

**COUNCIL**

**Standards review project – Consultation proposals**

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**Meeting:** 11 February 2015

**Status:** for decision

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Director of Strategy

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**Purpose**

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1. This paper is provided to:
  - 1.1 present the proposed draft structure for the new standards framework (Annex 1);
  - 1.2 present the draft standards for optometrists and dispensing optician (Annex 2);
  - 1.3 present the draft standards for optical students (Annex 3); and
  - 1.4 seek approval to consult on the new framework and standards.
  
2. We recommend that Council:
  - 2.1 **discusses and approves** for consultation the draft structure for the new standards framework;
  - 2.2 **discusses and approves** for consultation the draft standards for optometrists and dispensing opticians;
  - 2.3 **discusses and approves** for consultation the draft standards for optical students;
  - 2.4 **notes** the approach to consultation being undertaken to generate feedback from our stakeholders; and
  - 2.5 **delegates authority** to the Chair and Chief Executive Officer and Registrar to sign off the final versions of the draft standards reflecting Council's comments and the consultation document that we will be drafting to seek stakeholder feedback.

**Strategic Objective**

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3. Reviewing our approach to standards is a project in the 2014/15 business plan. The project's objectives are set out in paragraph ten below. This project supports the 2014-17 Strategic Plan objective of promoting higher standards across the optical professions.
  
4. The GOC has a statutory duty in respect of standards. 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.

5. 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.”
6. Our role in providing guidance in relation to standards of conduct and performance is also explained in the Act.
7. 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.”
8. 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.”
9. More generally, the legislation specifies in some detail how registrants should practise 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.
10. Alistair Bridge, Director of Strategy, is the project sponsor for this work. The project director is Linda Ford, Head of Education and Standards, and Marcus Dye is the project manager. The project has five Council champions: Paul Carroll, Peter Douglas, Fiona Peel, Helen Tilley and Selina Ullah.

## Background

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11. The GOC currently publishes two codes of conduct, one for individuals and one for businesses. Both codes were last published in 2010 and contain a list of high level bullet points capturing the principles registrants are expected to comply with. The codes set the GOC 'standards' that are currently referred to in fitness to practise proceedings.
12. The principles within the codes are primarily focused on the required behaviour rather than the performance of registrants, although some bullet points touch on specific performance related issues such as record keeping. The fact that the standards have a limited focus on performance-related issues creates a reliance on the guidance produced by other organisations when considering fitness to practise cases relating to deficient professional performance.
13. In addition the GOC publishes competency standards for optometrists, dispensing opticians, contact lens opticians and therapeutic prescribing specialists. Each framework contains outcome statements setting out the knowledge and skills required to be on the Register. These competencies are used as the basis for qualifications approved for entry to our registers and for our continuing education and training (CET) scheme. They are also used in relation to fitness to practise proceedings concerned with whether a registrant has acted within the limits of his or her professional competence. The competency standards were last revised in 2011.
14. In July 2014, Council approved a revised project plan, the purpose of the project being to review all of the GOC's standards while, also considering the changing scopes of practice for the optical professions and the implications for regulation. The project objectives are to:
  - 14.1 clarify, and ensure that we are fulfilling, our statutory role in promoting high standards, including our role in promoting guidance;
  - 14.2 produce standards of ethics and performance that meet public expectations, are clear to registrants and reflect good practice, including the recommendations of the Francis Inquiry and other related inquiries; and
  - 14.3 ensure that our standards of competence, and system of regulation more generally, enable developments in optical practice that would benefit patients and the public
15. The project was split into the following work streams:
  - 15.1 **Framework** – to clarify the GOC's role and develop a model that enables delivery of our statutory duty;

