though privately, those decisions may have sometimes caused her personal anguish.

"Rosie's influence lies in the early establishment of reform legislation, which has formed the basis of a modernised GOC."

A true professional, Rosie will be greatly missed and long remembered. She will be a difficult act to follow. The General Social Care Council is hugely privileged to have Rosie as its new chair.

GOC treasurer departs

Moira Black also retired from the GOC in December. Moira has been a Council member for ten years, much of that time as treasurer. The Council wishes Moira well for the future.

Students face new penalties

This year, students who fail to return their retention application form payment or both, by the 15 July 2009 deadline will have to pay a £10 late application charge, in addition to the basic £20 retention fee. Students who fail to get their application in by 31 August will be removed, and will have to pay £40 to restore to the registers.

Acting registrar and chief executive, Dian Taylor commented: "Processing late applications comes at a cost, and it is only fair that those who miss the deadline pay those costs. We hope the late application penalty will encourage students to stay on top of their GOC registration."

In September 2008, the GOC removed a total of 399 student optometrists and dispensing opticians from its registers, for failing to renew their 2008-9 registration.

When compared to last year's figures, this represents a three per cent increase in the number of students who did not complete the retention process. Each year the Council sends the list of removed students to the relevant education providers and examining bodies.

Students on a GOC-approved course of training in optometry or dispensing optics must renew their GOC registration every year. Student retention packs for 2009-10 will be sent out from March.



In Brief – news from Council

Geoff Harris announced as new Council chair

At the November meeting of Council, the Appointments Commission confirmed their appointment of Geoff Harris as the new Council chair. Geoff replaces Rosie Varley who retired at the end of 2008, after ten years in the role. Geoff's appointment is from 1 January - 31 March 2009. Subject to parliamentary legislation, Geoff is expected to then serve as chair for a minimum of four years from 1 April 2009. Geoff was appointed to the GOC in 2004 as a Privy Council nominee, and is the former deputy chair.

Welsh language proposals approved

Members approved draft proposals for the Council's Welsh Language Scheme. The proposals outline a number of language services for members of the public in Wales. These include: bilingual public-interest areas on the website; bilingual publications such as the Annual Report; and provision for registrants and members of the public to give evidence in Welsh at FTP hearings. The GOC is legally required to implement a Welsh Language Scheme. Council's proposals will be open for consultation in the Spring, and implementation will begin later this year.

Committee constitution decided

Council approved draft Rules outlining the make-up of future GOC committees. The Rules detail the size, membership and quorum of the Council's statutory committees, and come into effect from 1 April 2009. Council's statutory committees are: registration; standards; education and investigation. A three-month consultation on the future of these committees closed on 7 November 2008. More information is available from www.optical.org (under About us>How we work).

Next meeting

The next meeting of Council will take place at 10.30 on Thursday, 26 March 2009 in London. Council meetings are open to the public. If you would like to attend please email mclaridge@optical.org

Avoiding a customer complaint

Most complaints presented to the Optical Consumer Complaints Service (OCCS) arise from misunderstandings and poor communication. OCCS Administrator, *Richard Wilshin* explains how this can be avoided.

Case study

One typical case involved a patient who saw a designer frame on special offer in a practice. This offer prompted her to have a sight test, and her bifocal prescription was then dispensed into the new frame.

Subsequently, the patient claimed she could not see properly and that the frame was too narrow for the prescription. Her request for a refund was refused by the practice, who maintained that she had chosen this particular frame. The patient stated that at no point had a member of staff explained to her that there might be a problem with her frame choice. She therefore approached the OCCS to resolve the issue.

Key issues

This sort of complaint can be difficult to resolve. The optical practice may indeed argue that these glasses were of satisfactory quality: they were made up as a bespoke item for the patient, who had chosen that specific frame. But was it an informed choice? The patient argued that had she been properly advised, she would have known that the frame was unsuitable for her prescription, and would have made a different choice.

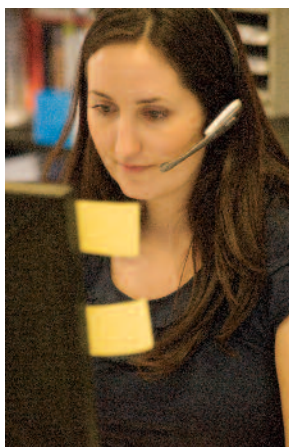
The solution

We liaised with both parties to reach a mutually acceptable resolution. The customer chose a more suitable frame, which was offered to her at the original offer price. The practice also supplied new lenses.



