PUBLIC
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COUNCIL

Strategic plan

Meeting: 12 February 2014

Status: for decision

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Purpose

1. The purpose of the paper is to provide Council with a final version of the strategic plan to consider, which will cover the three year period starting from April 2014.

2. Council is asked to:
   - 2.1 consider the responses to the consultation (annex 1);
   - 2.2 consider and approve our final strategic plan for publication (annex 2); and
   - 2.3 delegate authority to the Chair and Chief Executive and Registrar to sign off the final version of the final strategic plan for publication, incorporating any comments that Council may have.

Strategic Objective

3. The specific purpose of this project is to draft our strategic objectives for the next three years. Alistair Bridge, Director of Policy and Communications, is the project sponsor.

Background

4. Our current strategic plan for 2011/2014 is coming to an end at the end of March 2014. Our business plan for 2013/14 included several projects from our current strategic plan that will continue into next year, including our projects on standards, business regulation, student regulation and illegal practice.

5. To inform Council's thinking in setting its strategic priorities, we began the project by researching the environment in which the GOC is operating to identify the issues that we needed to take into account. This research formed the basis of a strategic themes briefing paper for the Council strategy day on 17 October 2013. Prior to the strategy day we presented a draft version of this paper to the advisory committees: Companies Committee, Education Committee and Standards Committee.

6. We held the Council strategy day on 17 October 2013, attended by ten Council members, the senior management team and heads of department. This day included presentations on strategic themes, ophthalmic public health (from Professor Darren Shickle[1]), what kind of regulator we want to be, what our capacity is to deliver and possible strategic priorities. Following the presentations there were either full group discussions or break-out groups which then fed back to the full group.

7. There was a desire to focus more on promoting improvement across the profession, while recognising that we need to continue to carry out the full range of our statutory functions to a high standard and seek improvements in key areas such as fitness to practise.

8. The main feedback from the day included the areas below:
   - 8.1 there was a cautious desire to focus more on promoting as well as protecting public health and safety: this is part of our statutory role but we need to define clearly what this means;
   - 8.2 promoting higher standards is seen as central to our work: resourcing this area was seen as key to completing the standards review project and ensuring that standards reflect the changing nature of optometry and emphasise areas such as ethics – it was also considered important to consider our role in providing guidance on standards;
   - 8.3 it is essential to simplify and speed up complaints-handling: we need to implement the new system of case examiners and explore new ways of speeding up complaints-handling, perhaps through consensual disposal and/or arbitration;
   - 8.4 there was a strong emphasis on building a sustainable and modern organisation: moving to a more modern, purpose-built office will be a big part of this, as will implementing our new CRM system, embedding a new performance and reward framework and putting in place an induction and training programme; and
   - 8.5 we need to clarify the boundaries of our role: we need to understand that the public use optical services as both patients and consumers and clarify our role in dealing with their concerns.

9. Following the strategy day we drafted the strategic plan and shared it with staff. We presented the draft plan, alongside a consultation document and the strategic themes briefing paper, to Council at its meeting in November 2013. In discussion, Council was supportive of the plan. We took on board Council's comments as set out in paragraph 7615 of the minutes of the meeting.

[1] Professor Darren Shickle is Professor in Public Health and Head of the Academic Unit of Public Health in the Institute of Health Sciences at the University of Leeds.

10. Council also approved publication of the consultation document, the strategic themes briefing paper (subject to final checking around removing any opinion not backed up by supporting evidence and anonymising references to businesses where it was appropriate to do so) and the proposal to review how the GOC expressed its mission.

11. Following the Council meeting and prior to publication we updated the draft strategic plan as per Council's comments.

Analysis

Consultation and stakeholder engagement

12. The consultation ran from 27 November to 10 January. We received ten written responses from the following organisations and individuals:
    - 12.1 Association for Independent Optometrists and Dispensing Opticians;
    - 12.2 Care Quality Commission (CQC);
    - 12.3 College of Optometrists;
    - 12.4 Optical Confederation;
    - 12.5 Optometry Scotland;
    - 12.6 Optometry Wales;
    - 12.7 Royal College of Ophthalmologists;
    - 12.8 SeeAbility; and
    - 12.9 two individuals.

13. We also met with (or held telephone conversations) the following stakeholders during the month of January:
    - 13.1 Royal National Institute of Blind People (RNIB);
    - 13.2 SeeAbility[2];
    - 13.3 Association of British Dispensing Opticians (ABDO);
    - 13.4 Association of Optometrists (AOP);
    - 13.5 College of Optometrists;
    - 13.6 Federation of Ophthalmic and Dispensing Opticians (FODO);
    - 13.7 Local Optical Committee Support Unit (LOCSU);
    - 13.8 British Contact Lens Association;
    - 13.9 Association of Contact Lens Manufacturers;
    - 13.10 Optometry Northern Ireland;
    - 13.11 Optometry Scotland; and
    - 13.12 Optometry Wales.

14. We have also arranged meetings with the Macular Society and the International Glaucoma Association, but unfortunately it was not possible to schedule these meetings prior to producing the final version of the strategic plan.

[2] SeeAbility is a charity working to improve access to eye care to people with learning disabilities.

15. We sent the draft strategic plan to the Companies Committee, Registration Committee, Standards Committee and Fitness to Practise Committee members for information and invited any thoughts additional to those provided when we met them. We did not receive any comments and will give them a further update once the plan is finalised. We presented the draft strategic plan to the Investigation Committee members at their training day on 27 November 2013. Members discussed some of the themes contained in the plan and were keen to ensure that the outcomes contained in the plan would be realistic and measurable.

16. We met with the Education Committee on 30 January. The Committee welcomed the strategic plan and highlighted the link between developments in the delivery of optical care and continuing education and training (CET). They also expressed interest in the issue of public health, welcoming our intention to consider our role in this area. They also provided comments on the strategic themes briefing paper that we published alongside the plan, suggesting ways of improving how we have described developments in optical practice. We have updated the version of this paper on the website to reflect these comments.

Summary of responses

17. In considering the responses to the draft strategic plan we took into account the perspective of the stakeholders in question. In considering their comments, our starting point was to examine how they related to our role in protecting and promoting the public's health and safety.

18. The written responses to the consultation (see annex 1) were generally supportive of the draft strategic plan. In particular, we noted the following points:
    - 18.1 support for a flexible, forward-looking and proportionate regulatory framework to keep pace with changes in technology and service delivery and a need to work more closely with ophthalmologists;
    - 18.2 support for the promotion of public health alongside protecting the public, particularly in relation to sight tests and online purchases of spectacles and contact lenses;
    - 18.3 support for higher standards, including continuing the improvement in the quality of referrals to secondary care, a call for practices to be inspected by the CQC, and the treating of and dispensing to vulnerable adults and children with learning disabilities, particularly in domiciliary settings;
    - 18.4 support for a revised strategy for dealing with illegal practice including collaborative working with professional bodies and public and patient groups;
    - 18.5 support for our intention to deal with complaints more quickly and effectively;

18.6 the College of Optometrists' desire to work with us on standards, professional development, public health and working with the public; and

18.7 a suggestion that the GOC should consider the place of unqualified persons working in optical businesses who carry out dispensing activities.

19. During our meetings with stakeholders, we received the following comments on the draft plan:

19.1 support for the inclusion of the strategic plan of a desire to focus on equality, diversity and inclusion;

19.2 an invitation for us to consider our role in promoting equal access to eye care (this could include promoting awareness of the needs of vulnerable groups, and how to interact with them, through our competencies, standards and guidance, and CET scheme requirements, as well as considering whether it would be feasible to provide information on our register about optometrists or dispensing opticians who specialise in dealing with, for example, people with learning disabilities);

19.3 support for using optical education and CET to increase registrants' awareness of the wider health and social care system and of public health issues generally; and

19.4 the value of communicating directly with registrants, particularly in relation to areas such as illegal practice and public health education.

20. We also discussed some wider issues that we will consider further as appropriate:

20.1 It was suggested that we should seek to review our legislation to ensure that it is up to date and fit for purpose (considerations might include sight testing and dispensing for vulnerable groups).

20.2 We were invited to review our core competencies to ensure that they take into account the changing nature of optometry, public health education (including health inequalities) and treating vulnerable adults.

20.3 There was a suggestion that we should review our CET scheme to ensure that it covers all appropriate areas (suggestions being paediatric dispensing, more specific requirements in relation to supplying optical appliances and any areas relevant to registrants providing community services).

20.4 There was support for improving health inequalities, including improving access to optical services in areas of deprivation and sight testing/dispensing services for those with learning disabilities, although we noted that we do not have a direct role in addressing these issues.