- 15.2 **Ethics and Performance** – to revise our standards of ethics and performance and present them in one document as the standards of practice;
  - 15.3 **Scopes of practice** – to understand how registrants' scopes of practice are likely to change and the implications for our competencies and the system of regulation more generally;
  - 15.4 **Businesses** – to revise the standards for businesses;
  - 15.5 **Research** – to capture public and registrant views and evaluate outcomes; and
  - 15.6 **Stakeholder engagement** – to understand the views of the full range of our stakeholders.
16. Since August 2014, we have been developing the new standards of practice, based on previous research and information gathering from the following sources:
- 16.1 standards of other regulators;
  - 16.2 guidance produced by professional bodies;
  - 16.3 outcomes of healthcare reviews, such as the Francis Inquiry;
  - 16.4 national guidance, including from the Professional Standards Authority (PSA); and
  - 16.5 learning from fitness to practise cases.
17. During the development of the standards of practice it became clear that students who are practising under supervision and whose level of competence, experience and judgement would develop throughout the course of their studies would find it difficult to meet the same standards of performance expected of optometrists and dispensing opticians. With this in mind, the Senior Management Team, as the project board, decided that we should draft separate standards for optical students that are consistent with the main standards but reflect the fact that students go through different stages of development and operate under supervision.
18. This approach will also help ensure the standards are future proof given the GOC's intention to cease requiring all students to register, subject to a change in legislation, which we are hoping to achieve through the planned healthcare regulation bill. Should the required legislation be secured, we would no longer set standards for students, but would use the proposed student standards as the basis for guidance for training institutions in dealing with complaints about the conduct or performance of students.
19. These draft standards have been presented and considered by a number of internal stakeholders as follows:
- 19.1 Standards project team – a group consisting of members of the education and standards, communications and policy teams.

- 19.2 Policy steering group – consisting of representatives from across the GOC, including the fitness to practise, registration and education teams. This will ensure that standards are fit for purpose in the various statutory functions that the organisation performs.
- 19.3 Senior management team project board – consisting of the members of the senior management team, who oversee the project.
- 19.4 Council champions – consisting of registrant and lay members with expertise in the area of standards development and stakeholder engagement. This group met on 11 December to consider the draft standards and provide early feedback.
- 19.5 Standards Committee – the committee responsible for advising Council on matters related to standards. It met on 15 January 2015 to consider the standards and provide feedback.
- 19.6 Education Committee – the committee responsible for advising Council on matters relating to education and training and standards of competence. It considered the standards at its meeting on 22 January 2015.
20. Feedback from all of these groups has been taken into account in developing the standards presented at annexes two and three.
21. The development of the standards has also been influenced by the responses to our call for evidence which took place between July and October 2014. Council approved the statement summarising the responses to the call for evidence at its meeting in November.<sup>1</sup>
22. Finally, we have started the process of informal consultation with key stakeholder groups. Meetings have already taken place with the College of Optometrists, Optometry Scotland, NHS Education for Scotland and the Royal National Institute for the Blind Scotland. Further meetings with other key stakeholders will take place over coming months which will enable us to ensure the standards are flexible enough to cater for differences in optical practice across the nations of the UK and to engage with those organisations who produce guidance to support registrants in applying the standards of practice.

#### *Patient and public input*

23. In order to ensure that the work of the GOC (including the development of standards) reflects the needs and expectations of patients and the wider public we have started a programme of public perceptions research. This work is being carried out by an independent agency, ComRes, who held four focus groups in October (two in Wales and two in London). These focus groups were used to develop our public perceptions survey, the results of which will be

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<sup>1</sup> The statement is published on our website: [www.optical.org/en/Standards](http://www.optical.org/en/Standards)

published in March 2015, and discussed at a stakeholder seminar, and will feed into the consultation on the standards of practice.

24. We are in the process of finalising a literature review which has considered the literature produced by other healthcare regulators on patient expectations. This has allowed us to identify where patients have common expectations of all healthcare professionals and reflect these in new standards. We intend to publish the literature review and details of how we have applied learning from it alongside the standards of practice.

