Strategic plan 2014/15-16/17: consultation

November 2013
```
<table>
<thead>
<tr>
<th>Contents page</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>1</td>
</tr>
<tr>
<td>About us</td>
<td>1</td>
</tr>
<tr>
<td>How to respond</td>
<td>2</td>
</tr>
<tr>
<td>Further information</td>
<td>2</td>
</tr>
<tr>
<td>Our commitment to consultation</td>
<td>3</td>
</tr>
<tr>
<td><strong>Consultation</strong></td>
<td>4</td>
</tr>
<tr>
<td>Annex 1: Draft strategic plan 2014/17</td>
<td>5</td>
</tr>
<tr>
<td>Annex 2: Strategic themes briefing paper</td>
<td>See website</td>
</tr>
</tbody>
</table>
```
Introduction

1. This document seeks the views of stakeholders on our draft strategic plan (see Annex 1) which will cover the three year period from April 2014 to March 2017.

2. We began the development of our draft plan 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 (see Annex 2) for our Council to consider.

3. This consultation will be of particular interest to registrants, professional bodies, members of the public and patient representative groups. We have included a number of questions that we would like those responding to the consultation to answer. Responses to these questions will help us to develop the final version of our strategic plan which is due to be signed off by Council in February 2014.

4. The consultation will run from 27 November 2013 to 10 January 2014 and applies to the whole of the UK.

About us

5. The General Optical Council (GOC) is one of 12 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals.

6. We are the regulator for the optical professions in the UK. We currently register around 26,000 optometrists, dispensing opticians, student opticians and optical businesses. Our primary legislation is the Opticians Act 1989 (as amended) (‘The Act’), and we also have a series of related rules that describe how we carry out our statutory functions. Our legislation can be found on our website at http://www.optical.org/en/about_us/legislation/index.cfm

7. The GOC has four primary functions:
   - setting standards for optical education and training, performance and conduct;
   - approving qualifications leading to registration;
   - maintaining a register of those who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
   - investigating and acting where registrants’ fitness to practise, train or carry on business is impaired.

How to respond

8. We welcome all responses to the consultation and we will consider the draft strategic plan in light of the responses we receive. You can download further
copies of this document and the response form from our website, or you can contact us if you would like us to send you copies of these documents.

9. Please contact us to request a copy of this document in an alternative format, or in Welsh.

10. We are consulting for approximately seven weeks. This is shorter than our recommended consultation period of 12 weeks due to time pressures and the need for our final strategic plan to be signed off by our Council in February 2014.

11. The deadline for responses to this consultation is **10 January 2014**.

12. Please send your response in writing to:

   Marie Bunby  
   General Optical Council  
   41 Harley Street  
   London W1G 8DJ

13. You may also email responses to mbunby@optical.org or send a fax to +44 (0)207 7436 3525. We do not usually accept responses by telephone or in person. We normally ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to provide your response in writing please contact us on +44 (0)20 7307 3923 to discuss any reasonable adjustments that would help you to respond.

14. We will publish on our website all non-confidential responses we receive to the consultation, as well as a summary including the decisions we have taken as a result. If you would prefer your responses not to be made public, please indicate this when you respond.

**Further information**

15. Where possible, please provide evidence to support your response. If you are a representative group, it would be helpful if you could include a summary of the people and organisations that you represent.

16. A copy of this consultation has been sent to a large number of stakeholder groups representing our registrants, the public, patients, partner organisations and other groups. If you have any queries about the consultation please contact Marie Bunby on mbunby@optical.org or 020 7307 3923.

**Our commitment to consultation**

- We believe it is important that the people affected by our work have a say in how we deliver it. We believe it is vital to consult with all the groups with
an interest in the GOC: patients, the public, our registrants, optical
organisations, health care organisations, employers, other regulators, staff
and other stakeholders.

17. How we consult with our stakeholders is set out in our Consultation Framework,
available in the consultation section of our website. Feedback on the
consultation process itself would be welcome. If you have any comments then
please contact Simon Grier on sgrier@optical.org
Consultation

18. The draft strategic plan 2014/15-16/17 (see Annex 1) includes five sections:
   - Section 1: introduction from the Chair and Chief Executive and Registrar;
   - Section 2: an analysis of the changing environment, which summarises the strategic themes we have identified;
   - Section 3: our approach to regulation, which seeks to define our role in promoting public health and safety, with a particular emphasis on standards;
   - Section 4: our proposed strategic objectives for the next three years; and
   - Section 5: how we will achieve our objectives, mapping out how we intend to phase our work over the three years of the strategic plan.

