

**General Optical Council response to  
CHRE consultation – Registers: a discussion paper**

BY EMAIL

Mr John Illingworth  
Council for Healthcare Regulatory Excellence  
11 Strand  
London  
WC2N 5HR

9 October 2009

Dear John

The General Optical Council (GOC) welcomes the opportunity to comment on the CHRE document Registers: a discussion paper (August 2009).

The GOC is one of 13 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals. We are the regulator for the optical professions in the UK. The Council currently registers around 23,500 optometrists, dispensing opticians, student opticians and optical businesses.

The GOC's mission is to protect the public by promoting high standards of education, conduct and performance amongst opticians. Our work is built on a foundation of six core values: Proportionality; Accountability; Consistency; Transparency; Targeted and Organisational Excellence.

The following is the GOC's response to the CHRE discussion paper.

**General comments:**

This year, the GOC has a project to review the content of and access to our registers. This work specifically aims to consider whether the GOC is effectively meeting the CHRE performance review standard 2.2 'Registers are accessible to the public and include appropriate information about registrants'. It is also linked to our work around communicating the purpose of the register and the importance of checking that a professional is registered.

As part of the Registers project, the GOC has been holding a series of facilitated consultation events around the United Kingdom, which have been focused on investigating these issues. This work, including the full analysis of the feedback received, is currently ongoing. Events have so far been held in Cardiff,

Birmingham and Belfast, with a further event planned for Edinburgh in late October. The GOC has received valuable input through this programme of events, which informs our response to this discussion paper.

### Summary

The GOC agrees with CHRE's initial conclusions, set out in section 1.7 of the discussion paper. The conclusions reached by CHRE are consistent with the feedback that we have received from registrants, representatives of the public and other stakeholders during our consultation events.

Specific comments are included below in relation to the questions set out in the discussion paper.

### **Current presentation and content of the register**

#### **1. What information about health professionals should be made available by regulatory bodies through registers?**

We agree with the discussion in section 1.3 of the paper. Our consultations have identified areas in which it might be beneficial to include additional information about registrants on the public registers, as well as obstacles to including many of these types of information.

Examples of additional information about health professionals that might be made available to the public on the registers include:

- Photographs
- Date of first registration
- Country of qualification
- Employment history
- Specialties or areas of particular expertise
- Languages spoken

It was acknowledged in discussions, however, that there are significant obstacles to the inclusion of some types of information on the GOC's register. In particular, it was noted that only information that can be verified by the GOC should appear on the register. There may also be privacy issues associated with including some additional information.

We believe that there may be merit to including some of these additional types of information on the registers. As noted above this programme of work is currently ongoing, and we have not had the opportunity to draw final conclusions at this point.

**2. How can we be sure that the language used on registers, such as registration status, is both consistent and well understood by the public?**

We agree that it is important that the information on the registers is presented in as accessible and understandable a form as possible. An issue identified in our consultations is, as set out in section 1.4 of the discussion paper, the need to ensure that information on registrants' qualifications can be easily understood, and clearly explains the services they are entitled to perform, rather than a string of acronyms.

The GOC currently publishes an online guide to using the register and a glossary of qualifications, which is linked to from every search results page. We intend to give further consideration to ways in which the information can be made more relevant and accessible, and would be willing to work with the other regulators to agree consistent terminology.

**3. How much information on a professional's fitness to practise history should be made available to the public?**

We agree that current adverse fitness to practise data, including current restrictions and sanctions (with the exception of any details relating to the ill-health of a registrant) should be available to the public on the registers. The GOC currently publishes this information, including links to full transcripts of Fitness to Practise Committee hearings and decisions.

We do not currently show registrants who have been suspended or erased from the register. However, we agree that this might enhance public protection, and we intend to investigate this proposal further.

During our consultations we have explored the issue of including additional fitness to practise information on the public registers, for example, including information about registrants who are currently under investigation, or information about sanctions issued in the past that are no longer in effect. In these discussions, responses have generally felt that including this information, particularly current investigation status, would infringe the rights of registrants. Representatives of public groups and other stakeholders have tended to support the inclusion of more fitness to practise information on the public register.

The GOC does not currently include on its published registers details of decisions taken by the Investigation Committee (including where warnings are issued to the registrant).

As CHRE will be aware, when determining the amount of information about registrants that should be put into the public domain, regulators have to balance the need to protect the public adequately with respect for individual registrants' Convention rights with regard to their ability to practise their professions. Our view at present is that the type of information currently displayed on the GOC's registers with regard to our registrants' fitness to practise achieves this balance.

Our view at present is that investigation status should probably not be made publicly available. However, we would welcome leadership from the CHRE in the matter of historical fitness to practise information.

