

GOC's response to feedback received through draft Strategic Plan consultation

Theme/comments	Who raised it?	Planned action?
<p>Draft mission statement</p> <p>1. Concern over use of the word 'continuously' raising standards'?</p>	<p>Ulster University and AOP (is word 'continuously' too high for risk profile of professions?) FODO (more about maintaining and supporting high standards) College of Optometrists (we should not chase continual change at the expense of upholding current standards) ABDO (this vision was contrary to the GOC's past and current conduct i.e. ESR)</p>	<p>We asked a specific question on the use of the word 'continuously' in our mission statement. There was overall broad support for this.</p> <p>This reflects our aspirations for standards that are continuously being raised to keep up with developments and learning in the wider healthcare sector.</p> <p>No drafting changes.</p>
<p>2. General concerns about GOC perceived plans under the ESR to establish an apprenticeship scheme, for example, which was seen as lower standards</p>	<p>ABDO This was a general concern that came out in a lot of consultation questions by individual respondents</p>	<p>As per our regulatory remit, we are required to consider any training routes that would lead to registration with the GOC, including any proposals for apprenticeships. We would assess any proposal for a training route against the same set of standards and would not lower our standards for different delivery methods. We will ensure that this is clearly outlined in any future communications.</p> <p>No drafting changes.</p>
<p>3. Concerns about the GOC approving further new optometry courses which may lower standards. Too much of a focus on supply over quality</p>	<p>This was a general concern that came out in a lot of consultation questions by individual respondents</p>	<p>Same as response in 2.</p> <p>No drafting changes</p>
<p>4. Concerns about commercial pressures for registrants working in daily practice and how this helps to conflict between profit and patient care affects professional standards and public protection.</p>	<p>This was a general concern that came out in a lot of many of the consultation questions by individual respondents</p>	<p>The issue of commercial pressures was raised in the 2016 Registrant Survey along similar lines. We considered this issue in revising the GOC Standards for Optical Businesses. The business standards contain specific standards related to ensuring that commercial pressures do not affect patient care.</p>

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		<p>As this is a concern for the sector, we will continue to review this throughout our planned work on reforming business regulation and the review of our standards which will take place during the duration of the strategic plan.</p> <p>No drafting changes.</p>
<p>5. Concerns about how to upskill the professions to help burden on NHS/ophthalmologists</p>	<p>This was a general concern raised</p>	<p>We are already helping to upskill the professions by freeing up the CET scheme as of 2022 and through our work on the ESR. This should continue to be communicated through our communications strategies for these projects.</p> <p>No drafting changes.</p>
<p>6. GOC should consider adapting its mission statement over the course of 6 years if the risk profile of the professions change</p>	<p>AOP</p>	<p>We agree with this feedback and the GOC already has plans to review the strategic plan at the mid-point.</p> <p>No drafting changes.</p>
<p>Draft vision statement 7. Re-consider the term 'world-class' regulatory practice</p>	<p>AOP (this implied benchmarking against international comparators. Suggested alternatives such as "excellent" or "high quality" regulation instead.) Ulster University (questioned the use of 'world class' given the diversity of regulation and the optical professions around the world)</p>	<p>Maintain use of 'world class' regulatory practice as this was supported by the majority of respondents and we should be aspirational in our vision for the future.</p> <p>No drafting changes.</p>
<p>8. The GOC should ensure high standards of practice are maintained (particularly in the face of commercial pressures) and good quality education and training.</p>	<p>5 individual respondents</p>	<p>We agree with this and will continue to emphasise this through our work on CET, ESR and Standards of Practice.</p> <p>No drafting changes.</p>

