Standards Strategic Review: Call for Evidence

Protecting and promoting the public’s health and safety in a changing healthcare environment

July 2014
Contents page

Introduction 3
Section 1: GOC’s statutory role in promoting high standards 8
Section 2: Adapting to changes in optical practice 13
Section 3: Work streams and plans for further consultation 17
Section 4: Call for evidence 19
Introduction

1. The General Optical Council exists to protect and promote the public’s health and safety in the optical sector. In our Strategic Plan 2014-17 (March 2014) we set out our strategic objectives for the next three years.¹

   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

2. Our strategic objective of promoting higher professional standards across the optical professions is of fundamental importance, particularly given the changing environment of healthcare provision. In order to fulfil this objective we are committed to carrying out a strategic review of our approach to standards. This statement marks the public launch of the review and includes a call for evidence.

3. We are currently meeting the twenty-four standards of good regulation set by the Professional Standards Authority (PSA). These standards relate to all our functions, including our role in promoting high professional standards. However, we must ensure that these standards keep pace with changes in optical practice and in public expectations. This means reviewing our standards regularly and learning from good practice. We last revised our Code of Conduct for individual registrants and Code of Conduct for business registrants in 2010 and we reviewed our standards of competence in 2011.² It is timely, therefore, for us to undertake a further review.

4. We have a statutory role in promoting high standards. This involves setting three types of standards:

¹ We published the strategic plan on our website: http://www.optical.org/en/about_us/strategic_plan/
² You can find the codes of conduct on our website: http://www.optical.org/en/Standards/Standards_in_conduct.cfm
• **Ethical standards** – these are principles that must inform registrants’ behaviour in both their personal and professional lives (set out currently in our code of conduct).

• **Performance standards** – these are principles that registrants must apply in their clinical practice. (At the moment the GOC does not publish clearly identifiable standards of performance, but is proposing to do so in future.)

• **Competence standards** – these are the core knowledge and skills registrants must have in order to be on the Register (currently set out in the competencies for optometrists, dispensing opticians, contact lens opticians and independent prescribers).

5. The three objectives of the standards strategic review are to:

a) clarify, and ensure that we fulfil, our statutory role in promoting high standards, including our role in providing guidance;

b) produce standards of ethics and performance that focus on outcomes, meet the public’s expectations, are clear to registrants and reflect good practice, including the recommendations of recent inquiries, notably the Francis Inquiry; and

c) ensure that our standards of competence, and system of regulation more generally, enable developments in optical practice that would benefit patients and the public.

6. Section one sets out our role in promoting high standards. Section two considers how optical practice is likely to change and the potential implications for our standards and the system of regulation more generally. Section three describes our planned work streams and explains how we intend to phase them, including indicative dates for further public consultations. Section four sets out the questions we would like to explore through this call for evidence.

7. We do not propose to address all the regulatory implications of changing optical practice through the standards strategic review. We will focus on the implications for our standards of ethics and performance, and for our standards of competence. However, the responses to this call for evidence will help us to scope out the further work needed to address the implications of changing scopes of practice for our system of continuing education and training (CET), our system of registration and the legal framework. We also need to bear in mind that any changes to legislation will require support from Government and the necessary parliamentary time.
8. We have prepared this call for evidence with reference to the principles of good regulation\(^3\): proportionate, targeted, consistent, transparent, accountable and agile. We interpret these as follows:

- **Proportionate** – we will identify and target the issues of greatest risk to public safety. We will 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 safety.
- **Consistent** – we will work in collaboration with UK health regulatory bodies and other stakeholders to develop consistent policies and procedures.
- **Transparent** – we will explain and publicise our decisions, and make public information about activities and proceedings where possible. We will make roles and responsibilities clear.
- **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\(^4\)** – we will anticipate change and take timely action. We will ensure that we can respond to changes in the optical sector, including changes in technology.

9. This call for evidence will be of particular interest to registrants, optical businesses, professional bodies, patients and the public, and patient and public representative groups.

10. The call for evidence will be open for ten weeks from **31 July 2014 to 10 October 2014** and applies to the whole of the UK.

**About us**

11. 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.

12. 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](http://www.optical.org/en/about_us/legislation/index.cfm)

13. The GOC has four primary functions:

- setting standards for optical education and training, performance and conduct;

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\(^3\) Better Regulation Executive (2000), *Five principles of good regulation*.