20.5 It was suggested that there is a requirement for workforce planning to assess the future demand for optometrists and dispensing opticians, although we noted that we do not have a role in controlling entry to the

profession, with our role being limited to determining whether new courses meet our standards and quality assuring existing courses.

21. Although we specifically wrote to some organisations representing patients during the consultation, we did not receive any responses. We have therefore written to our lay stakeholder reference groups who represent the patient perspective. We will give Council a verbal update on any responses that we receive. We consider that our research programme, which will include research with patients and the public, will greatly improve our understanding of their perspective and enable us to track changes over time.

Revising the strategic plan

22. Following our stakeholder meetings and the written consultation responses, we considered the feedback and made various amendments to the draft strategic plan. These changes are marked-up in the attached version of the plan. The main changes are that:
    - 22.1 We have clarified our role in relation to standards, emphasising our statutory responsibility in this area and our intention to show leadership by developing a clear framework.
    - 22.2 We have emphasised our intention to introduce a research programme that will provide a systematic way of understanding the perspective of patients and the public, complementing our engagement with representative groups.
    - 22.3 We have made drafting changes to reflect specific comments that highlighted the need for us to provide additional context or clarity.

23. We also added the outcomes that we are seeking to achieve in relation to each of the strategic objectives.

Impacts

24. The proposed strategic plan would have the following implications:
    - 24.1 GOC's reserves – there could be implications for our reserves depending on Council's views on our proposed budget for 2014/15;
    - 24.2 GOC budget – our ability to implement our strategic plan is directly linked to our budget and we need to be realistic about the resources we have at our disposal;
    - 24.3 Legislation – we expect the Law Commissions' review of healthcare regulation to lead to new legislation, which will have significant implications for us;
    - 24.4 Resources – there would be resource implications and we will define these in developing the final version of the strategic plan and our business plan for 2014/15;
    - 24.5 Equality and Diversity – no known implications; and

24.6 Human Rights Act – no known implications.

Devolved Nations

25. The strategic themes briefing paper that we used to develop the strategic themes for the draft strategic plan included an analysis of the different arrangements for optometry across the four countries of the UK. During the consultation we intend to consult with stakeholders in the devolved nations.

26. There is no requirement for the draft strategic plan to be published in Welsh.

Communications

27. We consulted on our draft strategic plan between 27 November 2013 and 10 January 2014. During the consultation period we met with key stakeholders. We will publish the final strategic plan in March 2014.

Risks

28. There is the risk of having missed items of relevance to the external environment when considering our strategic themes.

29. There is also the risk of the public not being sufficiently engaged in our work and therefore not being involved in the consultation.

Recommendations

30. Council is asked to:
    - 30.1 consider the responses to the consultation (annex 1);
    - 30.2 consider and approve our final strategic plan (annex 2); and
    - 30.3 delegate authority to the Chair and Chief Executive and Registrar to sign off the final version of the strategic plan for publication, incorporating any comments that Council may have.

Timeline for future work

31. We expect to make any amendments required following the Council meeting and publish the final strategic plan in March 2014. The first year of the strategic plan will be taken forward through our business plan for 2014/15.

Attachments

Annex 1 – Written consultation responses
Annex 2 – Final strategic plan

Strategic plan consultation responses

The table below provides an outline of all of the formal consultation responses to the business regulation consultation that took place between 27 November 2013 and 10 January 2014. Responses were received from:

- Association for Independent Optometrists and Dispensing Opticians (AIO);
- Care Quality Commission (CQC);
- College of Optometrists;
- Optical Confederation;
- Optometry Scotland;
- Optometry Wales;
- Royal College of Ophthalmologists (RCOphth);
- SeeAbility; and
- two individuals (Nick Rumney and one anonymous individual).

All comments are verbatim i.e. any spelling mistakes or typographical errors have not been corrected.

Introductory/general responses
Thank you for giving us the opportunity to comment on your draft strategic plan for 2014/15-16/17. We support the GOC's general approach to regulation as set out in Section 3 of the draft plan. In particular we agree that the regulatory framework must remain flexible enough to reflect any changes in health provision or in technology which alter optical practice. Many of the GOC's objectives match the College's own objectives and we should very much welcome the chance to work in partnership with the GOC on these. Particular areas of joint interest are: standards, professional development, public health and working with the public. *(College of Optometrists)*
Thank you for the opportunity to contribute to this consultation. I note with interest your priority to seek to deal with complaints more quickly and effectively. This is an area that CQC is also prioritising in its own work. We published our new strategy, *Raising Standards, Putting People First*, last year outlining the fundamental changes we are making to our regulatory approach. This includes taking culture and leadership in an organisation into consideration in more detail, in particular the nature or way in which care is delivered – the behaviours of care and compassion. As part of this work we are increasingly looking at complaints as an indicator for both the quality of care and the culture within an organisation, and using this to shape our regulatory activity. Better complaints information and handling is not just an important issue for patients and their families, but also integral to identifying problems and learning how to address them. An organisation that does not care about learning from feedback or complaints does not care about improving the services it provides. *(Care Quality Commission)*

Introduction

This draft strategy gives a very good outline of the direction of travel at the General Optical Council and builds on recent reforms to CET, Fitness to Practise and consultations on business and student registration, which we welcome. It seems to us to take in to account most significant factors and future advances in the delivery of optometry and optics. It also clearly outlines some new priorities which we, as a sector, would support.

We have included some comments in this introductory piece which do not quite fit into one or other of the questions posed below.

Public Health Focus and Forward Looking

We particularly welcome the inclusion of public health, as well as protecting the safety of the public. Safety is largely about the Hippocratic principle “first do no harm”, whereas public health is about positively doing good both for individuals and populations. The majority of registrants and registered businesses will do both most of the time and we assume registered businesses are included in the broader term “services [the public receives]” throughout the document. We would like to add that we feel outcomes are even more important than the services, and this should be explicitly referenced in the document.

We very much welcome the GOC’s commitment to proportionality, and how it is seeking to be forward-looking, flexible and proportionate. It is welcome to see a public body so forward-looking and recognising that “we should not assume that regulating the optical professions by carrying out our functions in the traditional way automatically leads to the best outcomes for the public” (page 5).

Contact Lens Supply

As far as contact lenses are concerned, we would particularly welcome a greater engagement with the GOC on this issue. The balance of attention between internet and direct sellers, including the selling mechanisms themselves, need to be properly addressed as they directly affect the public’s attitude towards eye health professionals and eye care itself. We would certainly support higher standards of clarity and rigour about safety and other warnings as part of the supply process, and consistency of message in parallel with other organisations, but believe that the concept of “aftercare” as laid out in the Opticians Act 1989 is largely meaningless and that, whilst aftercare should probably be left to patient choice, the delivery of the market and the provision of time limited specifications, warnings on product should be tighter, more rigorous, consistent and binding on all suppliers. We would welcome further engagement with the GOC on this.

Other Comments on Strategy

On a minor but important point, we would remind the GOC again (page 4 first bullet) that both optometrists and dispensing opticians will have the opportunity to deliver more enhanced services in the reformed NHS, although not all would wish to do so e.g. low vision services, etc. We hope that this is a simple oversight on the part of the drafters.

Finally, as noted above, we welcome the GOCs commitment to proportionality and would urge the GOC not to place too great an emphasis on “compassion”. The majority of the public attend optical practices because they are well, not ill, and want to be treated as healthy, autonomous individuals. This is very different from the cases of heightened vulnerability in general medical services and within the hospital,

tertiary and palliative care sectors. Sympathy, understanding, good communication, insight and candour are all important in our professions but many patients might feel that compassion would be going too far and would not be looked for in professional optical practice but rather as part of normal human empathy and sympathy when appropriate.

We also welcome the GOC's commitments to collaborative working with stakeholders (page 6). As one of the GOC's major stakeholders, bearing in mind the comments above and below, the Optical Confederation is pleased to give its wholehearted support to this three year strategic plan.

We hope that the GOC finds these comments helpful and look forward very much to working with you on further development and implementation of this strategy.

(Optical Confederation)

Introduction

This draft strategy gives an excellent outline of the work programme for the GOC which have been reflected in recent work areas such as CET, Fitness to Practise and consultations on business and student registration, which OW have welcomed. The draft consultation also references new priorities which we strongly support.

As we are currently working towards building on the Welsh Government's *Together for Health: an Eye Care Plan for Wales* we particularly welcome the inclusion of public health as well as protecting the safety of the public. Alongside this we very much welcome the GOC's commitment to proportionality, and how it is seeking to be forward-looking, flexible and proportionate (3.5).