To avoid a similar complaint:

- If sight testing and dispensing are conducted separately at your practice, ensure clear communication between the sight tester and dispenser.
- Make sure the patient understands what can reasonably be achieved.
- Keep clear, precise notes of the advice given to the patient.



Good report for GOC

The GOC has been praised as an “efficient and effective” healthcare regulator by the Council for Healthcare Regulatory Excellence (CHRE).

In its annual Performance Assessment the CHRE identifies key strengths from the GOC’s work during 2007-8. These include the Council’s internal governance processes, such as the appraisal system for fitness to practise panel members. The use of an internal code of conduct for Council members is also commended.

“Each of the nine UK healthcare regulatory bodies is assessed every year by the CHRE. The process looks at the regulators’ general performance against agreed standards.”

GOC acting registrar and chief executive, Dian Taylor commented: “We are encouraged by the CHRE’s findings. However, there is still a lot of work to be done. We need to address the priorities outlined for 2009, such as improving the content of the Opticians Registers and ensuring that the views of patients and the public are adequately represented in GOC policy development.”

Each of the nine UK healthcare regulatory bodies is assessed every year by the CHRE. The process looks at the regulators’ general performance against agreed standards. Existing good practice and areas for improvement are also highlighted.

The full CHRE Performance Review of the GOC’s work was published in August 2008, and is available from the CHRE website, www.chre.org

Council wins case against Vision Direct

In September 2008, internet retailer Vision Direct was ordered to pay over £60,000 after the GOC successfully concluded a criminal prosecution for illegal sales of contact lenses.

The company pleaded guilty to six offences of selling contact lenses without a valid specification, and without the supervision of a registered doctor or optician. The charges related to test purchases made by the GOC’s solicitors. Sale and supply of optical appliances are regulated under the Opticians Act.

Vision Direct were ordered to pay a fine of £3,600 for each offence – a total of £21,600 – and to pay the GOC’s legal costs. The district judge stated: “This is important legislation, which has the protection of the general public at its heart. The defendants appear to have paid lip service to the legislation and to the duty of care that they owed to members of the public.”

Acting registrar, Dian Taylor said: “This is a significant result for the Council. The law is designed to protect consumers from eye health problems by ensuring that qualified professionals are involved in prescribing and selling contact lenses.”

The GOC is urging online contact lens retailers to ensure their processes are compliant with the legislation.

Dian Taylor added: “We are currently investigating other alleged offences and will bring further prosecutions in the criminal courts should it be necessary.”

Go-ahead for Independent Prescribing training courses

The GOC has approved the first three training courses in Independent Prescribing (IP) for optometrists. Registrants who successfully complete IP training can apply to have the therapeutics specialty entered against their name on the Opticians Register.

Three institutions will be offering IP training programmes from April 2009: Glasgow Caledonian University; a joint course between the universities of Aston and Manchester; and City University. Registrants who are interested in applying for any of the courses should contact the institution directly. The College of Optometrists will provide assessment for all courses.

“The approved training programmes will feature a combination of theoretical learning and clinical placement.”

The approved training programmes will feature a combination of theoretical learning and clinical placement. Applicants must demonstrate evidence of their competence in the diagnosis and management of the eye conditions for which they will be trained to prescribe therapeutic drugs.

Practitioners with a registered IP specialty will be able to independently prescribe any licensed medicine to treat ocular conditions affecting the eye and surrounding tissue. Clinical guidance for optometrists with prescribing specialties is being prepared by the College, and will be reviewed by the GOC.

The decision to allow optometrists independent prescribing rights was announced by the Department of Health in Summer 2007. Patients will benefit from not having to make a separate visit to their doctor to receive treatment.

How does the IP specialty affect CET requirements?

The CET requirements for registrants with therapeutics specialities have changed. The three therapeutics specialities are: Additional Supply (AS), Supplementary Prescribing (SP), and Independent Prescribing (IP). The changes cannot be applied retrospectively, so a two-phase calculation applies:

From 1 September 2008

If you have one or more therapeutics specialties registered against your name they will be treated as **one specialty for the purposes of CET**. You now only have to gain one therapeutics specialty CET point for every two months you have had those specialties registered since 1 September, **NOT** two points as previously required.