\(^4\) Added by the PSA (formerly CHRE) (2010), *Right-touch regulation*.
• 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

14. We welcome all responses to the call for evidence, which we will take into account as we proceed with the standards strategic review. 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.

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

16. We are consulting for ten weeks. This is shorter than our recommended consultation period of 12 weeks owing to the need to consider the responses at the next meeting of our Council in November and then proceed with the subsequent phases of the review in a timely manner.

17. The deadline for responses to this consultation is 10 October 2014.

18. Please send your response in writing to:

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

19. 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.

20. 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

21. 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.
22. 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**

23. We believe it is important that the people affected by our work have a say in how we do 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, healthcare organisations, employers, other regulators, staff and other stakeholders.

24. 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
Section 1: GOC’s role in promoting high standards

25. Section 1(2) of the Opticians Act (the Act) states that “Council shall have the general function of promoting high standards of professional education, conduct and performance among registrants.” In carrying out this function we view optometrists and dispensing opticians as healthcare professionals. This means that registrants must act at all times, in their working and personal lives, in a way that maintains public confidence.

26. The Act also sets out our role in setting standards of competence. Section 12(1) of the Act provides that:

“The Council shall from time to time establish -
(a) the competencies which a person must be able to demonstrate in order to be granted a qualification as an optometrist or a dispensing optician; and
(b) the content and the standard of education and training (including practical experience) required for the purpose of achieving those competencies.”

27. Our role in providing guidance in relation to standards of conduct and performance is also explained in the Act.

28. Section 13A(1)(a) provides that:

“The Council shall provide, in such manner as the Council considers appropriate, guidance for registered optometrists, registered dispensing opticians and student registrants, on matters relating to fitness to practise or, in the case of a student registrant, fitness to undertake training, and in particular on the standards of conduct and performance expected of them.”

29. Section 13A(2)(a) provides that:

“The Council shall provide, in such manner as the Council considers appropriate, guidance to business registrants on matters relating to fitness to carry on business as an optometrist or a dispensing optician or both, and in particular on the standards of conduct and performance expected of such registrants in carrying on that business.”

30. More generally, the legislation specifies in some detail how registrants should practice by, for example, setting out what should be involved in carrying out a sight test. So far as the regulation of healthcare professions is concerned, such detailed provision is unusual. For most regulated professions, there is a more general statutory requirement to practise in line with the standards specified by the regulator.
31. Our standards comprise a set of principles which registrants must adhere to. Failure to do so may result in fitness to practise proceedings. There are three types of standards with which registrants “must” comply:

- **Ethical standards** – principles that must inform registrants’ behaviour in both their personal and professional lives (set out currently in our *Code of Conduct*). In future, we intend to use the term “ethics” instead of “conduct” in order to be consistent with terminology used across professional regulation; to anticipate future legislative developments and because “ethics” better conveys the importance of a professional attitude as well as professional behaviour.\(^5\)

- **Performance standards** – principles that registrants must apply in their clinical practice. The GOC does not explicitly set performance standards at the moment, but our code of conduct does cover some matters relating to clinical practice, such as record-keeping.

- **Competence standards** – standards of competence (or professional education) reflect the core knowledge and skills that registrants must have in order to be on the Register (currently set out in the competencies for optometrists, dispensing opticians, contact lens opticians and independent prescribers).

32. Standards may be supported by GOC statements and guidance. We issue regulatory statements to clarify legal requirements, such as restrictions on the sale and supply of optical appliances; the fitting of contact lenses; and the use of medicines. Guidance helps to illustrate how registrants can comply with the standards; it is not designed to be prescriptive. We have tended to play a limited role in providing guidance, although we have published guidance on, for example, what constitutes “adequate supervision”.

33. In addition to guidance produced by the GOC, there are various other sources of guidance, including:

- guidance issued by professional bodies, including the College of Optometrists, Association of British Dispensing Opticians, Association of Optometrists and Federation of (Ophthalmic and Dispensing) Opticians;

- businesses’ standard operating procedures;

- guidelines published by the Medicines and Healthcare Products Regulatory Agency (MHRA);

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\(^5\) The UK Law Commissions referred to standards of “ethics” as opposed to “conduct” in their draft bill on the regulation of health and care professionals in the UK: [http://lawcommission.justice.gov.uk/areas/Healthcare_professions.htm](http://lawcommission.justice.gov.uk/areas/Healthcare_professions.htm)
• guidelines published by the National Institute of Clinical Excellence (NICE);
• guidelines published by the governments and health boards of Northern Ireland, Scotland and Wales;
• guidance on clinical governance published by the Local Optical Committee Support Unit (LOCSU); and
• NHS guidelines on, for example, hygiene and disposal of clinical waste.