## Analysis

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### New regime for standards

25. The GOC's role as the regulator of the optical professions is to set standards of practice which protect and promote the health and safety of patients and the public. Registrants need to understand and apply these standards. They must be clear that they need to meet these standards in order to maintain their registration and that we must consider any complaints regarding their fitness to practise by reference to the standards. They must also be clear on how the standards set by the GOC differ from guidance produced by other organisations within the optical sector.
26. The GOC must clearly outline when and how standards and other supplementary material will be produced and how this relates to guidance produced by others.
27. We have produced a draft statement on the new standards framework and this is presented for consideration at Annex 1. The statement outlines the GOC's statutory role in setting standards and makes it clear these are the principles that registrants must apply and against which they will be held accountable.
28. While the GOC standards are intended to be self-contained, it also states that in order for registrants to be clear about the standards, the GOC may need to provide supplementary material to, for example:
  - 28.1 address issues that are relevant to all healthcare professionals, such as consent, duty of candour and maintaining sexual boundaries (often in response to a direction from Government or the Professional Standards Authority);
  - 28.2 explain legal requirements which are complex or confusing in nature (e.g. regulations on the sale and supply of optical appliances, use of medicines);
  - 28.3 address issues arising persistently in Fitness to Practise cases; or
  - 28.4 provide clarity in circumstances where third party guidance is conflicting.

29. Finally, it recognises that other organisations, including the College of Optometrists and the Association of British Dispensing Opticians (ABDO) play an important role in producing guidance to help registrants to apply their professional judgement in deciding how to meet our standards in any given situation.
30. The statement emphasises the importance of members of the optical professions in using his or her own professional judgement in order to meet the standards. This reflects the fact that the standards are intended to set out outcomes which could be achieved in a number of different ways depending on the context.
31. This approach has been endorsed by the Council Champions and our Standards Committee.

### **Format of standards**

32. The standards have been drafted in a format that reflects Council's preference for a clear set of statements that are consistent with the standards set by other healthcare regulators.
33. Council will note that the number of standards is similar to the current GOC code of practice (20 versus 19), but that they are now supported by explanatory statements under each headline point to make clear the expectations of the GOC. This presentation allows the grouping of like expectations under clearly defined headings.
34. We intend to publish the two sets of standards as A5 booklets. The annexes currently give an indication of how these will be presented, but will be properly designed and formatted once the content has been approved.

### **Consultation**

35. Council will see in the background section that we have drawn on a wide variety of sources in developing the draft standards. We consider that this is sufficient to ensure that the draft standards we consult on are robust and reflective of current thinking within the regulatory arena.
36. The consultation will seek to gain both quantitative and qualitative feedback from all of our stakeholders in order to ensure that we continue this process of development and ensure that the final standards will be fit for purpose.
37. The aims of the consultation are to:
  - 37.1 Understand the impact of the proposed new standards on our various stakeholder groups, including:

- 37.1.1 GOC registrants – optometrists and dispensing opticians
  - 37.1.2 Patients and the public
  - 37.1.3 Optical students and graduates
  - 37.1.4 Colleagues involved in the GOC fitness to practise process
  - 37.1.5 Education and training providers
  - 37.1.6 Optical professional bodies
  - 37.1.7 Employers
  - 37.1.8 Optical complaints bodies and insurers
  - 37.1.9 Commissioners of optical care
  - 37.1.10 Regulators/standards bodies
- 37.2 Ensure that the resulting standards are clear and accessible.
- 37.3 Ensure that our standards are suitable for the optical context and can be applied in practice, with specific regard to the differences in optical practice across the nations of the UK.
- 37.4 Ensure that the proposed standards do not discriminate against any particular group of registrants, patients or the public.
38. We intend to consult on the draft standards for twelve weeks from March to May/June 2015. The draft documents will be available in both electronic and paper form through our website. The consultation document will include an impact assessment, including an initial assessment of any impacts which our proposed new standards will have on groups with protected characteristics in line with our agreed approach to equality, diversity and inclusion.
39. In conjunction with an appointed agency specialising in research and consultation, we will undertake a range of activities tailored to the stakeholder groups in order to secure a reasonable response to the consultation, particularly that of registrants and to ensure that we obtain qualitative feedback to support the more traditional quantitative data.
40. The aims of the consultation will be to:
- 40.1 understand the impact of the proposed new standards on our various stakeholder groups;
  - 40.2 ensure that the resulting standards are clear and accessible;
  - 40.3 ensure that our standards are suitable for the optical context and can be applied in practice, notwithstanding difference in optical practice across the four nations of the UK; and
  - 40.4 ensure that the proposed standards do not discriminate against any particular group of registrants, patients or the public.