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9. Excellent customer service was seen as a service that was efficient, effective and timely.	8 individual respondents	Timeliness, effectiveness and efficiency are covered within the wording of the workstreams. No drafting changes.
10. Review use of the word 'customer' to describe patients/public. Clarify who we are talking about when we use the word 'customer'	12 individual respondents Health Education England	This clearly caused some confusion with the stakeholders who responded and we feel further clarity is required. Drafting changes: in general throughout the document we will replace references to 'customer' with 'patients, the public, registrants and other customers' to retain emphasis on patients and the public which is in our statutory remit, while providing further clarity about customer service. In some places these references will need to be specific to certain customer groups and this will be reflected in the text.
11. Expand on definition of 'customers' to include any company providing goods, services and innovation to the UK optical market."	College of Optometrists were the only stakeholder to raise this point.	This is covered by amendments outlined in 10. No further drafting changes.
12. The GOC should be more approachable and accessible to stakeholders e.g. better promoting the remit of its role and challenging the perception that registrants 'fear' the regulator.	3 individual respondents	We will note the comments, which are consistent with our proposed values, and reflect this in our communications and engagement strategy. No drafting changes.
13. GMC have a patient charter and suggest that this would be useful for the GOC	GMC	We will consider the creation of a patient charter regarding the service level expected during the complaints process in terms of the delivery of both our strategic objectives to be a world class regulator and to transform customer service. No drafting changes.
Draft values 14. We act with integrity We pursue excellence	FODO suggested the GOC include an additional value "We listen and engage".	The proposed values were supported by the majority of respondents who thought they were clear. We consider

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<p>We respect other people and ideas We show empathy We behave fairly</p>	<p>The AOP thought that three of the values – integrity, respect for others and behaving fairly – should be inherent characteristics of any public body rather than as optional or aspirational. They therefore suggested changing the wording for these to compliance.</p> <p>The AOP also suggested additional values about being agile and responsive to change</p>	<p>important to state our values even if some are perceived to be inherent.</p> <p>In considering proposals for further values, we feel that the proposal for ‘We listen and engage’ is already covered by ‘We respect other people and ideas’. We agree with the proposal for adding ‘We are agile and responsive to change’ as this reflects the desired intention for our approach to our regulatory remit.</p> <p>Drafting change: Add ‘We are agile and responsive to change’.</p>
<p>15. GOC should improve the efficiency of the FTP process and the resolution of complaints.</p>	<p>AOP 8 Individual respondents</p>	<p>We feel that this is already covered by our objectives under ‘Transforming customer service’:</p> <ul style="list-style-type: none"> • ‘We will address long-standing issues with timeliness in fitness to practise’ • ‘We will review and modernise all our processes’ <p>No drafting changes.</p>
<p>16. Introduce active safeguarding standards and policies for staff and customers both in your role and those you regulate</p>	<p>SAFE</p>	<p>The standards of practice for optometrists and dispensing opticians already include a safeguarding standard currently combined with a standard for raising concerns. Consideration will be given as to whether these need to be split out for emphasis in the review of standards already planned.</p> <p>We will consider the need for a GOC safeguarding policy for vulnerable adults and children who may be acting as witnesses or respondents in FTP settings and other regulatory work, over the course the Strategic Plan.</p> <p>No drafting changes.</p>

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<p>17. GOC are not meeting their values. The example is the ESR. This has demonstrated that the GOC is not respectful of various people/organisations nor is there any empathy</p>	<p>ABDO</p>	<p>We have extensive engagement plans in relation to the ESR and CET projects and have made a number of changes as a result. We will continue to ensure that the sector is consulted as these changes progress. Consultation and engagement is outlined in our Stakeholder Engagement plan and through tailored engagement approaches developed for each change project that we undertake.</p> <p>No drafting changes.</p>
<p>New challenges and opportunities External influences that might affect our work:</p> <p>18. The main concern from individual respondents was the influence of corporates/multiples and the perceived conflict of interest by representatives sitting on GOC Council/boards/committees and potentially influencing GOC policy and decision making.</p>	<p>This was a general concern that came out in many of the individual consultation responses.</p>	<p>The GOC is currently required by its legislation to have a Companies Committee and registrant representatives on our Council.</p> <p>The Government is proposing reforms to the governance and structure of all healthcare regulators, which is likely to remove the need for a Companies Committee and to introduce a Unitary Board made up of executive and non-executive members.</p> <p>We will consider this point in formulating our proposals for new governance arrangements and will consult on those proposals through our objective to implement new legislation.</p> <p>No drafting changes.</p>
<p>19. Commercial pressures and the dominance and profit driven culture of the corporates/multiples was linked to a drop in standards of patient care, for example, reduced times for the sight test and pressure to meet corporate targets/sales.</p>	<p>This was a general concern that came out in many of the responses to individual consultation questions by individual respondents</p>	<p>The GOC outlines expectations in relation to patient care in its Standards for optometrists and dispensing opticians, Standards for optical students and Standards for optical businesses. This was also considered in our response to 4.</p> <p>No drafting changes.</p>
<p>20. GOC should do more to tackle online sales of contact lenses</p>	<p>ACLM (The ACLM suggested that the GOC should review this</p>	<p>We currently have no jurisdiction over businesses registered outside the UK. However, we plan to consider the regulation of</p>