19. When we publish the final version of the strategic plan in March 2014 we will also specify the outcomes that we are seeking to achieve in relation to each of the strategic objectives.

20. We are interested in stakeholders’ views on the questions below.

Questions

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?

Q2. Section 3 of the draft strategic plan: What are your views on our planned approach to regulation?

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

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?
Strategic plan - a draft for consultation

April 2014 - March 2017
Background

The General Optical Council (GOC) is one of 12 health and social care regulators in the UK. We regulate around 26,000 optometrists, dispensing opticians, student opticians and optical businesses.

The GOC sets standards for optical education and training, performance and conduct, approves qualifications leading to registration, maintains a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians, and investigates and acts where a registrants’ fitness to practise, train or carry on business may be impaired.
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 – 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.
We are publishing our draft strategic plan for consultation. 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 look forward to hearing views from a wide range of our stakeholders – from all parts of the UK – and to working closely with our stakeholders over the next three years as we work towards our strategic objectives.

Gareth Hadley  
Chair

Samantha Peters  
Chief Executive and Registrar
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 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. 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. 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.

- Internet sales are likely to increase, with a range of implications for the professions and how we regulate them. The growth of internet sales could have a financial impact on the professions, particularly independent practices.

¹ [http://www.optical.org/goc/download.cfm?docid=4C8AE7D0-CED9-442C-945056959DBCF71A](http://www.optical.org/goc/download.cfm?docid=4C8AE7D0-CED9-442C-945056959DBCF71A)
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 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 promote eye health where there would be clear public benefit. We may want to build a 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.
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 makes it essential for us to understand the public’s views on the optical professions and how they are regulated. 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 also 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:**

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

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\(^2\) Better Regulation Executive (2000), *Five principles of good regulation*.

\(^3\) Added by the Professional Standards Authority (formerly CHRE) (2010), *Right-touch regulation*.

Promoting public health and safety

9. In developing our draft strategic plan we have been giving 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. Student optometrists and dispensing opticians need to be able to show that they meet our core competencies before they can become fully 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. Fully qualified registrants must continue to be able to show that they meet our core competencies, which they do through compliance with the requirements of our Continuing Education and Training scheme (CET).

5 The competencies and course curriculums are on our website: https://www.optical.org/en/Standards/Standards_in_competence.cfm
18. 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. 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. 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. In the next section we discuss our standards review in more detail.

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\(^6\) The codes of conduct are on our website: https://www.optical.org/en/Standards/Standards_in_conduct.cfm
4. Objectives for the next three years

21. 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. 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. 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.
24. We explain below what will be involved in achieving our objectives. 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. 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;
- take into account the importance of promoting eye health, and we will consider whether the competencies required of our registrants should

\(^7\) The consultation document is on our website: https://www.optical.org/en/get-involved/consultations/past-consultations.cfm#2013
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. We will present our standards in a way that makes clear to registrants and the public what we expect. This may involve providing guidance to expand on our codes of conduct.

27. 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.

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

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

29. 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. 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. 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.

32. 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, but we do want them to receive good advice and aftercare wherever they buy their lenses.

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

33. 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. 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. 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.

36. We will also continue to deal with complaints about illegal practice in line with our prosecution protocol as discussed above.
4. Better service delivery – delivering high quality services to the public and the professions

37. 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

38. 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.

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

40. 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.

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

41. 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.

42. We are also developing a framework for research into public attitudes and 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.
43. We need to be aware of and understand the technological developments that will affect the delivery of optical care.

44. 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.

7. Organisational change – building a sustainable and modern organisation

45. 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;
- 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.

46. Figure 3 describes our proposed 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 strategic objectives

**Mission** – protect and promote public health and safety

- **Standards** – promote higher professional standards
- **Trust and awareness** – promote public trust and informed decisions
- **Complaints** – deal quickly and effectively with complaints

- **Better service delivery** – deliver high quality services to the public and profession
- **Regulatory change** – implement targeted and proportionate system of regulation
- **Improved evidence base** – understand public perspective & changes in patient care
- **Organisational change** – build a sustainable and modern organisation
5. Achieving our objectives

47. In the last section we set our 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.

48. 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. 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**

49. 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.

50. 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**

51. 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;
- 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

52. 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.

53. 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.

54. 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

55. 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.

56. 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 will flow from the Law Commissions’ review of healthcare regulation, assuming that the necessary legislation.

57. 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.

58. 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

59. We hope that this draft strategic plan provides a clear sense of the direction that we intend to take and explains our proposed objectives. We look forward to receiving our stakeholders’ views as we refine and finalise our plans for the next three years.