34. We refer to these sources of guidance in our current code of conduct, saying that:

“The GOC recognises that other bodies have issued detailed guidance with regard to matters covered in [the code of conduct]. You are expected to comply with relevant local and national standards on clinical governance and be familiar with the relevant guidance and advice issued by other organisations and, in particular, that of the professional and representative bodies…Reference may be made by the GOC to the guidance and advice of other bodies in the exercise of its functions. In addition, the GOC may from time to time supplement the Code with guidance on specific matters.”

35. We are of the view that we could improve our approach to standards in a number of ways by:

• presenting and explaining our standards more clearly;
• producing more comprehensive and clearly identifiable standards of performance; and
• clarifying the relationship between standards and guidance, including our role in providing guidance.

**Clearer standards**

36. Our current code of conduct presents each standard as a high-level bullet point. In revising our standards of ethics and performance we propose to include the principles that registrants must follow, together with additional explanatory text. This will make the standards easier for registrants to understand and apply. Presenting our standards in this way will also help the public to understand better what to expect from optometrists and dispensing opticians.

37. In presenting our standards we will also explain how they will be used during our process for dealing with fitness to practise cases.

**Standards of performance**
38. Our code of conduct covers some issues that could be viewed as relating to performance, such as record-keeping. But unlike other healthcare regulators, we do not have clearly identifiable GOC standards of performance. As a result, guidance provided by other bodies, particularly guidance produced by the College of Optometrists and the Association of British Dispensing Opticians, has been seen as setting *de facto* standards of performance. We recognise the important role that professional bodies play in providing guidance for their members, as do professional bodies in other healthcare sectors. However, it is essential for the GOC, as the independent statutory regulator, to take the lead in setting clear and comprehensive standards for the optical professions. Also, the current situation can lead to confusion among registrants about the standards with which they must comply. And in deciding whether to bring fitness to practise charges relating to deficient performance (as opposed to misconduct), we often need to refer to guidance produced by third parties rather than our own standards.

**The relationship between standards and guidance**

39. We think there would be value in clarifying the relationship between standards of ethics and performance, with which registrants must comply, and guidance produced by the GOC, professional bodies and other organisations, which helps registrants to understand how to comply with the standards.

40. It is against this backdrop that we have set the first two objectives of our standards strategic review, namely to:

- Clarify, and ensure that we fulfil, our statutory role in promoting high standards, including our role in providing guidance; and

- produce standards of ethics and performance that focus on outcomes, meet the public’s expectations, are clear to registrants and reflect good practice, including the recommendations of recent inquiries, notably the Francis Inquiry.

41. We intend to launch a further consultation in the autumn that will explore in more detail how we should carry out our role in promoting high standards and seek views on proposed new standards of ethics and performance. In developing our standards of ethics and performance we will refer to the College of Optometrists’ revised guidance that is due to be published in the autumn, as well as to other evidence of good practice. We provide more information in section three about our proposed work streams and plans for further consultations.
42. We also set standards for the optical businesses that are registered with us. These are currently set out in the *Code of Conduct for Business Registrants.* Following a public consultation in 2013, we would like to change the system of business regulation so as to regulate all optical businesses that carry out restricted functions. However, this will require legislative change, the timetable for which is uncertain. In the meantime, we intend to review the business code so that it is more targeted at the risks which flow from business practices and complements the standards of practice for individual registrants. We provide more information about how we intend to approach this aspect of the review in section three.

43. We also need to bear in mind that in the future the way that we regulate student optometrists and dispensing opticians may change. We consulted last year on plans to change the system of student regulation. We have decided that it is not proportionate to require undergraduate optometrists or dispensing opticians to register with us. We intend to carry out further work, including research and engagement with stakeholders, to decide whether to continue to require optometry students to register during their pre-registration year or whether the risks to the public can be managed in other ways. However, we have decided to put this further work on hold because any changes to the current system of student regulation would also require legislative change. In the meantime, students will continue to be bound by our standards of ethics and performance, although we do take into account, of course, the fact that they carry out their clinical training under supervision.

