

**General Optical Council Response to
CHRE Draft Strategy Plan 2010/11-2012/13 Consultation.**

BY EMAIL

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Dear Harry

The General Optical Council (GOC) welcomes the opportunity to comment on the CHRE's role for 2010/11-2012/13.

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. These values are based on the Better Regulation Commission's criteria for good regulation: Proportionality; Accountability; Consistency; Transparency; Targeted and Organisational Excellence.

The following is the GOC's responses to the CHRE draft strategic plan.

General Comments:

The tone of the document from Section 5 onwards is business-like and strives to be outcome based. The GOC acknowledges the importance of the CHRE demonstrating that it understands the environment, but we feel that the introductory paragraphs of the plan ('Assumptions') could make the overall purpose clearer. For example, one purpose of the plan might be to actively question whether, post White Paper, the CHRE should continue to exist? The plan should avoid appearing to justify the CHRE's continued existence without clear justification. Such an approach would be out of step with the CHRE's core values. There is a danger that CHRE would add un-necessarily to the costs of

regulation and add a further burden on the effective working of the individual regulators, to the detriment of the protection of the public. If post White Paper, regulatory bodies can satisfactorily demonstrate that they are doing what they are supposed to do under enhanced governance arrangements, should the main objective of CHRE be to monitor performance for some years and then disband, possibly after the 2011 review?

We appreciate that the aim of the introductory paragraphs is to demonstrate CHRE's awareness of turbulence in regulation as a whole in the UK, but we believe that the document would benefit from a further review of the 'Assumptions' section

Aim

CHRE aims to promote the health, safety and well-being of patients and other members of the public and to be a strong, independent voice for patients in the regulation of health professionals throughout the UK.

There is limited reference in the plan to partnership working with the regulators to achieve public protection through regulation.

As CHRE does not of itself regulate and register individual health professionals and it cannot of itself hold individual professionals or bodies corporate to account, effective partnerships are key to achieving this aim. CHRE is not the regulator of the health care regulators. Furthermore, each of the individual regulators' role is to provide strong independent voices for patients and the public. We would suggest that, given the CHRE's title, some reference to achieving healthcare regulatory excellence should be included in its aim.

For example:

For the protection of the public and for their benefit the CHRE aims to maintain confidence in healthcare regulation by working in partnership with others to achieve healthcare regulatory excellence.

5. Our strategic objectives

We would encourage CHRE to revise the headline strategic objectives for clarity. The GOC has worked with the Plain English Campaign on some recent publications, an exercise we found to be most valuable.

The GOC suggests that the credibility of the CHRE's proposed success indicators would be enhanced by some references to measures. Measurability of some indicators would appear to present a challenge. .

5.1: Reporting accountably on regulatory bodies effectiveness in the regulation of health professionals in the interests of patients and the public.

The GOC considers that the CHRE methods of achieving this objective are reasonable except it is suggested that “outcomes” needs definition pertinent to the circumstances.

We believe this objective would benefit from rephrasing (see our comments on the Strategic Objectives above). In particular, we feel that “reporting accountably” may be open to interpretation, and is not a phrase which will be clear to many readers.

Bullet 3: proportionate and focused on outcomes. Would there be benefit to providing examples of where the CHRE has developed its objectives based on what has worked well and what could have been done better in the past?

Criteria for success

Bullet 2: As no case from the GOC has ever been referred, any referral will be the first. How will this be managed against this criteria?

5.2 Building evidence and promoting debate in order to identify excellence in health professional regulation and to contribute to the wider field of regulatory policy.

We welcome the CHRE’s intention to establish an evidence base around excellence in professionalism and regulation, including work completed by the regulation observatory. We question whether this CHRE intention is fully reflected in the bullet points under this objective (5.2).

Criteria for success

Success in this section appears to be measured against opinion and CHRE context. We would strongly suggest that this would be strengthened by the addition of evidence-based criteria.

We would suggest that the first Bullet point should be the last as otherwise it appears contradictory to the earlier statement that CHRE does not wish to be seen as self-serving. It could be argued that the ultimate criteria for the CHRE’s success is that there is sufficient confidence in the healthcare regulators that CHRE becomes redundant.

5.3 Building confident relationships to create right touch regulation.

The GOC welcomes the CHRE's recognition of the need for proportionality in its interaction with the regulatory bodies for the benefit of the public. It is important that the CHRE does not create a burden which might impede the regulators fulfilling their role of protecting the public through fair regulation.

The GOC would welcome the CHRE's commitment to work closely with partner organisations to help raise awareness of its messages and work. Collaborative working between a range of organisations can make information for the public and patients easier to access. Collaborative working can also enable information to be disseminated in a more efficient, and effective way. Good constructive relationships with the regulators are crucial to the satisfactory delivery of high quality care.

Criteria for success

The GOC is concerned to understand what evidence base the CHRE will use to measure its success in this area. How will CHRE evidence public awareness? How will the CHRE talk directly to the public (other than lobbyists)? Is being invited to attend seminars evidence of credibility?

The GOC would encourage the CHRE to define the purpose of dialogue with patients. For example: to provide an opportunity to influence change; to raise awareness; or both.

We hope that these comments are helpful to you in the development of your strategic plan. Should you have any questions arising from these comments please do not hesitate to contact me at the GOC's offices for clarification.

Kind regards

Dian Taylor
Chief Executive and Registrar.