From 1 January 2007 to 1 September 2008

For the period before the new rules came into effect, each therapeutics specialty will be treated separately, as under the previous rules. So, if you have held both the AS and SP specialties from 1 January 2007 (the beginning of the current CET cycle), then by 31 December 2009, you will need to have gained:

- 20 approved specialty points for the period before the rule change occurred (10 points for each specialty); and
- Eight points for the period after the rule change; making a cumulative total of 28 points for the cycle.

For more details visit the CET section of the GOC website, www.optical.org

Practitioner perspective

Cindy Tromans is a consultant optometrist and head of the department of optometry at the Royal Manchester Eye Hospital. A strong supporter of therapeutics, Cindy is already qualified in Additional Supply (AS) and Supplementary Prescribing (SP), and is looking forward to the chance to qualify in Independent Prescribing (IP) this year.

“I’ve always wanted to do IP. Most of us who have done supplementary prescribing want to go on and prescribe independently.

“When gaining the AS and SP specialties, you do the academic side first and then practice-based training in an eye hospital. That part was easy for me because I work in an eye hospital. It should be feasible for community optometrists as well – but you need to start building relationships with GPs and ophthalmologists.

“In hospital optometry every day is different. You don’t know who’s going to walk through the door. Working in a hospital gives you variety and stimulation; there are no obvious ways of dealing with some cases. Some patients have irreversible visual impairments. But while you can’t always correct vision, you can help patients to rehabilitate.”

IP promises Cindy and her team the chance to take on new challenges and opportunities.

“It will allow patients faster access to treatment. If they come in with a condition that we can prescribe for, then we can do it there and then. It speeds up the patient’s journey and reduces the pressure on other services. If we can do the prescribing then the patient doesn’t need to see a GP if they need their treatment changed. It is an exciting time for the profession.”



Cindy Tromans

“Working in a hospital gives you variety and stimulation; there are no obvious ways of dealing with some cases.”

Revalidation takes shape

The GOC's Director of Standards, *Jon Levett* outlines initial plans for the revalidation of optometrists and dispensing opticians, and explains how the scheme will affect GOC registrants.

"All practising optometrists and dispensing opticians will be asked to provide details about their scope and context of practice."

The GOC has been working closely with Government and the Department of Health to put together a rough outline of how revalidation will work. Our initial proposals are underpinned by the Department of Health's key principles for the revalidation of non-medical health professionals, including optometrists and dispensing opticians. Importantly, nothing is set in stone. We will be asking registrants and partner organisations for their views over the coming months.

Timescales

A full implementation plan will be published later in the year. We plan to start revalidating registrants from the beginning of the 2012-15 CET cycle. One sixth of registrants will undergo revalidation each year (matching two three-year CET cycles).

How it will work

We anticipate using an online system, similar to the one used for CET, to support the revalidation process.

Registrants will need a licence to practise

All practising optometrists and dispensing opticians will have to regularly demonstrate that they have the skills, knowledge and expertise required to practise. Registrants who are successfully revalidated will have a 'licence to practise'. Those who are registered but not practising (and therefore not subject to revalidation) will not be issued with a licence. This mirrors the

approach adopted by the General Medical Council (GMC). Once revalidation is up and running, any registrant who is practising, even if only on an occasional basis, will need to be revalidated.

Registrants will be 'risk profiled'

All practising optometrists and dispensing opticians will be asked to provide details about their scope and context of practice. This will enable the GOC to build up a 'risk profile' for each registrant. The nature and level of revalidation will be proportionate to the risk posed to the public. We will work closely with other optical bodies to ensure that the systems used to assess registrants' risk profiles are robust, fair and transparent.

Registrants will be revalidated against entry-level GOC competencies

The revalidation process will involve registrants being assessed against the GOC's existing competencies. Currently, all practitioners have to demonstrate these competencies to join the GOC registers. Practitioners with a registered specialty will have to demonstrate the competencies required for that specialty. It is disproportionate and impractical for all practitioners to be assessed against every competency: therefore, the level of assessment will depend on the registrant's risk profile.

CET will count towards revalidation

Revalidation will not replace CET. Instead, registrants will be able to use CET as evidence of their continuing training and skills. This evidence will then count towards gaining a licence to practise.

Other professional development activities could also count as evidence

Registrants may also use evidence of other professional training and development activities to prove they are fit to practise. This might include: voluntary activities; any training or assessment required by an employer; or participation in General Ophthalmic Service (GOS) re-accreditation exercises (such as those in Scotland and Wales).