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6 This is published on our website: file:///C:/Users/abridge/Downloads/codes_of_conduct_for_business_registrants_pdf%20(1).pdf

7 We published a statement on business regulation on our website in December 2013: file:///C:/Users/abridge/Downloads/business_regulation_statement_131209_pdf%20(2).pdf

8 We published a statement on student regulation on our website in December 2013: file:///C:/Users/abridge/Downloads/student_regulation_statement_16_december_pdf%20(1).pdf
Section 2: Adapting to changes in optical practice

44. It is essential that our standards are forward-looking and anticipate developments in optical practice. In particular, we want to ensure that regulation helps rather than hinders changes in registrants’ scopes of practice that would benefit patients and the public. In this section we discuss the factors influencing changes in optical practice and consider the implications for our standards and the system of regulation more generally.

45. In developing our strategic plan for the next three years, we examined how the environment is changing, summarising our findings in a briefing paper.9 We have set out below the themes that are of particularly relevance to our standards strategic review:

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

- 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.

- There is scope for divergence within professions as a result of a number of factors. We now have different contractual and funding arrangements across the nations of the UK. In Scotland there is the enhanced General Ophthalmic Services (GOS) eye examination, in Wales there is the Welsh eye health care delivery plan, in Northern Ireland there is the developing eye care partnerships initiative and NHS England recently published a call for action on eye health. Wherever optometrists and dispensing opticians practise, they have opportunities to deliver more enhanced services, although not all will do so. We could increasingly see different models of service delivery, such as a growing focus on domiciliary care and

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9 The paper is published on our website:
potentially practices in disadvantaged communities to help reduce inequalities in the provision of eye care.

- The optical sector has seen many technological advances in recent years, with changes in the equipment available in practices enhancing what optometrists can do for patients and enabling them to better track changes in eye health over time. There have also been significant developments in contact lens and intraocular lens technology. Technological advances are likely to continue, with scope for the development of more remote diagnosis and treatment, and greater automation of eye examinations.

- The Francis Inquiry will have a lasting impact, leading to all health care regulators facing increased public expectations. 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. The lessons of Francis and other inquiries are relevant across the UK, which will be emphasised by the finding of further inquiries, such as the Vale of Leven Inquiry in Scotland.

- We expect the UK Law Commissions’ review of health care regulation to have a significant impact on our work. Although the timetable for legislative change is uncertain we hope that we will be able 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 receiving a high standard of optical care. Gathering data to measure progress will be a challenge for the professions, with a need for a more uniform approach to record-keeping. Linked to this, it may be appropriate for us to increase our focus on promoting eye health where there would be clear public benefit.

46. These changes in the environment are likely to have a range of implications for our standards and for the system of regulation more generally. They give rise to third objective of the standards strategic review, namely to ensure that our standards of competence, and system of regulation more generally, enable developments in optical practice that would benefit patients and the public.

47. We would welcome views on the implications of the changes that we have discussed in relation to the following five areas:

- standards of ethics and performance;
- standards of competence;
- system of continuing education and training (CET);
- system of registration; and
- the legal framework.

48. We will now look at each of the five areas in turn and outline the possible implications of changes in optical practice.

**Standards of ethics and performance**

49. We need to ensure that our standards of ethics and performance reflect the findings of the Francis Inquiry and other related reports in a way that is relevant to the optical sector. For example, we are working with other regulators to consider how to embed in our standards the principle of acting with candour when errors occur. We will need to consider how to reflect in our standards the need for care and compassion. And we will want to work with stakeholders, including the College of Optometrists, ABDO and universities to promote professionalism in education and training.

**Standards of competence**

50. In thinking about the standards of competence for the optical professions we propose to adopt the following principles, namely that – in line with our organisational values – the standards should be forward-looking, flexible and should encourage professional development:

- **Forward-looking** – we need to ensure that student optometrists and dispensing opticians acquire the knowledge and skills that will prepare them for optical practice as it is likely to be in the future rather than as it is now. In doing so we need to recognise that there may be threats as well as opportunities. For example, changes in technology may challenge traditional scopes of practice by introducing increasing automation.