We hope the GOC finds these comments helpful and look forward very much to working with you on further development and implementation of this strategy.
(Optometry Wales)

The RCOphth has a few specific comments that were not addressed in the 4 questions above.
Annex 2
A5, point 34: whilst technologies have become more available it would be prudent to have clear indications to perform diagnostic tests especially if a fee is charged. The benefits, costs and consequences of diagnostic tests need to be explained.
Future technologies and electronic referral service whereby these tests can be linked to HES would be useful and RCOphth is supportive of the intention to centrally bid for an electronic GOS referral system.
35: use of intravitreal therapies. Avastin (bevacuximab) used more where there is no licensed product available vs just privately. *(RCOphth)*

Q1. Section 2 of the draft strategic plan: Are there any changes in the environment in which the GOC is operating that we have not identified and/or that we have given insufficient weight to?

We can think of no other topic that is not covered by the Strategic Plan's remit. The mention of increased optical care, prevention of avoidable sight loss, enhanced services, inclusion of eye health indicators and the promotion of public health and safety are, we believe, very significant. These topics are frequently at odds with the current state of the Profession *(AIO)*

We welcome the GOC's recognition that the optical registrants (practitioners and businesses) have a particular role to play in addressing the eye health needs of the

ageing population and making new technologies available in the UK, and that regulation should seek to enable them to do so.

Against this background of public health, we would flag one issue that seems to have been overlooked – the potential development of IT linking optical practices to the rest of the health and care systems across the UK. If this happens, the whole system would be able to integrate much better, deliver seamless care to patients and achieve a better focus on outcomes rather than providing "services" in isolation. This is already being implemented in Scotland and will impact significantly on the patient journey and the potential to capture data about outcomes.

There are a range of possible outcomes which then might be recorded as appropriate to the service being provided, for example:

- Reassurance (no pathology, no vision correction required) or watchful waiting
- Vision correction, no pathology present
- Onward referral to another healthcare practitioner or care provider
- Vision correction yes/no
- Follow-up / review.

Clearly such progress will depend on both information links and appropriate funding for practices to be able to provide this level of data but, should this come about, we believe it will impact on the environment overseen by the GOC and should therefore be reflected in the GOC's forward thinking and strategic plan – perhaps for consideration at the two year point?

At this stage, it will be clearer how these electronic links impact on day to day optical practice and the provision of services.

Another potential risk which does not feature is that of a practitioner working in isolated and/or outdated practice. We recognise that this risk has been lessened through the use of IT and peer-based CET, however it may still be relevant to inform the GOC's approach to regulation and CET.

We would like to see greater consideration given to ensuring that those supplying vision correction via online platforms do so in accordance with the provisions of the Opticians Act 1989. This would ensure a level playing field with community optical practices. We do not believe that the GOC will need to wait until all of these businesses have been registered with the GOC, and could start by developing guidance about safe and legal online supply of contact lenses, which could be developed in partnership with other stakeholders. A starting point for this might be the recently developed ECLF guidance, which is available on the ECOO website: http://www.ecoo.info/2013/02/19/best-practice-for-the-selling-of-contact-lenses-and-lens-care-products/

We would be happy to work with the GOC to ensure that this is tailored to UK requirements.

In the short term, we believe that the GOC could also take some simple steps to provide clearer information for patients when purchasing contact lenses or spectacles online. These messages must be consistent with those provided by other professional bodies and the MHRA – ideally using agreed and identical wording. Similarly, the ECLF has recently provided guidance on this, which is also available on the ECOO website:

http://www.ecoo.info/2013/02/19/eclf-guidelines-for-consumers-contact-lenses-the-internet-and-you/

Other examples of this are available from the FDA in the US, and as above, we would be happy to assist to develop these for UK patients. *(Optical Confederation)*
The research underpinning the recommendations within this section has been fairly comprehensive. There are a couple of points that need amended with regard to the optical scene in Scotland. General Ophthalmic Services in Scotland require optometrist to agree to a set of arrangements rather sign up to a formal contract and this subtle point with regard to legal status has been missed by the researchers. Furthermore there are both primary examinations and supplementary examinations carried out by optometrists rather than basic sight tests. This is funded by four levels of fees within the new GOS arrangements in Scotland; Primary examination for 60 years & over £45 or £40, Primary examination for under 60 years £37 and for Supplementary examinations £21.50. There is considerable weight given quite rightly to the benefit in the development of ophthalmic public health, technological development and the potential role in managing chronic eye disease. Following our experience in Scotland we would contend that the greatest benefit overall lies within service development by optometrists in the primary care sector. We have witnessed the development of a number of innovative community care projects over the past 10-15 years that led to the development of the new GOS arrangements in 2006. Empowering optometrists to diagnose and manage acute presentations allowed a high level acute eyecare service to develop across Scotland serving communities by providing early intervention, detection of eye disorders, management and ultimately the prevention of potential sight loss and any ongoing co-morbidity. We would contend that this has resulted in the biggest public eye health gain as this service is generic, easily accessible, free of charge and convenient for people to attend. *(Optometry Scotland)*
We welcome the GOC's recognition that the optical registrants (practitioners and businesses) have a particular role to play in addressing the eye health needs of the ageing population and making new technologies available in the UK, and that regulation should seek to enable them to do so. Against this background of public health, we would encourage the GOC to consider work currently underway in Wales – the development of IT linking optical practices to the rest of the health and care systems across Wales (which will include electronic GOS submission (e-GOS) and the Electronic Patient Record (EPR). There are a range of possible outcomes which then might be recorded as appropriate to the service being provided, for example: • Reassurance (no pathology, no vision correction required) or watchful waiting • Vision correction, no pathology present • Onward referral to another healthcare practitioner or care provider • Vision correction yes/no • Follow-up / review. Clearly such progress will depend on both information links and appropriate funding for practices to be able to provide this level of data but, as the Welsh Government's

Eye Care Plan suggests we believe it will impact on the environment overseen by the GOC and should therefore be reflected in the GOC's forward thinking and strategic plan – perhaps for consideration at the two year point? At this stage, it will be clearer how much progress has been made in this area. Another potential risk which does not feature is that of a practitioner working in isolated and/or outdated practice. As Wales is largely made up of rural areas with many practices in these isolated areas it is worth noting the risks associated here. In the same way as the Optical Confederation are concerned we would like to see greater consideration given to ensuring that those supplying vision correction via online platforms do so in accordance with the provisions of the Opticians Act. *(Optometry Wales)*
The increase in the elderly age group as stated does increase the burden on existing eye health care services. The impact of financial constraints over the coming years will create the need for a more cost-effective and probably cheaper model of delivering care. Optometrists in enhanced roles can provide this but the need to work in collaboration with ophthalmologists has not been emphasised enough. A joined up, multi-disciplinary team approach, with robust governance structures and continuous audit is important when medical care is to be delivered in a community setting. There are already good examples of where this works well e.g. shared care glaucoma schemes. With the ever increasing popularity of Internet shopping, there are dangers in particularly the purchase of contact lenses at cheaper prices which leads to users not getting the benefit of expert advice about aftercare. Consumers are also less likely to be protected in the event of complications as often these companies are transitory in nature. Even with Internet sales of prescription glasses, there can be the unintended consequence of less sight tests and hence a lower and later pick up rate of eye diseases. The GOC will play a primary role in public education in this regard. *(Royal College of Ophthalmologists)*
Some long standing common sight problems will have therapeutic options soon; eye myopia control. Correcting a sight defect is culturally very different from treating it. It will drive more children into contact lens wear. Optometry is unique amongst clinical disciplines in being graded as a science subject, unlike medicine, nursing, pharmacy, physic, optometry does not have proportionate clinical funding at university level. Some organisations and some sectors e.g. CoO and HES optometrists might seek to control the advancement of community therapeutic optometry. there is public health risk by not permitting expansion of optometric scope of practice *(Nick Rumney)*
The strategic plan states that the GOC aim to raise the standards, Increase trust and awareness and give better service to the public. I feel that you have not given sufficient weight to people working in the optical industry who are not qualified/trainee D.Os or O.Os. Pharmacy and Dental already have mandatory qualifications at level 2/3 this ensures a more knowledgeable and higher quality workforce throughout their industries. Unfortunately gone are the days where every practice has enough D.Os to see every patient. Often patients will only be dispensed by an unqualified Optical Assistant where no minimum standard of knowledge is required. As mentioned in the Strategic plan the Francis report will have a lasting impact on the healthcare industry and the GOC should bring their educational standards in line