**Questions for consideration during consultation**

41. We will work with our appointed research agency to finalise the consultation questions, but we expect to ask the following types of questions:
  - 41.1 Is the content and format of the standards clear and accessible?
  - 41.2 Are there any specific issues or barriers that would prevent registrants complying with the standards?
  - 41.3 Can the standards be applied to the full range of practice settings and scopes of practice relevant to the optical professions?
  - 41.4 Have we made clear the role of the GOC in setting the standards?
  - 41.5 Is it clear what we expect from our registrants and what we will hold them accountable against?
  - 41.6 Are the standards sufficiently flexible to accommodate changes in practice that are likely to occur in the next five years?
  - 41.7 Do you support our proposed approach to producing supplementary material and the areas identified as likely to require such material?
  - 41.8 What will be the impact of the proposed changes to the standards on our range of stakeholders?

**Post consultation**

42. A report will be produced for Council that will outline the main findings of the consultation and make recommendations about the action needed to address them. This may include revisions to the draft standards in terms of content and format.
43. These will be used to produce a final version of the standards that the Council will be asked at its meeting in July 2015 to approve for publication. We will also produce a risk based priority list for producing supplementary material to support our standards based on the feedback we receive from the consultation along with proposals as to how we intend to take a phased approach to consultation and publication of this material. .

**Implementation**

44. Producing the standards is only the first part of ensuring that the GOC fulfils its statutory duties. The standards will not be effective unless registrants are aware that they exist and understand how to apply them in practice.
45. The consultation will begin this process, but other activities will need to be undertaken. This may include the production of further supplementary material, case studies for use in undergraduate training, peer review and CET, along with a communication strategy to support the launch of the new standards.
46. We will also need to carry out training for those involved in the GOC's registration and fitness to practise processes (including case examiners, investigation committee, advisors and assessors). Those delivering

professionalism modules in undergraduate courses will also require training on the new standards.

### **Evaluation**

47. It will be important for us to evaluate the impact of our new standards. We need to know whether we are achieving our aim of protecting patients and the public by maintaining and raising standards across the optical professions. The evaluation should consider the impact on all of our stakeholder groups and not just registrants.
48. We are developing an evaluation plan to draw upon existing data as a baseline for comparison. Existing data includes the results of the 2011 Registrant and stakeholder surveys, google analytics data relating to access to the current standards via the GOC website and feedback from the patient perceptions research.

### **Impacts**

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49. The project has the following implications:
  - 49.1 GOC's reserves – no implications.
  - 49.2 GOC budget – we have allocated funds from within our research and communications budgets to carry out the planned consultation.
  - 49.3 Legislation – will be considering the requirement for any future changes to legislation in the later stages of the review, notably through the scopes of practice work stream.
  - 49.4 Resources – an enhanced project team is in place.
  - 49.5 Equality and Diversity – we will ensure that we meet our obligations in relation to equality, diversity and inclusion, including in relation to the requirement to carry out equality impact assessments as necessary.
  - 49.6 Human Rights Act – no implications.

### **Devolved Nations**

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50. The project objectives include a need to consider the emerging differences in scopes of practice and delivery of healthcare services in each of the nations of the UK.
51. These issues have been considered in developing our new standards of practice to ensure that the standards can be applied in any nation of the UK.
52. In addition we have identified key stakeholders in the four nations in our consultation analysis and will continue to undertake activities to ensure that we gain feedback from these stakeholders.

53. We will also ensure that feedback is received from registrants in each of the nations through our planned work with the agency appointed to advise on the consultation.

