ANNEX 1

A PROPOSED OUTLINE APPROACH TO THE REVALIDATION OF OPTOMETRISTS AND DISPENSING OPTICIANS – A PRELIMINARY REPORT OF THE GENERAL OPTICAL COUNCIL'S (GOC) REVALIDATION WORKSTREAM

Introduction

1. The Government's White Paper, *Trust, Assurance and Safety,* directed that revalidation was necessary for all health professionals, and that 'its intensity and frequency needs to be proportionate to the risks inherent in the work in which each practitioner is involved' (p.37).

2. Following the publication of the White Paper, the Government established the Non-medical Revalidation Working Group which was tasked with exploring further the issue of revalidation for all health professionals (with the exception of doctors who were covered by a separate working group). The Director of Standards is GOC's representative on this Working Group. The current chairman of the Federation of Ophthalmic and Dispensing Opticians (FODO), Paul Carroll, also sits on the Working Group.

3. The Working Group has developed a set of principles to underpin non-medical revalidation. Whilst the Working Group's report has not yet been published, all Council members have been sent a draft copy. Each regulator has been asked to consider the principles developed by the Working Group, and report back to it early in 2009 as to how it intends to embed the principles into its own revalidation processes.

4. The GOC's Standards Committee considered how it should respond to the Non-medical Revalidation Working Group's at its meeting of 11th September 2008. The Committee decided to undertake a short consultation with key stakeholders to inform GOC's response. The GOC's Revalidation Workstream met on 2nd October 2008 to consider the responses and develop further the GOC's approach.

5. Outlined below are the Revalidation Workstream's views on how GOC's should respond to the Non-medical Revalidation Working Group. This sets out the broad structure of the GOC's proposed approach to revalidation. Further work will be required to develop the revalidation scheme, and further consultation with stakeholders will be required as the scheme develops and the required enabling legislation is put in place. Impact assessments will also need to be developed for each aspect of the proposed scheme to ensure that the benefits outweigh the costs, and that no particular group is unfairly disadvantaged.

6. In additional to the issues outlined below, the Workstream has considered how a revalidation system will deal with registrants when remedial action is required of them for revalidation purposes, how the system will integrate with employers' appraisal and clinical governance mechanisms, and how the system should

incorporate public and patient involvement. No firm conclusions have been reached on these matters. These will need further exploration as the system is developed.

Licence to Practise

7. Revalidation will apply to all those optometrists and dispensing opticians who are active in clinical practice. Those who are on the register but who are not practising will not be required to be revalidated. This is because those who are not active in clinical practice pose no actual risk to patients, and hence it would not be proportionate to require such registrants to be revalidated so long as they continue to remain clinically inactive. Whilst it could be argued that the register need only consist of those who are active in clinical practice, and hence all registrants should be subject to revalidation, the GOC can see there is public benefit for many non-practising optometrists and dispensing opticians maintaining their registration. Some are in positions of authority in optical businesses and academia, and it remains in the public interest that such persons should be subject to the GOC's Code of Conduct for Individual Registrants, and fall within the scope of the GOC's jurisdiction on Fitness to Practise matters. As such, the GOC will seek the legislation required for registrants who are practising to be issued with a licence to practise. Those on the register who are not practising and not subject to revalidation will not be issued with a licence. This mirrors the approach being taken to revalidation by the General Medical Council (GMC).

8. The ability to perform protected functions without committing a criminal offence will continue to be linked to registration. However, where a registrant performs such functions without their possessing a licence to practise this shall be treated as adversely affecting their fitness to practise. The GOC will seek the legislative change to enable this. Further consideration will need to be given as to how the GOC will deal with registrants who are returning to practice after a significant break, and the basis on which such registrants are issued with a licence to practise.