with that of other healthcare providers for both currently qualified staff and for lower level front line staff. *(Anonymous individual)*
Q2. Section 3 of the draft strategic plan: What are your views on our planned approach to regulation?
The public's present view largely regards Optometrists primarily as sellers of glasses rather than clinicians, and their visit to a practice as solely a new glasses event. If the public's health and safety is to be safeguarded, this perception needs to change, and much of this change should be facilitated not only by supervising authorities such as the GOC but by Optometrists themselves taking time to educate patients on the clinical implications and advantages of modern eye examinations. In the current climate where a majority of Optometrists work for businesses offering cheap tests to attract increased product sales there would seem to be little chance of such time being allowed without significant intervention at legal, Government and GOC levels. The European Economics Report makes it clear that it is very necessary to promote the public's health and safety in this respect and that the low levels of fees remuneration is a major obstacle to the attainment of these priorities. Moreover we believe their is a need to investigate clinical referral quality in order to assess likely levels of over/under referral and consequent public harm in this context, evolving if necessary new methods of clinical service delivery. The wording of any new Code of Conduct should be an important factor in this respect. *(AIO)*
We believe that due to the nature of its existing role and that of the OCCS, the GOC already has significant evidence about the public's experience of the optical professions and their satisfaction with the services they receive. The GOC is aware of the number of patients that initiate a complaint, its nature and outcome. We urge the GOC to use this information as a basis for further analysis of public attitudes, rather than begin afresh with a large scale research project. We do however accept that some research may need to be done to analyse the public's understanding of and views on the GOC's role as a regulator, and their experience of new services such as community NHS services. One area where we feel the GOC is falling short in its mission of protecting the public is in the provision of public education about eye health and eye care. At least part of the 'communicating and engaging' part of the GOC's proposed approach to regulation (page 5) should be much more patient-friendly in its delivery. *(Optical Confederation)*
The planned approach is to be commended in the aims and range of activity. We suspect that it might be ambitious to expect to complete all of this within the accepted timeframe. Perhaps a degree of prioritisation has already been established for this work. We would suggest that the main option for benefiting the public is in ensuring high standards of care are provided by registrants and to this end we would encourage any method available to get 'buy-in' from optometrists and dispensing opticians. Giving careful consideration to the day to day challenges that opticians face, recognising the threat to practices and brining the full GOC resource to support practitioners would be welcomed. In such trying economical times one would need to question just how much public communication can be effected from the centre and we suggest that the GOC promotes its aims and objectives via registrants as a cost effective option going

forward.

We would certainly be concerned if such activity led to unwarranted fee increases.

We would support the promotion and development of high clinical standards for registrants as an absolute priority and we would welcome initiatives that considered reasonable outcome measures rather than ongoing assessment of process. *(Optometry Scotland)*

We believe that the GOC already has significant evidence about the public's experience of the optical professions and their satisfaction with the services they receive. The GOC is aware of the number of patients that initiate a complaint, its nature and outcome. We urge the GOC to use this information as a basis for further analysis of public attitudes, rather than begin afresh with a large scale research project. We do however accept that some research may need to be done to analyse the public's understanding of and views on the GOC's role as a regulator, and their experience of new services such as community (enhanced) NHS services.

One area where we feel the GOC is falling short in its mission of protecting the public is in the provision of public education about eye health and eye care. We are encouraged that this will be addressed by the GOC. *(Optometry Wales)*

The RCOphth supports the need for better regulation and the approaches proposed. It is important that optometrists in enhanced roles be more robustly regulated since they will be providing a diagnostic and even medical management within and outside of a hospital setting. Proper indemnity must also be in place.
As practices start to deliver clinical services, the practices should ensure that high standards are met. Opening these practises to inspection by the Care Quality Commission can only add to public safety. *(RCOphth)*

17. The focus on CET is still on maintenance of E/L competence. Its advancement that now needs recognition. *(Nick Rumney)*

Q3. Section 4 of the draft strategic plan: What are your views on our proposed strategic objectives?

We approve of all 7 strategic objectives, in particular the promotion of higher standards and of trust by a public enabled in future to make informed decisions about the adequacy of optical and clinical care they have received. Again, the European Economics Report makes it clear that such trust is sadly wanting, particularly because of the afore-mentioned and prevalent fee discounting and pressure sales techniques. *(AIO)*

We agree with the chosen strategic objectives, however would like to suggest the revisions below.

We would like to add that

- 'Higher Standards' should be broadened to 'promoting higher standards across the optical professions and amongst businesses providing registered functions, including those provided online or remotely'.
- 'Regulatory Change' broadened to 'implementing a targeted and proportionate system of regulation that supports the development of the roles of optometrists and dispensing opticians to help address the public health challenges facing the UK'.

Another factor which might perhaps be drawn out more explicitly is the GOC's

commitment to “quality” throughout its own organisational structure. The GOC is very clear on embedding equality and diversity etc but a commitment to “quality” at every level in the organisation is also vital in our view. *(Optical Confederation)*
We would support all the principles and objectives described here as being reasonable achievable. In the best interest of the general public we would encourage open dialogue and communication with registrants. This can only improve trust with the GOC and subsequent acceptance by the professions of the GOCs objectives. This in turn leads to consistent high standards and enhanced quality of care to the public. We would particularly encourage GOC participation in ‘Eye Health Promotion’ especially to our challenged communities such as older people, those living with disability, ethnic minority populations and those living under the umbrella of social deprivation. Targeting these groups in particular will help mobilise people to engage with community eyecare services, allow for earlier intervention, management/treatment and prevention of avoidable sight loss. *(Optometry Scotland)*
We agree with the chosen strategic objectives. *(Optometry Wales)*
The 7 objectives are appropriate and should add to enhance the reputation of the GOC and the optometry profession overall. Promoting higher standards, better regulation, a more listening service can only add to improved and safer user experience. *(RCOphth)*
22. sometimes if you focus on the highest standards without them being fit for purpose you become unnecessarily risk averse, stifling progress. Figure 2. every FTP case or dismissed IC referral should trigger a question; is there a lesson to be learned…if yes …itemise on studs committee. 26. The GOC needs ti crack on with setting standards and not devolving to others. 27. There is dissonance between providers of post grad training under formal QA procedures (universities) and professional bodies who set exams but do not train. This can only be controlled by the GOC via Ed Comm. 34. "we do not wish to deter the public from purchasing online" needs to have the rider "as long as it is compliant with legislation". you simply have to want to deter IF the purchase is illegal, whether you CAN do anything or not ! *(Nick Rumney)*
Q4. Section 5 of the draft strategic plan: What are your views on how we propose to achieve our objectives? Are there any particular outcomes for the public that you would like us to achieve?
It is to be hoped that completion of the 12 areas of groundwork mentioned will be achieved quickly and will thereafter enable meaningful action to be taken on topics raised in sections 2, 3, and 4. It is our particular wish that some way can be found to address and discourage the issue of significantly below cost eye testing. We would like the public to better understand the justification for appropriate charging for the considerable advances that have been made in clinical care. *(AIO)*
We agree with the ambition to aim to deliver this programme over the next three years. We also believe it is wise to pause at Year 2 to consolidate and not initiate other major policy reviews (unless driven to do so by primary legislation or

unforeseen circumstances). Finally, we support the GOC's openness to issuing guidance where necessary to expand on the Codes of Conduct. We believe it will be helpful here for the GOC to set a common ethical framework for both the professions and the whole sector which will bind us all closely in to delivering the highest quality care and outcomes for the patients we serve within the resources available. This would of course need to dovetail with, and not replicate or contradict, other guidance for optical practitioners and businesses. *(Optical Confederation)*
As stated above this is a very ambitious piece of work and no doubt various elements will need to be rolled over to the next phase. We support the willingness to get the work done within the three year time frame. We welcome the intention of the GOC to communicate effectively with registrants and other stakeholders during the process to keep all relevant parties informed of developments. We also welcome the GOCs intention to undertake efficiency measures to reduce costs and reduce the risk of any variation in retention fees. *(Optometry Scotland)*
We agree with the ambition to aim to deliver this programme over the next three years. We also believe it is wise to pause at Year 2 to review. *(Optometry Wales)*
As for any organisation, implementation and achieving objectives will be a challenge. This will require participation and cooperation of all members, whose primary objectives may differ e.g. in delivering a service versus the commercial aspects. Optometrists/ Opticians have always played a crucial role in improving eyesight via prescription of glasses or contact lenses. The additional benefit of this is that early(ier) detection of eye diseases takes place in the community. Improvement in quality of referrals into secondary health care (although already mostly good) is always welcomed and this will come with the proposed improvement in standards. It cannot be over emphasised that optometrists play a key role to help tackle health inequalities in relation to sight loss. Preventable causes of sight loss are more often detected and referred to secondary eye care by optometrists than by GPs. It is recognised however that the presence of optical services can be patchy in areas of social deprivation. Improving access to service will be of huge benefit to the public in meeting unmet need in eye care. The RCOphth is grateful for the chance to comment on this important document. We commend the GOC for a comprehensive and useful strategy. We are encouraged that there is some mention on increased collaborative working with not just ophthalmologists but also with General Practitioners. We note the acknowledgement for more openness and response to complaints which was an important recommendation from the Francis Report. The RCOphth is also appreciative of the joint work and publications with the GOC and are keen to strengthen working relations further. *(RCOphth)*
People with learning disabilities are 10 times more likely to have serious sight problems than other people. However, people within this group often do not receive the sight care they require, for a variety of reasons. It is important that the public health message of good eye care reaches people with learning disabilities and their carers. People with learning disabilities are often reliant on others for support to manage their eye care. There is a need for the eye care industry to be more proactive in promoting eye care for this group. Without this,

existing health inequalities will be reinforced.