Practitioners with a higher risk profile will need to provide evidence of a peer assessment against the relevant GOC competencies. Potential peer assessment providers will be invited to submit their programmes for GOC accreditation. This could include existing programmes such as the GOS re-accreditation schemes; or new schemes provided by optical professional bodies or training establishments.

What happens if concerns about a registrant are identified during revalidation?

For the vast majority of registrants, a licence to practise will be issued every six years following a revalidation review (over two three-year CET cycles). If the GOC has concerns about a registrant's fitness to practise, we may issue a licence for a shorter period. This may be subject to the registrant providing evidence of meeting certain conditions. The registrant will have to cover any costs associated with meeting those conditions, such as remedial training.

Where can I find out more?

Visit www.optical.org for more information. The Non-medical Revalidation Working Group's report can also be found on the Department of Health's website at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091111



GOC reform comes into effect

For the first time in its 50-year history, the structure of the GOC is changing. The Government's plans for reform in healthcare regulation come into effect from 1 April. *Jon Levett* explains the transformation that lies ahead.

In February 2007, the Government set out a programme of radical reform for all healthcare regulatory bodies, including the GOC. It was recommended that the councils of all nine UK healthcare regulatory bodies should be smaller and more board like, with at least equal numbers of registrant and lay members. The Government also directed that Council members should be appointed against specified criteria and competencies, and that candidates should be independently appointed by the Appointments Commission.

Reconstitution of Council

Following the initial recommendations for reform, the Government has now completed its consultation on the future constitution of the GOC. The Government has proposed that the Council's membership should consist of 12 appointed members, of whom six are registrants, and six are non-registrants.

The consultation has also proposed that the GOC should continue to have an appointed non-registrant chair, and that there should be at least one member drawn from each of the four countries of the UK. We have welcomed the proposals, which are in line with Council's own views regarding its future.

However, we have argued that the membership of the Council should reflect the fact that it regulates both optometrists and dispensing opticians. We have therefore called for the required legislation (a 'Constitution Order') to stipulate that of the six registrant members, four must be optometrists, and two must be dispensing opticians.

It is expected that this legislation will be laid in Parliament in January, and will come into force on 1 April, to coincide with the 12 new Council members taking up office.

The GOC's full response to the Government's consultation can be found on our website, www.optical.org (under Publications>Consultations>Our responses to others).

All change for Committee membership

The GOC has also outlined plans for the reconstitution of its so-called 'statutory' committees. The structure of these committees is governed by the Opticians Act 1989, which stipulates that the Council must have committees to advise on:

- Education
- Standards
- Registration
- And committees that fulfil functions relating to the investigation and adjudication of fitness to practise allegations.

Proposals to change the make-up of these committees were the subject of a consultation late last year, and in November 2008 we agreed a number of changes which will affect the future make-up of statutory committees.

Agreed changes include the provision to allow greater flexibility when establishing the size of these committees. The previous rules also stipulated that members of some committees must also be members of the Council itself. Significantly, this rule no longer stands.

Most of the changes will come into effect from April. However, agreed changes to the constitution of the Fitness to Practise Committee and the Registration Appeals Committee will come into effect from 5 January 2009.

Visit the Council's website for full details of the changes (under About us>How we work>Council meetings and papers November 2008)

New Council members appointed early 2009

In September 2008, the Appointments Commission ran a recruitment campaign for 12 Council members including a lay chair. The Appointments Commission has now appointed Geoff Harris as the new Council chair. Interviews for the remaining members of Council will take place in February.



GOC meets practitioners of tomorrow

“The roadshow concept brings the regulatory body into direct contact with the students.”

Throughout Autumn 2008, the GOC delivered a series of roadshows to new optometry and dispensing optics students. The fresher roadshows, held in partnership with the College of Optometrists, took place at the UK universities offering GOC-approved courses in optometry and dispensing optics.

Students were given a presentation on the GOC’s functions, how the Council operates, and the importance of student registration. Staff were on hand to offer advice about registration issues, and process outstanding student applications.

Andrew Cripps, Senior Lecturer at Anglia Ruskin University commented: “The roadshow concept brings the regulatory body into direct contact with the students. Without that, students would remain unsure about why they have to register, and the

responsibilities that are attached to registration. Feedback has shown how much our students appreciate the event.”