Profiling risk

9. As directed by the Non-medical Revalidation Working Group's report, the GOC will undertake risk profiling of its registrants. In measuring risk, consideration will be given to the impact of 'competency failure' for patient health and safety, and those contextual factors which may make competency failure more or less likely. Registrants will be asked to provide details of their scope of practice and details about their context of practice. This will inform what will be expected of registrants in terms of CET and other development activities undertaken. Where registrants are considered to be practising in high risk areas, the GOC will require that they have undergone an appropriate form of peer assessment

against the relevant competencies (as part of approved CET involving such assessment, GOS re-accreditation, or other accredited assessment process).

10. Risk-profiling will be evidenced based wherever possible. For example, the GOC will examine data available from the General Ophthalmic Service re-accreditation schemes undertaken in Scotland and Wales, and its own fitness to practise processes when profiling risk. It is acknowledged that risk profiling will be a complex task, and that there is a risk that certain registrants could be unfairly disadvantaged if the risk assessments undertaken are not sufficiently robust. The GOC will work closely with the optical professional and representative bodies in carrying out this work to utilise their expertise and to ensure that the risk profiling is robust and fair.

Competencies

11. The competencies against which registrants will be revalidated will be the competencies which the GOC requires be met by those seeking entry onto its registers, or where specialty registration is held, the competencies required for entry into a specialty. However, it would not be practical or proportionate for each and every registrant to be required to demonstrate that they continue to meet each and every competency. The GOC will take a risk-based approach as to where a demonstration that the competencies continue to met is required, taking into account the scope and context of practice of each registrant. The GOC will identify:

(a) *The competencies which all licensed registrants must demonstrate that they continue to meet*. These could be in core areas such as Professional Conduct and Communication.

(b) The competencies which all dispensing opticians and the competencies which all optometrists must demonstrate that they continue to meet. These would be in core elements of clinical practice related to carrying out those functions reserved to each profession in law (testing sight, fitting contact lenses, paediatric dispensing and dispensing to the visually impaired).

(c) The competencies specific to the particular scope of practice of a registrant. A risk-based approach would be adopted to identify those competencies outside of the functions reserved in law which a registrant would need to demonstrate that they continued to meet if these related to their actual scope of practice.

(d) The competencies which those registrants with a specialty annotation on the register must demonstrate that they continue to meet.

Evidence

12. In determining the evidence required to demonstrate that the relevant competencies continue to be met, the GOC will again take a risk based-approach. The greater the risk to patients of ‘competency failure’, taking into account the contextual factors of a registrant’s practice, the more robust will be

the evidence-base required to satisfy the GOC that competency has been maintained.

13. At the higher end of the scale of risk, evidence that peer assessment against the relevant competencies has been undertaken will be required. The GOC will invite providers to submit peer assessment programmes for accreditation. This may include existing schemes such as the General Ophthalmic Service re-accreditation schemes in Scotland and Wales. Other schemes may be provided by the professional bodies or training establishments.

14. At the lower end of the scale, evidence that relevant CET or other development activity has been undertaken may be considered sufficient and that no concerns have been recorded by employers, NHS commissioning organisations, or the GOC.

Intensity and frequency of revalidation in relation to risk

15. For the vast majority of registrants, a licence to practise will be issued every six years following a revalidation review (two CET cycles). However, where concerns are identified, a licence may be issued for a shorter period subject to the registrant meeting certain conditions. This may require them to submit information during the conditional period to satisfy GOC that they are taking steps to meet the conditions.

16. The cost of undertaking remedial action to meet such conditions will be met by the registrant.

Implementation

17. A full implementation plan will be published by the GOC early in 2009. This will follow the GOC's report to the Non-medical Revalidation Working Group, on the basis that the GOC will receive the endorsement from the Working Group to develop further its plans for revalidation on the basis outlined above. The scheme and a specification for the IT support will be developed during 2009-10. It is anticipated that an on-line system similar to that in place for CET will support revalidation.

18. It is intended that revalidation will be introduced to link with the beginning of the 2012-15 CET cycle, and that 1/6th of registrants will undergo revalidation each year (matching a 2 x 3 year CET cycle).