6 in 10 people with learning disabilities need glasses or contact lenses to correct their vision. People with learning disabilities require high quality dispensing services and need to be fully involved in choices over choices relating to their glasses in terms of cost and the suitability of the final product.

People with learning disabilities need to be fully involved in decisions around their eye care. Optometrists need to understand consent issues and liaise with others (such as Learning Disability professionals) in Best Interest discussions relating to further treatment.

There should be greater acknowledgement that a standard sight test does not always provide sufficient time for a quality eye test for someone with learning disabilities. Alternative approaches and pathways should also be available in every area.

It is important that people with learning disabilities are included in the application of new eye testing technologies. Inclusion needs to be considered at the start of this process, not added as an afterthought.

Further information regarding these issues is available at - http://www.seeability.org/eyecare_hub/

(SeeAbility)

C04(14) – Annex 2

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1. Introduction

In this ~~draft~~ strategic plan we explain how over the next three years we will fulfil our role in protecting and promoting the public's health and safety in the optical sector.

We explain our approach to regulation, set out our strategic objectives and map out a phased approach to delivery, reflecting the need for us to manage our resources responsibly.

Above all, we need to ensure that regulation is responsive to the needs of the public and enables ~~the professions –~~ optometrists and dispensing opticians, and registered optical businesses, ~~–~~to develop in a way that delivers public benefit. Central to this is our role in promoting higher professional standards. Our current standards review will provide the platform for an increased focus on promoting higher standards, as well as protecting the public when concerns about fitness to practise arise.

We have taken into account the challenges and opportunities for the optical professions, recognising that optometrists and dispensing opticians play a crucial role in caring for patients in all parts of the UK, including the growing number of older people in our society.

Our registrants will have opportunities to develop their roles in the light of developments in technology and treatments, and a growing emphasis on providing optical care in community settings. In doing so, it will be essential for them to keep their skills and knowledge up-to-date, developing their clinical skills as well as the ability to communicate openly and with empathy.

The internet will continue to present a range of challenges and opportunities. The public can benefit from improved information about optical products and services, and from greater choice. But we need to work with the professions to ensure that the public's health and safety does not suffer.

Our draft strategic plan also explains how we will need to develop in order to become a more modern and sustainable organisation. We have made significant progress, but still have work to do to develop our systems and processes. In particular, we need to simplify our approach to fitness to practise cases so as to deal with complaints more quickly.

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~~We are publishing our draft strategic plan for~~ The public consultation on our draft strategic plan showed strong support for ~~. We particularly invite thoughts on~~ our strategic objectives:

- **Higher standards** – promoting higher standards across the optical professions.
- **Increased trust and awareness** – promoting public trust in the professions, and enabling the public to make informed decisions about optical care and raise any concerns.
- **Improved complaints-handling** – dealing with complaints more quickly and effectively.
- **Better service delivery** – delivering high quality services to the public and the professions.
- **Regulatory change** – implementing a targeted and proportionate system of regulation.
- **Improved evidence base** – ensuring our work is informed by an understanding of the public's perspective and how optical care is changing.
- **Organisational change** – building a sustainable and modern organisation.

We would like to thank those ~~We look forward to hearing views from a wide range of our~~ stakeholders who commented on our draft plan. We look forward ~~ from all parts of the UK and~~ to working closely with a wide range of ~~our~~ stakeholders ~~-~~ over the next three years as we work towards our strategic objectives.

Gareth Hadley

Chair

Samantha Peters

Chief Executive and Registrar

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2. The changing environment

1. To inform the development of our ~~draft~~ strategic plan, we have examined how the environment in which we are operating is changing. We ~~have~~ set out our thoughts in a working paper that we are publishing alongside ~~this~~ our draft plan.[1]

2. The paper identifies a number of themes, together with the implications for regulation:

   - The ageing population will lead to a growing number of people with sight problems. This is likely to lead to increased demand for optical care, with more services being provided in community and domiciliary settings and a higher proportion of more vulnerable patients, including people with learning disabilities. There is also a risk that this could lead to an increase in avoidable sight loss if eye conditions go untreated.

   - We expect that developments in commissioning and in treatment methods will mean the optical professions can play a bigger role in preventing avoidable sight loss. Registrants will have greater opportunities to provide enhanced services in the community, but will need to keep up with changes in technologies and treatments. Better patient outcomes will also require a more integrated system of care with strong links between optical practices and other parts of the health and care system, including effective collaboration with ophthalmologists and general practitioners. We will want to ensure that regulation enables rather than stands in the way of these developments.

   - The Francis Inquiry will have a lasting impact, leading to increased expectations of all health care regulators. We need to respond in a proportionate way, speeding up complaints-handling and ensuring that our standards reflect the importance of compassion, candour and open communication.

   - We expect the UK Law Commissions' review of health care regulation to have a significant impact on our work. The legislative changes that we hope will follow should enable us to streamline our procedures and governance arrangements, as well as make changes to the way that we regulate businesses and students.

   - The inclusion of an eye health indicator in the public health outcomes framework for England is a major development. This could lead to a higher profile for optical services and greater scrutiny of whether the public is well-served. Gathering data to measure progress will also be a challenge for the professions, with a need for a more uniform approach to record-keeping.

[1] http://www.optical.org/goc/download.cfm?docid=4C8AE7D0-CED9-442C-945056959DBCF71A

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- Internet sales are likely to increase, with a range of implications for the optical professions and how we regulate them. The growth of internet sales could have a financial impact on the professions, particularly independent practices. The increased online supply of contact lenses could also have a negative impact on public health and safety if patients do not receive appropriate advice and aftercare.

- There is scope for divergence within professions as a result of a number of ~~different~~ factors. We now have different contractual and funding arrangements across the nations of the UK. Wherever optometrists and dispensing opticians practise, they have opportunities to deliver more enhanced services, although not all will do so. We may increasingly see different models of service delivery, with a growth in domiciliary care likely and potentially practices that focus on the needs of disadvantaged communities. Our standards must take account of this changing environment.

- It may be appropriate for us to increase our focus on promoting~~e~~ eye health where there would be clear public benefit. We may want to build a more explicit focus on public health into our competencies. We may also want to take a targeted approach to raising public awareness ~~of eye health~~, such as the need for contact lens wearers to have appropriate aftercare.

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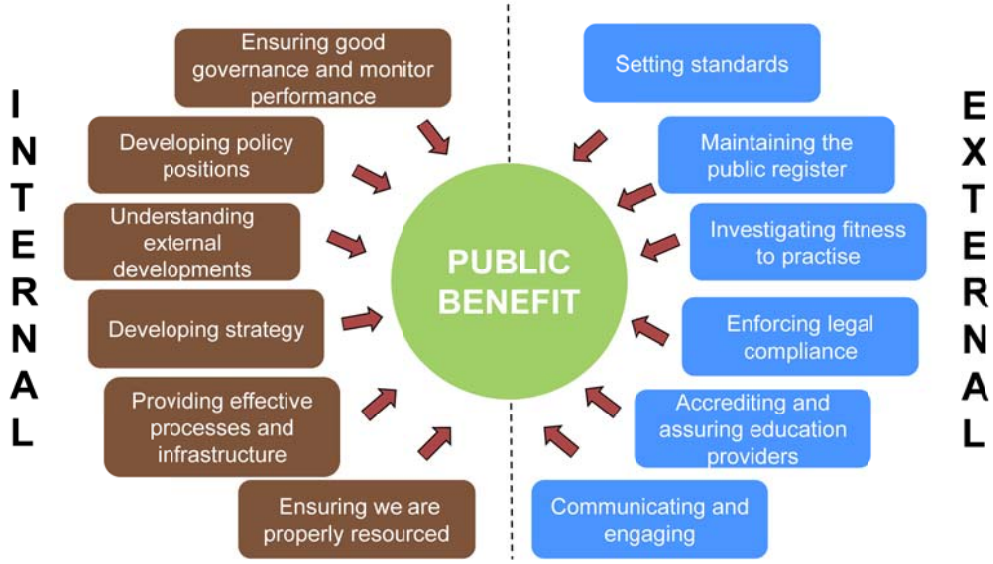
3. Our approach to regulation

3. The GOC's statutory function is to protect, promote and maintain the public's health and safety. So it is important for us to ensure that all our activities lead ultimately to benefits for the public. This is reflected in Figure 1.