The student registration year runs from 1 September to 31 August. All optometry and dispensing optics students must apply for retention by 15 July 2009.

The GOC has warned that unregistered students will be suspended from practical clinics and disqualified from sitting future exams. Students may not have their final qualifications recognised when applying for full registration, if they have not been registered throughout their course.

See page 3 for information on student registration fees



GOC heads north for ABDO conference



Photo: Association of British Dispensing Opticians (ABDO)

In September, the GOC joined a list of hundreds of exhibitors attending the annual ABDO conference. The meeting is the first major ABDO event at which the Council has exhibited.

The three-day conference took place in Manchester, and was used by ABDO to launch their New Vision. Over the course of the weekend, GOC staff met dispensing opticians to tackle questions on a range of issues including registration, CET and Council policy. At the GOC exhibitor’s stand, the main talking point amongst registrants was the newly-constituted Council. From 1 April 2009, the current Council of 28 members will downsize to 12, six of whom will be registrants. Information packs about the appointments were distributed to registrants, along with guidelines from the Appointments Commission on how to apply for the Council member positions. GOC staff were also on hand to talk delegates through the reasons for the restructure, and how the changes might affect practitioners.

Director of standards, Jon Levett was representing the GOC and found the event beneficial: “We’re always keen to talk to registrants face to face about the issues affecting them. The ABDO conference has given us the perfect opportunity to do that, particularly as the recruitment campaign for new Council members is in full swing. Many dispensing opticians have shown interest in applying for the roles which is encouraging - and great news for the future of the Council.”

Registrants set their sights on CET success

As the final year of the current CET cycle gets underway, *Clare Millington* takes a look at registrants' progress to date.

The GOC's round up of CET activity over the past year reveals that almost 40 per cent of optometrists have already gained over 36 points – the minimum points total for non-specialist practitioners. Dispensing opticians are also making steady progress, with 29 per cent of practitioners having clocked up between 13 and 24 points so far. A further 22 per cent have already exceeded 36 points. Contact lens specialists are also acquiring CET at an impressive rate. Over 46 per cent have earned more than the minimum requirement of 18 contact lens points.

In the last issue, *Bulletin* reported that the highest number of points gained by one registrant was 285. That bar has now been raised, with the highest points total now standing at 370.5. One contact lens optician has gained 90 contact lens specialty points – five times the required amount.

CET manager, Jo Glover commented: "This just goes to show that when it comes to increasing your professional competence, the possibilities are endless. Registrants are demonstrating a real desire to fulfil their potential, rather than just treating CET as a tick-box exercise."

At the other end of the scale however, nine per cent of registrants have still to complete any CET this cycle. Jo Glover added: "For those registrants who haven't yet come out of the starting blocks, time is running out. Delaying it any further will leave you with a huge amount of ground to make up in a short space of time. More importantly, you have missed out on two years' worth of training and development."

Competencies

When it comes to competencies, the figures suggest that registrants favour all things contact lens-related. When combined, the contact lens practice and contact lenses competencies account for a quarter of all CET points gained so far. The number of events offered in these areas is second only

to ocular abnormalities. Just over 24 per cent of all points entered onto www.cetoptics.com have been awarded in ocular abnormalities. Next in the popularity stakes, but with a comparatively low uptake, is optical appliances which accounts for 11 per cent of all points gained so far. However, provision of CET in this area is relatively low with just 1,151 events offered to date. Communications skills also has a relatively high uptake: seven per cent of all points awarded have been gained in this competency. Low vision has remained registrants' least favoured competency throughout the cycle. Less than one per cent of CET points are gained in this area.



Modalities

To date, 63 per cent of all points awarded have been gained through text-based distance learning, making this the most popular learning method by a significant margin. A quarter of all CET points have been gained in lectures, suggesting that registrants still favour traditional 'contact-time' learning formats. The third most popular modality, accounting for a significantly lower proportion of events, is video-based distance learning. Just four per cent of all CET points awarded have been gained in this way.

"...when it comes to increasing your professional competence, the possibilities are endless."



Calling all therapeutics specialists!
The GOC has simplified the CET requirements for optometrists who hold more than one therapeutics specialty. See page 5 for more details.

Hearings report

Director of Legal and Fitness to Practise, *Philip Grey*, reports on the latest cases before the Council's FTP Committee.