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	area again and provide a code of conduct for online supply.) AOP 5 individual respondents	online business as part of our work on reforming business regulation. No drafting changes.
21. Impact of the commercial/economic environment for GOC's key stakeholders (e.g. cost pressures, technology, online sales etc)	AOP College of Optometrists	We acknowledge these external factors and would always seek feedback on impacts of our regulatory work from all stakeholders. In addition, we will more clearly reflect this in our 'new challenges and opportunities'. Drafting changes: Technological development section updated as outlined in 28. Addition: ' Changing business models as employers and businesses adapt to new technology and customer preferences.'
22. Influence of the NHS and GOS funding meant sight test underfunded.	AOP This was a general concern that came out in a lot of many of the consultation questions by individual respondents	It is outside the GOC's regulatory remit to seek to influence the funding of the sight test. No drafting changes.
23. GOC should recommend minimum sight testing times	This was a general concern that came out in a lot of many of the consultation questions by individual respondents and was linked to commercial pressures and the GOS fee.	The GOC outlines expectations in relation to patient care in its Standards for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses. No drafting changes.
24. 'Ageing population and new treatments' section should highlight the role the optical professions can play in helping to reduce the burden on ophthalmologists and secondary care, for example, by providing more care in community optical practices.	FODO AOP 4 individual respondents	Agree. We will add wording to reflect this in the section on new challenges and opportunities. Drafting change: Add 'Optometrists and dispensing opticians have the potential to help reduce the burden on the system if they are able to demonstrate the skills required by healthcare commissioners to offer more care in community settings and this will be important in shaping our work implement new education standards.'

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25. Tackling public perceptions should be included as an important external influence, as the professions are viewed more as a retail rather than clinical service which is detrimental to the professions and sector.	College of Optometrists This was a general concern that came out in a lot of many of the consultation questions by individual respondents.	We have previously undertaken public awareness raising campaigns as we felt that this was an important and proportionate way of delivering some of our regulatory functions. However, we have received negative feedback on this at times from our own regulator the Professional Standards Authority (PSA). This is an area which we will review again over the course of the strategic plan.
26. Change the wording to: "...some examples of external influence" in order to future proof the list.	Ulster University	Agree. Drafting change: to insert ' <i>some examples of</i> ' in front of external influences on page 4 of the strategic plan
27. Include education providers as they are crucial to GOC's role	AOP (consider including 'education providers' as another external influence)	Agree. The education angle is now covered by amendments to wording at 24. No further drafting changes.
28. Technological developments - implications could be drawn out more in terms of what technological development means for the sector and those working in clinical practice.	AOP	Agree. This is an important point as technological changes could be both beneficial or detrimental to patient and public care. Drafting change: Add to section on technological development the following wording: 'These changes will have the potential for both positive and negative impacts on patient care and the way it is delivered and GOC will need to closely monitor how these developments may affect its regulatory work'
29. Political changes, in particular divergence in healthcare priorities between the four countries of the UK as well as any potential results of Brexit. Online and remote provision of services will be more common, and we are considering the increasing importance of international delivery and whether healthcare will be delivered more	GMC	These are important considerations in the work of a regulator and issues such as International healthcare delivery and impact of Brexit may have a big impact on healthcare delivery during the period of the Strategic Plan. Online/remote consultations is covered in technological development, but we will add the word 'online' to paragraph for clarity.