Figure 1: Delivering public benefit



4. Our role in ~~delivering public benefit~~ protecting and promoting the public's health and safety makes it essential for us to understand the public's views on the optical professions and how they are regulated. The main way in which we will do this is through our research programme. We need to be able to put ourselves in the public's shoes and understand their experience of going to the opticians and their satisfaction with the services they receive. We need to understand why some members of the public might be deterred from seeing an optician or might not understand the benefits of having their eyes examined at appropriate intervals. ~~We also~~ And we need to understand the public's expectations of us as the regulator.

5. We need to be open to new ways of delivering public benefit. We should not assume that regulating the optical professions by carrying out our functions in the traditional way automatically leads to the best outcomes for the public. We need to look carefully at the outcomes we achieve and developing our approach to evaluating and reporting on our performance will be a priority.

6. We aim to carry out our statutory function in line with our values, which means being principled, responsible and forward-thinking.

6.1. Responsible means:

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- we make clear, well-reasoned, evidence based decisions;
- we account for our actions and are open to scrutiny; and
- we apply our resources in a targeted and proportionate manner.

6.2. Forward-thinking means:

- we pursue defined goals and measure our results;
- we are progressive, innovative and agile in our ways of working;
- we achieve and deliver more by working collaboratively; and
- we are a learning organisation committed to continuous improvement.

6.3. Principled means:

- we gain respect through our credibility, integrity and high standards;
- we listen openly, act responsively and communicate honestly;
- we behave consistently and fairly to everyone; and
- we foster a positive and productive culture.

Principles of good regulation

7. Our values are consistent with the established principles of good regulation: proportionate, targeted, consistent, transparent, accountable and agile.[2] We interpret these as follows:

- **Proportionate** – we will identify and target the issues of greatest risk to public safety and remove unnecessary bureaucracy.
- **Targeted** – we will ensure that our activity is focused on the areas of greatest risk, or where there is most benefit to public health and safety.
- **Consistent** – we will work in collaboration with UK health regulatory bodies and other partners to develop consistent policies and procedures.
- **Transparent** – we will explain and publicise decisions, and make public information about the Council's activities and proceedings where possible.
- **Accountable** – we will seek, and respond to, the views of our stakeholders. We will consider and review the consequences of our actions through evaluation.
- **Agile**[3] – we will anticipate change and take timely action. We will ensure that we can respond to changes in public expectations, improvements in technology and changes in how optical care is delivered to the public.

8. When the Professional Standards Authority last reviewed our performance it concluded that we were meeting all 24 of its standards of good regulation.[4] We

[2] Better Regulation Executive (2000), *Five principles of good regulation*.
[3] Added by the Professional Standards Authority (formerly CHRE) (2010), *Right-touch regulation*.

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will seek to maintain these standards and will also consider how we can continue to improve.

Promoting public health and safety

9. In developing our ~~draft~~ strategic plan we have ~~been~~ given~~ing~~ particular thought to the extent to which we should *promote* as well as protect and maintain the public's health and safety.

10. We cannot neglect our public protection role. We need to deal effectively with complaints about our registrants' fitness to practise, taking action against those who fail to meet our core standards. We are also conscious of the need to simplify our processes in order to deal with cases more quickly.

11. But we also need to be proactive in promoting public health and safety. Over the course of the three years of our strategic plan we intend to give this greater priority. By promoting the health and safety of the public at large we can seek to prevent harm, as well as intervening when concerns arise.

12. It is important to define what we mean by promoting public health and safety. This reflects the need more generally for us to be clear about our role and what we can expect to achieve, taking into account the levers and resources at our disposal.

13. We can promote the public's health and safety:

- directly – through engagement with the public;
- indirectly – through the information that we ask our registrants and intermediaries to convey to the public; and
- indirectly – through our standards.

14. Engaging with the public – either directly or through third parties – does not automatically lead to better outcomes. So any such initiative, such as providing information, needs to have a clear purpose and be carefully targeted.

15. The main way in which we can seek to promote public health and safety is through our standards. We set out what we expect of the professions in our core competencies and our codes of conduct.

Standards

16. We have a statutory responsibility to set standards for optometrists, dispensing opticians and registered businesses.

~~16.~~17. First of all, ~~S~~student optometrists and dispensing opticians need to be able to show that they meet our core competencies before they can become fully

[4] We published a news release on our website that includes a link to the PSA's report: https://www.optical.org/en/news_publications/news_item.cfm/goc-recognised-as-meeting-all-the-standards-of-good-regulation

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qualified registrants. We also set additional competencies for contact lens practitioners and independent prescribers. These competencies form the basis for the courses which students attend.[5]

~~17.~~18. Fully qualified registrants must ~~continue to~~ be able to show that they continue to meet our core competencies. They do this by complying ~~, which they do through compliance~~ with the requirements of our Continuing Education and Training scheme (CET).

~~18.~~19. CET ensures that registrants maintain core standards and will lead to improved standards in so far as registrants might not previously have been able to show that they continue to meet the core competencies. CET also helps registrants to develop over time, improving their skills and knowledge.

~~19.~~20. Both fully-qualified and student registrants have to comply with the Code of Conduct for individuals, and registered businesses have to comply with the Code of Conduct for businesses.[6]

~~20.~~21. To enable us to effectively promote the public's health and safety we need to review our standards periodically and consider what guidance we need to provide to accompany them, working collaboratively with stakeholders, including professional bodies and patient and public interest groups. In the next section we discuss our standards review in more detail.

[5] The competencies and course curriculums are on our website: https://www.optical.org/en/Standards/Standards_in_competence.cfm

[6] The codes of conduct are on our website: https://www.optical.org/en/Standards/Standards_in_conduct.cfm

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4. Objectives for the next three years

~~21.~~22. In section 2 we considered the changing landscape that we face and the implications for regulation. In section 3 we set out how we intend to interpret our role of protecting, maintaining and promoting the public's health and safety. In this section, we explain in more detail what this will mean by identifying our objectives for the next three years.

~~22.~~23. We have seven strategic objectives:

- **Higher standards** – promoting higher standards across the optical professions.
- **Increased trust and awareness** – promoting public trust, and enabling the public to make informed decisions about optical care and raise any concerns.
- **Improved complaints-handling** – dealing with complaints more quickly and effectively.
- **Better service delivery** – delivering high quality services to the public and the professions.
- **Regulatory change** – implementing a targeted and proportionate system of regulation.
- **Improved evidence base** – ensuring that our work is informed by an understanding of the public's perspective and how patient care is changing.
- **Organisational change** – building a sustainable and modern organisation.

~~23.~~24. These seven objectives are summarised in Figure 2, with the diagram emphasising that delivering public benefit is central to our role and that the three specific objectives shown in the middle circle will be underpinned by the four cross-cutting objectives shown in the outer circle.