On 30 June and 31 July 2008, the Committee considered allegations against dispensing optician David Agyeman.

The Committee found that Mr Agyeman, over a two-month period, had fitted contact lenses to 14 patients when he was not qualified to do so, and without being supervised. His fitness to practise was found to be impaired. The Committee took into account that Mr Agyeman had been fined by the Disciplinary Committee for similar matters in 2002, and directed that Mr Agyeman should be erased from the registers with immediate effect.

Also in July, the Committee heard the case against optometrist Naftali Bastien. The allegation that Mr Bastien failed to refer a patient on an emergency, same-day basis was found unproven. Allegations relating to poor record keeping on a single occasion were found proven, but the Council conceded that those findings alone, in the circumstances of this case, did not amount to deficient professional performance.

In September last year, the case against Nathan Hill, a student optometrist, was heard by the Committee. The Council alleged that Mr Hill's fitness to undertake training as an optometrist was impaired following his criminal conviction for harassment. The Committee found in the Council's favour and erased Mr Hill from the student registers with immediate effect.

In October, a conditional registration review was heard in the case of Nathan Ryan. The Committee found that Mr Ryan had complied with all the conditions imposed on his registration. A further order of conditional registration for a period of 24 months was imposed on Mr Ryan's registration, to ensure that his return to practise is appropriately supported.

In November, the Committee considered allegations against optometrist Jeremiah Kelly, who admitted that between 25 July and 31 October 2007 he tested the sight of 454 patients whilst unregistered. The Committee found Mr Kelly's fitness to practise to be impaired, taking into account that upon being informed that he was no longer registered, Mr Kelly did not tell his employers and made a conscious decision to continue to practise. The Committee commented that: "In all his dealings at this time [Mr Kelly] demonstrated a disregard for the importance of registration. His actions show a lack of understanding of the fundamental importance of the registration process as part of his professional responsibilities." Having heard mitigation, the Committee imposed on Mr Kelly a 28-day suspension order. On 3 December, the Committee heard the GOC's allegation that the fitness to practise of optometrist Jayant Dattani was impaired on the basis of his conviction (and suspended prison sentence) for six counts of theft, and attempted theft from Boots Opticians Ltd. Jayant Dattani had worked at Boots as a locum optometrist. The Committee heard evidence that, in addition to the original six counts, Mr Dattani had asked for a further 22 offences to be taken into account by the Crown Court, and that he had obtained £13,500 from Boots by submitting fraudulent claim forms. Mr Dattani admitted that his fitness to practise was impaired but argued that a period of suspension would be a sufficient sanction. The Committee heard lengthy mitigation, but disagreed with his suggestion and erased Mr Dattani from the registers with immediate effect.

Use of warnings explained

The Council's Investigation Committee (IC) has published new guidance explaining why, how and when it will issue warnings to registrants. Warnings can be given by the IC in cases that it does not refer to the Fitness to Practise (FTP) Committee for a full public hearing.

Warnings will be considered when there are 'real concerns regarding a registrant's conduct or performance', but for example, it may be a one-off lapse or would be unlikely to lead to restrictions on the registrant's registration at an FTP hearing.

Recorded warnings can help to advise the registrant about remedial action they can take to avoid future problems. They also allow the GOC to monitor patterns of behaviour that may be a cause for concern.

Director of legal and fitness to practise, Philip Grey said: "We might view an isolated instance of poor conduct or performance very differently from something which was repeated over a number of years. Formal warnings allow us to keep track of potential problems which might otherwise be missed."

Warnings will remain in place for four years from the date of issue, but will not appear in the public register.

The full guidance is available from the GOC website, www.optical.org (see About us>Policies, procedures and protocols).

Guidance on performance assessment

Registrants going through performance assessments will benefit from new guidance developed by the Investigation Committee (IC). The guidance document, approved by Council at its November meeting, is designed to give registrants undergoing assessment a better understanding of the process involved, and the purpose of the assessment.

Performance assessments take place when the IC considers that it needs more information about the standard of a registrant's work before deciding what action, if any, to take regarding a complaint. Assessors observe a registrant examining patients, review relevant record cards and discuss these with the registrant. They usually take place at the registrant's place of work and last for about half a day.

The IC has also developed guidance for optical professionals who are carrying out the assessments, and professionals writing expert reports on FTP cases.

All three sets of guidance are available from the GOC website, www.optical.org (see About us>Policies, procedures and protocols).