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<p>across borders, with implications on our regulation in an international connect. Other factors outside healthcare such as climate change may have an impact on our regulation in future.” (GMC)</p>		<p>Drafting change: Add to ‘new challenges and opportunities section an additional line on ‘Political and international developments such as the impact of Brexit may affect the way we regulate and deliver our strategic objectives.’</p>
<p>Continuous improvement 30. GOC should look at the perceived oversupply and quality of graduates coming through the system, with a view to reviewing plans for an apprenticeship scheme under the ESR</p>	<p>This was a general concern that came out in many of the consultation questions by individual respondents</p>	<p>Our response to the comments on apprenticeships is covered in our response at 2.</p> <p>Our role in relation to workforce matters is currently limited, but the Government has indicated that it wants to set a new duty on the regulators to consider wider workforce implications when developing their policies and processes.</p> <p>What this means has not yet been clearly defined and some more work will be required in this area during the course of the strategic plan, under the objective related to regulatory reform.</p> <p>No drafting changes.</p>
<p>Strategic objectives: 31. Additional suggestions:</p> <ul style="list-style-type: none"> • Add another objective on professionalism as this is a priority of the Westminster Government’s reform agenda; • Adding a reference to reviewing and appraising the GOC’s role after registration, as other regulators are more actively engaging in the implications of government workforce transformation agendas, for example, advanced practice and more flexible role configurations across professions, and the potential value of credentialing. 	<p>College of Optometrists</p>	<p>We consider ‘Professionalism’ forms part of our work outlined in ‘World class regulatory practice’ particularly in our standards review, Educational Strategic Review and CET review.</p> <p>No drafting changes.</p> <p>Post-registration career paths and specialisations is not currently mentioned, and we agree that drafting changes could reflect this better.</p> <p>Drafting changes: Amend wording of the objective ‘We will implement the new education standards, outcomes and quality assurance procedures’ to state: ‘ We will introduce a new system of education standards, outcomes and quality assurance, in a proportionate and phased way, to ensure that the skills and abilities of our registrants remain up to date and</p>

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		in line with the needs of the healthcare system. This will involve consideration of both pre- and post- registration needs’.
<p>Patients and the public: 32. GOC should consider equality, diversity and inclusion (EDI) issues to help ensure that we better engage with, for example: the elderly; those who do not have easy access to a computer; and seldom heard groups such as the visually impaired, those with dementia, those with learning disabilities and those whose first language is not English.</p>	College of Optometrists 5 individual respondents	<p>We agree with this proposal.</p> <p>Drafting change: Under EDI objective for ‘transforming customer service’ amend wording to state: ‘In developing our customer engagement strategy, we will consider the needs of patients, the public and other customers, particularly those who may be more vulnerable or where we need to provide appropriate mechanisms to engage them because of physical or other barriers.’</p>
33. Could make better use of patient surveys and patient feedback collected by registrants after the sight test to better engage.	9 individual respondents	<p>We think this comment relates more to registrants using evidence to inform their own practice, i.e. patient feedback, surveys, significant event analysis or clinical audit. This area will be promoted through our work on transforming the CET system to boost reflective practice.</p> <p>The GOC undertakes a regular public perceptions survey which includes patient feedback about the sight test.</p> <p>No drafting changes.</p>
34. We should do more to promote the important role our professions play in eye health and the range of services they provide to the public.	6 individual respondents	See response under 25.
35. increasing the use and analysis of data to understand trends and needs and inform strategic priorities. Using other data sources, for example, from the Optical Consumer Complaints Service (OCCS) and NHS data.	College of Optometrists 2 individual respondents	We agree that it is important to use and analyse existing data collected by us and others, in order to inform our regulatory functions. As this is not specifically mentioned in the current draft of the strategic plan, we agree that we should add additional wording.