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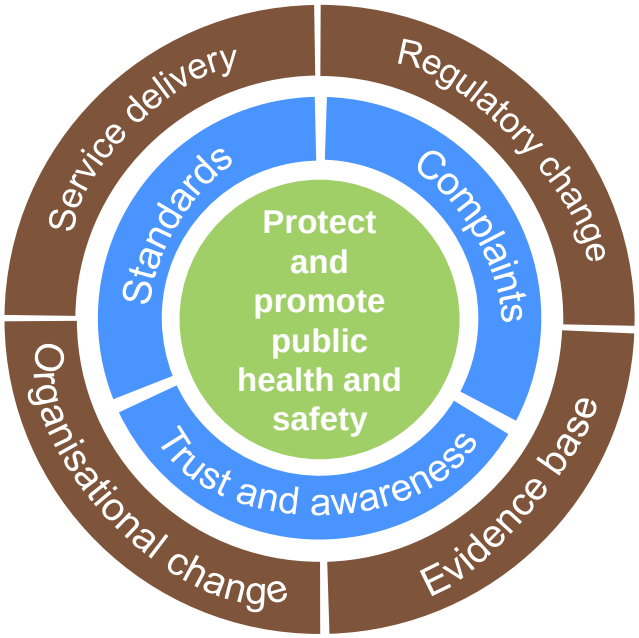
Figure 2: Summary of strategic objectives



~~24.~~25. We explain below what will be involved in achieving our objectives. We also set out our intended outcomes.~~When we publish the final version of the strategic plan in March 2014 we will also specify the outcomes we are seeking to achieve in each area.~~

1. Higher standards – promoting higher standards across the professions

~~25.~~26. Through our standards review we will need to:

- reflect changes in what is viewed as good practice in a way that is proportionate to our registrants, such as the focus in the Francis Inquiry on care and compassion, openness and candour, and responsiveness to the needs of vulnerable patients;
- take into account new evidence of risks of public harm, such as the harm that could result from business practices as discussed in our review of business regulation[7];
- fill any gaps in our standards that we identify by, for example, comparing our standards with those of other healthcare regulators;
- reflect learning from Fitness to Practise cases;
- reflect technological changes, the changing needs of the public and developments in our registrants' scope of practice across the nations of the UK;

[7] The consultation document is on our website: https://www.optical.org/en/get-involved/consultations/past-consultations.cfm#2013

- take into account the importance of promoting eye health, and we will consider whether the competencies required of our registrants should include awareness of the public health issues that exist in the optical sector; and
- ensure our standards are flexible enough to accommodate and not stand in the way of future changes in optical practice.

~~26.~~27. We will present our standards in a way that makes clear to registrants and the public what we expect. We will continue to work collaboratively with stakeholders, including professional bodies and patient and public interest groups, to ensure that appropriate guidance is available. Given our statutory role, it is important for us to show leadership and provide a clear framework for the development of standards and accompanying guidance ~~This may~~ Over time we envisage taking a more active role in overseeing and developng~~involve providing~~ the guidance ~~to~~ that expands on our codes of conduct. We will be consulting on this issue in the course of our standards review.

28. We need to ensure that both students and fully-qualified registrants receive appropriate education and training. The core competencies form the basis for undergraduate courses in optometry and optics. We will continue to accredit and quality assure education providers and oversee the CET system that came into force in January 2013. We will also maintain close links with the providers of post-graduate training throughout the UK.

29. We intend to achieve the following outcomes:

29.1. We will ensure that our standards reflect good practice, address the risks to the public and are flexible enough to allow the delivery of optical care to evolve.

29.2. We will present our standards in a way that is clear to registrants and the public, and be supported by appropriate guidance to assist registrants in meeting the standards.

29.3. We will have a clear framework for ensuring that standards and accompanying guidance remain up-to-date.

29.4. Through our CET system we will ensure the continued fitness to practise of registrants, while minimising administrative burdens.

29.5. Through the process of accrediting and quality-assuring of optical education, training and qualifications, we will ensure that registrants joining the register are fit to practise.

~~27.~~

2. Increased trust and awareness – promoting public trust, and enabling the public to make informed decisions about optical care and raise any concerns

~~28.~~30. We will promote public trust in the optical professions by ensuring that our public register remains accurate and accessible. This will enable the public to

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check that optometrists, dispensing opticians, optical businesses and students are properly regulated.

~~29.~~31. We will work with stakeholders, including public and patient groups, to raise awareness of our role and the type of complaints that we handle. In particular, we are keen to establish whether there are particular groups of people who do not tend to contact us at the moment.

~~30.~~32. We will develop and implement our strategy for dealing with the illegal practices defined in the Opticians Act 1989, such as misuse of a protected title, unlawfully conducting sight tests and unlawfully supplying prescription or cosmetic contact lenses. Our strategy will be based on our research into the risks to the public that can arise from these practices. We will be consulting informally with stakeholders before publishing a consultation document and our research in 2014.

~~31.~~33. We deal with complaints about illegal practice in line with our prosecution protocol, which means that we can bring prosecutions only where there is a realistic prospect of conviction and where it would be in the public interest. We will continue to consider each case on its merits, but in relation to certain types of illegal practice, our ability to bring prosecutions is significantly constrained. For example, many of the complaints we receive about the online supply of contact lenses (prescription and cosmetic) relate to the supply of contact lenses from outside the UK, in which case we do not have jurisdiction.

34. Therefore, we cannot deal with illegal practice solely by bringing prosecutions and need to work with stakeholders to develop a broader approach. In particular, we want to explore how we can raise public awareness of the risks that can result from buying contact lenses online and encourage the public to use suppliers that follow good practice. We do not wish to deter the public from purchasing online as opposed to face-to-face, but we do want them to receive good advice and aftercare wherever they buy their lenses.

35. We intend to achieve the following outcomes:

35.1. We will ensure that the register is accurate and up-to-date, enabling us to maintain public confidence in the regulatory system.

35.2. We will have implemented our illegal practice strategy, reducing the risks to the public and enhancing confidence in the regulatory system.

35.3. We will be more accessible to the public and as a result we will be more likely to become aware of concerns and better able to protect the public.

~~32.~~35.4. We will have promoted a clear understanding of our role, enabling stakeholders to engage with us more effectively.

3. Improved complaints-handling – dealing with complaints more quickly and effectively

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~~33.~~36. We will deal effectively with complaints about the fitness to practise of our registrants, both individuals and businesses. These complaints may relate to their conduct or competence.

~~34.~~37. We must improve the speed with which we deal with these complaints, while maintaining high standards. To this end, we will review how we deal with fitness to practise cases in order to:

- simplify and improve our processes, including introducing case examiners that will consider most of the complaints we receive instead of the current Investigation Committee;
- identify further changes that will save time and money, such as the ability to dispose of appropriate cases earlier in the process, recognising that some changes will require new legislation; and
- determine the nature of the resources we will need in order to deal with cases more quickly given the projected caseload.

~~35.~~38. We will explore how we can collaborate better with other organisations to share information about concerns and ensure they are dealt with by the appropriate body. The Francis Inquiry highlighted the importance of information-sharing and we hope that this will provide the impetus for improved collaboration. Sharing information has three main dimensions:

- ensuring that concerns about fitness to practise are referred to us from the NHS and organisations such as Citizens Advice;
- working with other enforcement bodies, such as Trading Standards, where they might be better placed to deal with an issue, such as the supply of cosmetic contact lenses by non-registrants; and
- referring issues that are outside our remit to an organisation that is able to help, which might mean referring a complaint about defective spectacle frames to our consumer complaints service.

39. We will also continue to deal with complaints about illegal practice in line with our prosecution protocol as discussed above.

40. We intend to achieve the following outcomes:

40.1. We will be dealing with fitness to practise cases more quickly, working towards dealing with the great majority of complaints within 12 months, while maintaining the quality of our decisions.

40.2. We will have established effective working relationships with organisations to improve the sharing of information about concerns.

40.3. We will deal with corporate complaints more quickly and effectively, ensuring decisions are made fairly in accordance with our processes.

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4. Better service delivery – delivering high quality services to the public and the professions

~~37.~~41. We intend to embed an improved customer service ethos across the organisation in order to improve our handling of enquiries from the public and from registrants. This reflects the fact that the need for openness applies to us as a regulator as well as to registrants. In particular, we will seek to:

- continue to deal efficiently with applications for registration and retention and explore ways of making our processes more 'user-friendly';
- improve our website to make it easier for the public and registrants to find information and engage with us online;
- review whether we could improve the current model of handling complaints about consumer issues (as opposed to complaints about registrants' fitness to practise);
- be open and transparent with our information as far as practicable; and
- learn from the feedback we receive, including in relation to corporate complaints.

~~**5. Regulatory change – implementing a targeted and proportionate system of regulation**~~

42. We intend to achieve the following outcomes:

42.1. We will be more open and responsive in our dealings with registrants and the public by making it easier to engage with us and use our services.

42.2. We will ensure that the processes used by registrants are user-friendly and carried out in a timely manner.

42.3. We will ensure that our guidance for registrants is up-to-date and presented clearly.

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~~38.~~ **5. Regulatory change – implementing a targeted and proportionate system of regulation**

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~~39.~~43. We will need to commit significant resources to implementing a more targeted and proportionate system of regulation. We are working on the basis that we will need to implement the new regulatory framework that will flow from the UK Law Commissions' review. In particular, we expect to have to revise our procedural rules and review our governance arrangements, including our system of advisory committees and scheme of delegation.

~~40.~~44. We will need to prepare for any changes to our systems of student and business regulation.