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Retention fee increases to £219

The GOC retention fee has increased for the first time in four years, rising from £169 to £219. The new fee amount applies to the next retention period which runs from 1 April 2009 to 31 March 2010.

When considering options for the 2009-10 retention fee, Council members recognised that £219 represented a significant increase. However, whilst the cost of GOC registration has remained fixed since 2005-6, the Council's operating costs have been steadily increasing. This has made the £169 fee unsustainable.

“We are acutely aware that a £50 rise will be tough for registrants, particularly given the current economic downturn.”

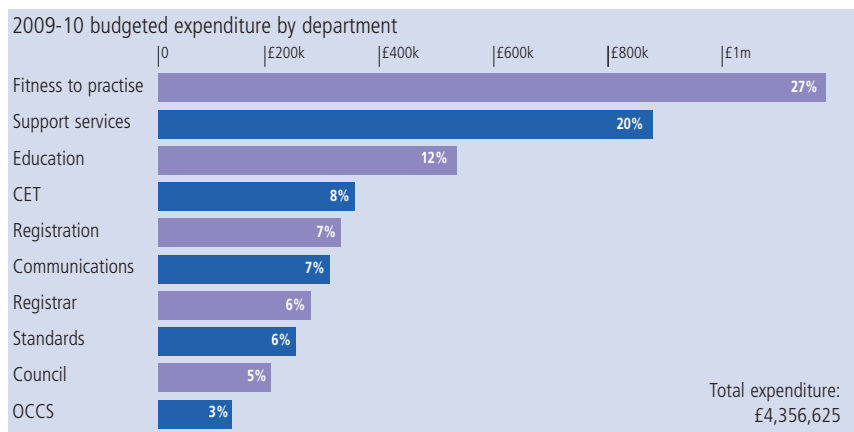
Dian Taylor, acting chief executive and registrar stressed that the decision had not been taken lightly: “We are acutely aware that a £50 rise will be tough for registrants, particularly given the current economic downturn. As the GOC is funded entirely from registrants’ fees, we are constantly mindful of the need to make savings wherever we can – whilst ensuring we meet our statutory obligations.”

The Council’s long-term commitment to keeping costs down includes developing online retention for 2010-11. To this end, the GOC is urging registrants to provide an up to date email address and daytime contact number on this year’s retention form. Areas of increased and additional expenditure have included implementing the recommendations in the Government’s healthcare regulation reform programme. Other areas of additional spending include preparations for future changes, such as the introduction of a revalidation scheme.

How does the GOC fee compare with other UK healthcare regulators?

Regulatory body	Fee (at Nov 2008)	Number of registrants
Health Professions Council (HPC)	£72	178,496
Nursing and Midwifery Council (NMC)	£76	686,886
General Optical Council (GOC)	£219* from April 2009	22,145
General Medical Council (GMC)	£390	248,287
Royal Pharmaceutical Society of Great Britain (RPSGB)	£413	54,347
General Dental Council (GDC)	£438	57,146
General Osteopathic Council (GOsC)	£750	4,074
General Chiropractic Council (GCC)	£1,250	2,918

Where is the money going?



Equality and diversity monitoring gets underway

As part of the 2009-10 retention process, the GOC is asking registrants to complete and return an equality and diversity monitoring form. The forms were included in this year’s retention packs, and were sent out to all fully-registered optometrists and dispensing opticians.

Kate Fielding, GOC director of communications and information, said: “Collecting this data not only allows us to fulfil our statutory duties, it also helps us to shape GOC policy. We are determined to make sure that our work is free from discrimination.

“Discrimination can be indirect as well as direct – for example, if there are unwitting barriers in place for people of a particular age, race, gender or the disabled. This exercise will help us to identify any such barriers and take action to remove them.”