**4. What further information could be on registers today to make them more patient-centred? Should there be addresses and contact details for practices?**

The GOC currently includes practice address information on the public registers. Where registrants have only a home address registered, the town is shown on the register. The feedback we received was very supportive of this address information continuing to be available, including the ability to search the registers by location.

Including further contact details such as telephone numbers and email addresses was suggested, but it was noted that this may be problematic. Such information has the potential to become out of date relatively quickly, and the regulators should not be responsible for ensuring that this information is up to date. Including practice email addresses on the public register may also encourage spamming.

It was noted in our consultations that full contact details for most practices are readily available on the internet or telephone books, so including this information on the registers may not be necessary.

**5. Should there be separate registers for non-practising or unlicensed professionals or should they all be shown on one register with those practising clearly marked?**

We are currently exploring the mechanisms whereby a member of the public can know that a registrant has a licence to practise under our proposed revalidation scheme, and will be consulting on a number of options on this shortly. We do not yet have a final view on whether separate registers should be maintained for those with and without a license to practise.

**Enhancing the role of registers and the information they hold**

**6. Could there be a single portal from which the public can access registration information on professionals from all the health professions?**

It is possible that a single portal website for registration information might assist in promoting to the public the importance of health professionals being registered, and create certainty as to how to find this information and consistency in how the information is delivered.

However, it is not clear to us that a single portal would offer significantly improved access to registration information. It may be that members of the public searching for registration information are likely to do so in relation to a particular professional rather than for health professionals in general – as such it may be appropriate that they be referred to the regulator of that professional. A single portal has the potential to create confusion as to the definitive source for registration information. If the portal was envisaged to provide search access to a ‘super-register’, rather than simply links to existing online registers, there are likely to be significant technical issues to overcome to achieve a consistent data set and format for registration information.

In addition, it would need to be clear who would have the responsibility for maintaining the information on the portal site, and who would bear the costs of setting up the site and publicising it. We would be willing to explore these issues further if there appears to be real value in this proposition.

**7. Is there any other information that could be provided to the public in professionals' workplaces that would provide assurance, such as leaflets, ID cards, or registration certificates?**

The GOC Communications team is currently running a project to explore ways of increasing public awareness of the registers, and how to complain. We believe that the provision of information within the practice setting has the potential to provide significant public protection benefits.

We have produced two new public information leaflets on how to complain about an optician, and about the role of the GOC. During consultation events last year we asked participants for suggestions about the types of information they would find useful.

An options document was compiled to outline possible materials that could be used by: registrants to promote their registration (a registration 'toolkit'); by patients so they know their optometrist/ dispensing optician is registered; and to raise awareness amongst the public of what it means to be registered. Options included:

- Website logo (similar to CET GOC-approved logo used by CET providers)
- Information leaflet
- Badge
- Certificate etc

The first research phase has been completed, the purpose of which was to ensure the materials for a 'registration toolkit' are fit for purpose and practical, before design work begins. Two focus groups were held with registrants, to test initial responses to a range of possible toolkit items. We gathered feedback on what would and wouldn't work, and took on board suggestions to help develop existing ideas.

A full feedback report is currently in progress. However initial feedback indicates a preference amongst registrants for electronic tools to promote their registration to patients and the public. For example, a GOC-registered website logo, reciprocal web links back to the GOC registers to enable patients to check practitioners' credentials for themselves. A patient information leaflet was also a popular option. Copies could be distributed to practices, Citizens Advice centres, and available to download.

We are particularly keen to explore the idea of providing guidance to registrants as to how and when they might display information about their registration, supporting a flexible approach which could be adapted to different practice settings.

**8. Should professionals' ID numbers be made visible to patients in the public at the point of care? If so, how can this be achieved?**

As noted above, we have received feedback that it would be beneficial to encourage practitioners to display their professional GOC number and supporting information at their practices. Suggestions have included encouraging registrants to include their GOC number on their name badge and door and desk plates and on signage. This would best be achieved by working with registrants and the representative bodies to encourage this practice, and by providing information, examples and leaflets for display at the point of care.

**9. Could registers make other regulative processes, such as raising concerns about health professionals, more accessible to the public?**

As noted above, the GOC has recently published a leaflet on how to complain about an optician and the role of the GOC. We consider that awareness of the existence and role of the registers does support awareness of our other roles including investigating concerns about health professionals. We have received feedback that it would be worth considering promoting the GOC's registers.

**10. How will revalidation affect the presentation of information on registers? Should 'last revalidated' dates be on the register alongside an explanation of what this means about professional?**

As noted above in our response to question 5, we are exploring the mechanisms whereby a member of the public can know that a registrant has a licence to practise under our proposed revalidation scheme, and will be consulting on a number of options on this shortly.

We have not yet considered whether a 'last revalidated' or 'license expiry' date should be included on the register. We are aware of some concerns about inclusion of this information on the register, and will consider these issues further in due course.