45. We will keep under review the need for any legislative changes to reflect, for example, developments in optical practice and any emerging evidence of risks to the public.

46. We intend to achieve the following outcomes:

41.46.1. We will have implemented a more targeted and proportionate system of regulation to enhance our ability to protect and promote public health and safety.

6. Improved evidence base – ensuring that our work is informed by an understanding of the public's perspective and how patient care is changing

42.47. It is vital that our work is based on sound evidence. This means that we need to track developments in the provision of optical services across the UK. In particular, we need to understand changes in the NHS and develop our communication channels.

43.48. We are also developing a research framework ~~for research into public attitudes~~ and intend to introduce a programme of ongoing research. We need to understand the public's experience of the optical professions, their satisfaction with the services they receive and the public's expectations of us as the regulator. We also need to understand and track over time the views of our registrants.

44.49. We need to be aware of and understand the technological developments that will affect the delivery of optical care.

50. Our recent work to clarify our position on the use of fluorescein ophthalmic strips highlights the need for us to fully understand the supply chain for products used by our registrants and how this is regulated, including at EU level.

51. We intend to achieve the following outcomes:

51.1. We will have developed our approach to research so as to better understand the perspective of the public and our registrants and base our decisions on sound evidence.

45.51.2. We will have developed our capacity to understand developments in health regulation and optical care so as to enhance our policy thinking and the development of our strategy.

7. Organisational change – building a sustainable and modern organisation

46.52. In order to achieve our objective of building a sustainable and modern organisation we need to make progress in a range of areas. We need to:

- realise the benefits of our customer relationship management (CRM) system and further develop our IT infrastructure;

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- move to a more modern, fit-for-purpose building;
- improve and embed best practice governance arrangements, including in relation to information governance;
- develop resilience through training and development;
- implement a new performance and reward framework;
- embed improved systems of business planning, project management and performance reporting;
- develop our financial management skills and processes;
- develop an organisation-wide focus on equality and diversity; and
- define our approach to corporate social responsibility and sustainability.

53. We intend to achieve the following outcomes:

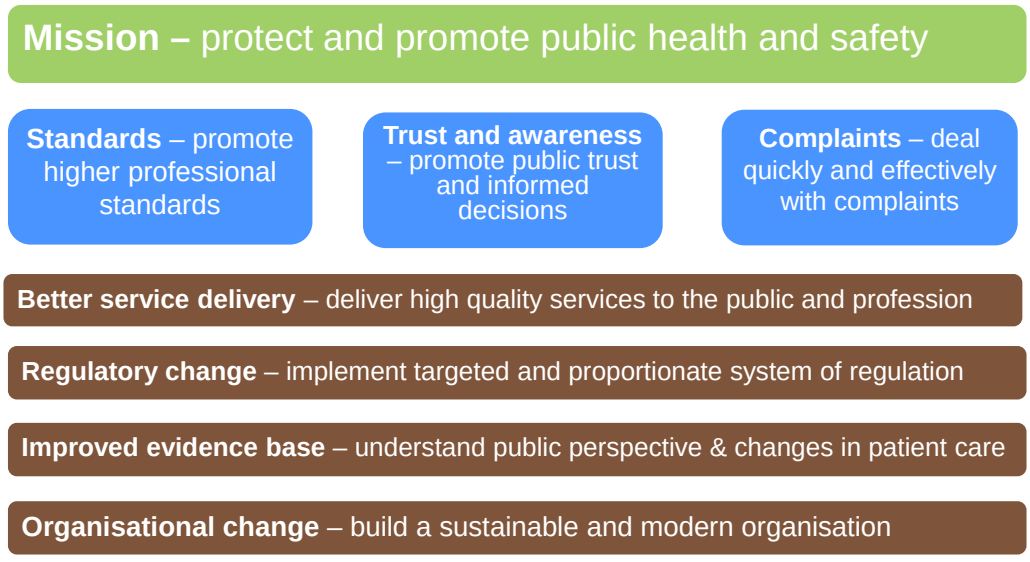
53.1. We will have a built a more modern and sustainable organisation so that we are able to carry out our role more effectively, while minimising the burden on the professions and businesses we regulate.

53.2. We will have ensured that our staff have the support and training they need to carry out their roles effectively.

53.3. We will have adopted practical measures to promote equality, diversity and inclusion in the carrying out of our functions.

~~47.~~54. Figure 3 describes our ~~proposed~~ strategic objectives for the next three years and summarises the activity involved in each area. The diagram shows that achieving our three specific objectives will require action across the organisation, reflected by the four cross-cutting objectives underneath.

Figure 3: ~~Proposed s~~Strategic objectives



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C04(14) – Annex 2

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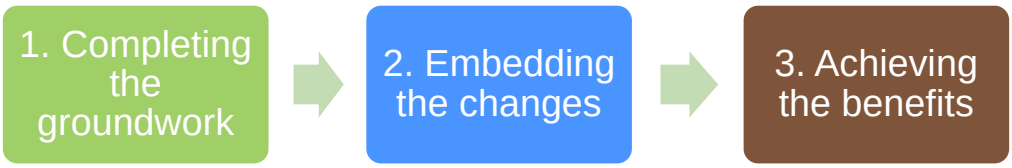
5. Achieving our objectives

~~48.~~55. In the last section we set our strategic objectives for the next three years. Meeting our objectives will require significant change. This will require a staged approach, reflecting the fact that as well as delivering change, we need to carry out our essential day-to-day activities, such as maintaining the public register and quality assuring education providers.

~~49.~~56. Figure 4 shows three stages mapped against the three years covered by the strategic plan. At this point we are only able to specify in detail what activities we will carry out in the first year governed by our strategic plan – April 2014 to March 2015. These are explained in our business plan for 2014/15, which we have published alongside this strategic plan. We will provide further detail about years two and three when we publish our business plans for those financial years.

Figure 4: Three year programme of change



~~50.~~57. Given the scale and scope of activity that we will need to carry out in order to achieve our strategic objectives, we did consider whether to phase the work over four rather than three years. However, we decided to focus on achieving as much as we can during a three year period, while recognising that some work will continue after that. Nevertheless, we will review progress after year two and consider whether it would be sensible to extend the period covered by the plan by a year to allow more time to achieve the intended benefits.

~~51.~~58. In the remainder of this section we provide more detail about how our activity will be phased across the three years of the strategic plan.

Year 1 – Completing the groundwork

~~52.~~59. We will complete work that is already underway in a number of areas, such as:

- reviewing our approach to standards;
- developing a new system of business regulation;
- reviewing the regulation of students;
- developing our strategy for dealing with illegal practice;
- implementing case examiners for fitness to practise cases;

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- complete the development of a new CRM system;
- implementing a new research framework;
- embedding our approach to equality, diversity and inclusion;
- improving our system of measuring and reporting on our performance;
- implementing an improved approach to information governance;
- developing a new performance and reward framework; and
- developing our approach to business planning and project management.

Year 2 – Embedding the changes

~~53.~~60. In the second year there will be a strong emphasis on properly embedding the changes that we are making rather than making further changes. Externally, we want to ensure that our stakeholders fully understand the regulatory changes that we are making and that we have thought through and addressed the implementation issues.

~~54.~~61. Internally, we want to ensure that our new systems and processes become part of the fabric of the organisation and lead to improved effectiveness and efficiency. For example, we will need to ensure that we fully realise the benefits of our new CRM system.

~~55.~~62. We are also planning on the basis that in Year 2 we will need to start implementing the legislation that is expected to follow the Law Commissions' review of health care regulation, assuming that it is enacted by the end of the current Parliament.

Year 3 – Achieving the benefits

~~56.~~63. By the third year we will be able to realise some of the benefits of our earlier work. For example, we expect to see a significant improvement in the speed with which we are able to deal with fitness to practise complaints.

~~57.~~64. At the same time, we will have further work to do to embed changes to the way that we work. In particular, we expect to be doing further work to implement the changes that we expect to ~~will~~ flow from the Law Commissions' review of healthcare regulation~~, assuming that the necessary legislation~~.

~~58. When we publish the final version of our strategic plan we will provide more detail about the outcomes that we are seeking to achieve by the end of year three.~~

~~59.~~65. In the third year we expect to evaluate our performance against our strategic objectives and consider the extent to which we have achieved the intended outcomes. We will also develop our strategic plan for the following three years.

Conclusion

~~60.~~66. We hope that this ~~draft~~ strategic plan provides a clear sense of the direction that we intend to take and explains our ~~proposed~~ objectives and the outcomes

we are intending to achieve. ~~We look forward to receiving our stakeholders' views as we refine and finalise our plans for the next three years.~~

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