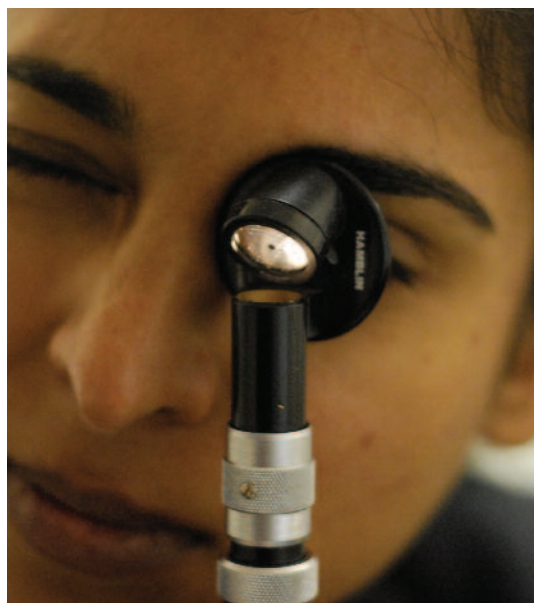
The requested information covers: ethnicity; age; gender and any disabilities. All responses will be used by the Council to consider issues such as:

- Is access to university courses equal for people of all ethnic groups?
- Do more men or women make it from training to being fully qualified?
- Are GOC fitness to practise procedures fair to everybody?
- Are there particular barriers to employment with the GOC?

Completing the form is not compulsory, although registrants are being encouraged to complete the monitoring exercise to ensure accurate data is gathered. The GOC has stressed that the information provided by registrants is treated as strictly

confidential. Staff involved in fitness to practise investigations will not have access to the data.

By law, the Council is obliged to report its findings to Parliament, particularly on fitness to practise issues. Only statistical analysis and trends from the equality and diversity information will be reported, never information about an individual.



“Collecting this data not only allows us to fulfil our statutory duties, it also helps us to shape GOC policy.”

College of Optometrists updates guidance

GOC's Assistant Director of Standards, *Grahame Tinsley* outlines the key revisions.

The College of Optometrists has recently updated its professional guidance on the following areas:

- Sexual boundaries
- Diabetes
- Glaucoma
- the examination of people with learning disabilities

The latest updates on sexual boundaries reflect the guidance recently issued by the Council for Healthcare Regulatory Excellence (CHRE). Updates have been made to the other three sets of guidance by the College, to ensure the content is up to date, accurate and relevant.

Guidance on sexual boundaries

The guidance deals with situations such as: a registrant finding themselves attracted to a patient; a patient displaying sexualised behaviour towards a registrant; or a registrant who becomes aware that another healthcare professional has breached sexual boundaries with a patient or carer.

Further information can be found in the paper, 'Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals', available from www.chre.org.uk

Diabetes

Registrants participating in retinopathy screening programmes must ensure their practice adheres to the agreed local protocols that are in place. Registrants should bear in mind that the actual format and content of screening programmes will vary from region to region. Further information can be found at the Association of Optometrists' (AOP) website:

www.aop.org.uk/primary/primary_sub_1081427022.html.

Glaucoma

Optometrists examining patients who fall within the at-risk groups for primary open angle glaucoma have a duty to carry out the appropriate tests necessary, to determine the likelihood of the condition being present. Optometrists should be aware that angle closure glaucoma is more prevalent than open angle glaucoma in people of south or east asian descent.

Examining patients with learning difficulties

After examining patients with learning difficulties it is considered good practice to provide them and their carers or family members with a written and verbal report of the clinical findings and advice. It can also be helpful to copy this to the patient's GP, provided that the patient has explicitly given their consent. With patient consent, it is also useful to provide written reports on their spectacle wear and any other advice given, to staff at any college or day centre that the patient attends, and to other professionals involved in the patient's care.

Codes of Conduct: have your say

All GOC registrants, including students, are being urged to have their say on proposed changes to the GOC Codes of Conduct for individual and business registrants. The Council's three-month consultation on the proposed changes runs until 24 April.

Some of the issues for consideration include:

- Should optometrists and dispensing opticians be obliged to report concerns about their own or a colleague's fitness to practise?
- What kinds of behaviour, in a registrant's professional and personal life, should put their registration at risk?
- Do the Codes of Conduct do enough to promote equality and diversity?

Jon Levett, GOC director of standards highlighted the importance of the consultation: "These are significant changes that will enable us to deliver increased public protection. The Codes of Conduct have a direct impact on the day to day lives of registrants and that of the public. We therefore need as much feedback as possible, to help us shape our policies in ways that are fair, proportionate and in the interests of public safety."

The full consultation has also been issued to optical representative and professional bodies; patient and consumer groups; universities and training establishments; and other regulatory bodies.

Once the responses have been collated, it is expected that the revised Codes of Conduct will be recommended by Council in July.

To find out more about the proposed changes, and to respond to the consultation online, visit www.optical.org

Got a view?

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

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