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		Drafting change: under the section 'We will develop a learning culture' we will add the statement: 'We will achieve this by better collection and analysis of our own data and that of others...for example'.
36. Better use of social media, mystery shopping, more exposure via the TV and radio.	All individual suggestions by individual respondents	<p>The communications strategy for the GOC will consider the use of social media in delivering our regulatory aims.</p> <p>The GOC currently does not consider TV and radio advertising an effective and efficient way of using registrant fees but we will keep this under review as media and engagement evolves.</p> <p>No drafting changes.</p>
37. The GOC could consider patient representatives on research projects and groups that provide assurance and scrutiny to the work being conducted by the GOC. The GOC may consider working with organisations such as Healthwatch or Patient Voices to facilitate this work	Health Education England	<p>We agree that increased patient representation is desirable and proactively seek patient feedback in our engagement and consultation strategies, as well as our regular public perceptions survey.</p> <p>We are currently exploring with other regulators more collaborative ways of engaging patients in our regulatory work.</p> <p>We will ensure that Healthwatch and Patient Voices are included in our list of stakeholders to engage in this area.</p> <p>No drafting changes.</p>
38. GOC could improve its stakeholder communication, for example, via stakeholder mapping, developing communication strategies and target engagement activities.	ABDO	<p>These exercises currently take place in relation to regulatory projects and we have received positive feedback previously in relation to engagement on Standards and CET. GOC will continue to focus on these areas in developing its Communications strategy over the next five years.</p> <p>No drafting changes.</p>

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<p>EDI 39. GOC should ensure it has diverse representation at all levels of the organisation, including at Council and committee level.</p>	5 individual respondents	<p>We agree and endeavour to achieve this as part of our current recruitment exercises.</p> <p>No drafting changes.</p>
<p>40. Carry out regular equality impact assessments (EIA), and publishing and promoting these more widely will better promote EDI in all strands of work.</p>	HEE	<p>We require impact assessments to be completed and published for all policy development and change programmes.</p> <p>No drafting changes.</p>
<p>41. Have a clear EDI policy which is communicated to both staff and the public.</p>	SAFE	<p>We already have information on our EDI strategy on our website, and will consider how best to make this accessible to all through the upcoming review of our public and registrant websites and intranet.</p> <p>No drafting changes.</p>
<p>42. Undertake research into FTP complaints involving BAME registrants</p>	GMC	<p>We agree that this is important. We are keen to work with the GMC in this area and draw on its own learning to inform our thinking. We propose to undertake further research in this area as outlined in our EDI strategy.</p> <p>No drafting changes.</p>
<p>43. GOC's CET requirements should not unfairly burden registrants, for example, in completing CET outside of working hours at the expense of their health and wellbeing.</p>	College of Optometrists	<p>The impact of any proposed changes to the CET system will be consulted on.</p> <p>No drafting changes.</p>
<p>44. Where the GOC plans to engage with EDI issues in eye healthcare provision, as in the proposal to "raise awareness among customers with disabilities of what they can reasonably expect from their eye-care provider", it is vital that it consults thoroughly with registrants, representative bodies and</p>	AOP	<p>This relates to existing standards that have already been consulted upon extensively. Any future changes would similarly be consulted upon.</p> <p>No drafting changes.</p>

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others with an interest or involvement, including the NHS.”		
45. The consultation document itself could have been presented in a more structured way in which the strategic objectives were presented separately with the inclusion of the Equality, Diversity and Inclusion (EDI) strands within them. The separation of an EDI strategy within the document made it difficult to link the EDI strands with the aims of the strategic objectives; they could have been linked more closely. It appeared that there were two separate strategies being presented in one strategy document and this made it difficult to draw connections between the overall strategic narrative and the specific EDI aims of the GOC	Health Education England	We have considered the format of the document in relation to this comment and agree that incorporating the EDI plan more fully into the strategic objectives is a better approach and provides more clarity to the reader. Drafting change: Incorporate EDI strategy into main strategy, retaining introductory wording.
Other comments 46. Better and more timely communication from GOC e.g. for new CET cycle, for FTP	College of Optometrists FODO	Agree. This is included in our objective: ‘we will develop a customer service strategy.’ No drafting changes.
47. Consultation was over Xmas and only four weeks long	ACLM	We have noted these concerns and will endeavour to provide longer response periods where it is feasible in future consultations. No drafting changes.
48. Welcomed the GOC’s commitment to improving communications, especially with individual registrants in respect of investigation and fitness to practise issues, where the GOC still falls far short of any criterion other than clarity and sometimes fails even that. This has been a longstanding	FODO	We welcome the feedback on how to improve in this area. No drafting changes.

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concern of FODO and such improvement is long overdue.”		