- **Flexible** – we need to ensure that standards of competence are flexible enough to accommodate the fact that the scope of optical practice is changing at different rates in different parts of the UK.

- **Encouraging professional development** – we would like to encourage registrants to develop their knowledge and skills over the course of their careers and so promote higher standards across the optical professions. To this end, we intend to explore a recommendation of the Francis Inquiry, namely whether we should have core standards that all registrants must meet (and which would provide the basis for any fitness to practise proceedings) and aspirational standards to encourage professional
development. As well as promoting the development of clinical skills and knowledge, there could be a role for aspirational standards in relation to:

- meeting the needs of particular types of patients, such as glaucoma patients discharged from hospital to be treated in the community or patients with learning disabilities or dementia; or
- playing a greater role in promoting public health.

**Continuing Education and Training**

51. We need to examine how our system of CET might need to change in line with changes to optical practice, particularly if registrants are carrying out activities that involve more risk to patients. We also need to think about the risks associated with the practice of particular types of registrants, such as the growing number of independent prescribers or optometrists and dispensing opticians who provide domiciliary care.

**System of registration**

52. We need to consider how to deal with areas of special interest or advance practice, such as glaucoma or low vision, in addition to the currently recognised specialities of contact lenses and therapeutics. This could mean reviewing the information that we publish on our registers and reviewing the role of specialist registers.

**Legal framework**

53. We would also like to explore whether the legal framework creates any barriers to changes in the scopes of practice of optometrists and dispensing opticians that would be in the interests of patients and the public. There might be a case for specific changes or a move towards having less detailed requirements specified in legislation so that regulation can respond more quickly to developments in practice and public expectations.

**Next steps**

54. We do not propose to address all these areas within the scope of the standards strategic review. We will focus on the implications for our standards of ethics and performance and for our standards of competence. However, the responses to this call for evidence will help us to scope out the further work we will need to do to address the implications of changing scopes of practice for CET, registration and the legal framework. It is also important to bear in mind that any changes to legislation will require support from Government and the necessary parliamentary time.
Section 3: Work streams and plans for further consultations

55. In order to achieve the objectives of the standards strategic review, we have established the following work streams:

- **Framework** – to clarify the GOC’s role, define the different types of standards and distinguish between standards and guidance.
- **Ethics** – to revise our standards of ethics
- **Performance** – to develop explicit standards of performance
- **Scopes of practice** – to understand how registrants’ scopes of practice are likely to change and the implications for our standards and for the system of regulation more generally
- **Businesses** – to revise the standards for business registrants, building on the analysis of the risks to the public that we identified in reviewing the system of business regulation.
- **Research** – to carry out research in order to understand the views of the public and registrants and help us to evaluate the outcomes that flow from the review.
- **Stakeholder engagement** – to understand the views of the full range of our stakeholders through meetings with stakeholders and public consultation events.

56. The following chart summarises how we intend to phase the work streams, including indicative dates for consultations.
57. At this initial stage of our review we would welcome the views of stakeholders on the following questions:

1. What are your views on the objectives of the standards strategic review, namely to:
   a) clarify, and ensure that we are fulfilling, our statutory role in promoting high standards, including our role in providing guidance;
   b) produce standards of ethics and performance that focus on outcomes, meet public expectations, are clear to registrants and reflect good practice, including the recommendations of recent inquiries, notably the Francis Inquiry; and
   c) ensure that our standards of competence, and system of regulation more generally, enable developments in optical practice that would benefit patients and the public.

2. What specific issues do you think we should take into account in developing our standards of ethics and performance?

3. What are your views on how we intend to phase the project work streams?

4. Looking to the future:
   a) To what extent are there opportunities for the scopes of practice of optometrists and dispensing opticians to evolve in a way that would benefit patients and the public?
   b) To what extent are there threats to the current scopes of practice and what might be the impact on patients and the public?

5. In order to facilitate changes in the scopes of practice of optometrists and dispensing opticians that would benefit patients and the public:
   a) How should our standards of competence evolve?
   b) How should our system of continuing education and training evolve?
   c) How should our system of registration evolve?

6. Can you provide examples of where the existing legal framework creates barriers to changes in the scopes of practice of optometrists and dispensing opticians that would benefit patients and the public?

7. Do you think there are any other issues that are relevant to our standards strategic review?