### Communications

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54. We will develop a communications strategy to support both the consultation and the subsequent publication and implementation of the new standards. Planned activities include articles in the optical press and GOC publications including bulletins, video podcasts, redesign of the standards section of the GOC website and presentations at conferences and events.
55. The standards will be published in an A5 booklet once they have been finalised, with each standard on a separate page.

### Risks

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56. We have established a project specific risk register to capture and monitor risks associated with this project. The risk register is reviewed at regular intervals by the project team and the SMT project board.

### Timeline for further work

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57. Key dates for Council to note are listed below:

11 February 2015	Council to approve consultation on role of GOC and draft ethical and performance standards (standards of practice)
1 March – 31 May 2015	Consultation 2 on role and ethical and performance standards (standards of practice).
13 May 2015	Council to approve consultation on the implications for regulation of changing scopes of practice.
1 June – 31 August 2015	Consultation 3 on the implications of changing scopes of practice for our standards of competence and the system of regulation.
29 July 2015	Council to approve finalised ethical and performance standards (standards of practice)
August 2015	Publish standards of ethics and performance.
August-Dec 2015	Implementation phase including training.
11 November 2015	Council to determine position on implications of changing scopes of practice and further work necessary to address the regulatory implications.
February 2016	Council to approve consultation on standards for businesses
April – June 2016	Consultation 4 on standards for businesses
July 2016	Council to approve finalised standards for businesses
1 August 2016	Publish new standards for businesses

## Recommendations

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58. We recommend that Council:
- 58.1 **discusses and approves** for consultation the draft structure for the new standards framework;
  - 58.2 **discusses and approves** for consultation the draft standards for optometrists and dispensing opticians;
  - 58.3 **discusses and approves** for consultation the draft standards for optical students;
  - 58.4 **notes** the approach to consultation being undertaken to generate feedback from our stakeholders;
  - 58.5 **delegates authority** to the Chair and Chief Executive Officer (CEO) and Registrar to sign off the final versions of the draft standards reflecting Council's comments and the consultation document that we will be drafting to seek stakeholder feedback.

## Attachments

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- Annex 1 – draft statement on new standards framework
- Annex 2 – draft standards for optometrists and dispensing opticians
- Annex 3 – draft standards for optical students

## **GOC standards framework**

### **Standards of the General Optical Council**

The General Optical Council is the regulator for the optical professions with statutory responsibility for setting standards of practice. Our standards of practice define what we expect of all registered optical professionals in terms of ethics and performance. The standards will be clear statements of what is expected and as such will say what registrants 'must' or 'must not' do. However, the standards in general will not be prescriptive in terms of how they should be met and will offer a flexible framework for professionals to use their own professional judgement in any given situation.

### **Supplementary material published by the General Optical Council**

It is important for the standards to make clear our expectations and so we have made them as self-contained as possible. However, to enable registrants to fully understand the standards they must meet we will provide some supplementary material.

In order to understand our expectations, registrants will need to read the standards in conjunction with any supplementary material.

The GOC may need to produce supplementary material to, for example:

- address issues that are relevant to all healthcare professionals, such as consent, duty of candour and maintaining sexual boundaries (often in response to a direction from Government or the Professional Standards Authority);
- explain legal requirements which are complex or confusing in nature, such as regulations on the sale and supply of optical appliances or the use of medicines);
- address issues arising persistently in Fitness To Practise cases; or
- provide clarity in circumstances where third party guidance is conflicting.

### **Guidance provided by other organisations**

It is important that all registrants are clear about the standards they must meet. Our standards of practice, and any supplementary material, will be designed to provide such clarity.

In considering concerns about a registrant's fitness to practise we will refer to our standards of practice and any supplementary material that we have published.

Other organisations including professional bodies and employers may choose to produce guidance that can help registrants to use their professional judgement in applying the standards set by the GOC.

The guidance provided by such organisations defines their own expectations of their members or employees and may be more detailed than that issued by the GOC. It is likely to be of particular value in providing guidance on issues relating to clinical practice where

registrants may seek to reference more detailed material to assist with their clinical decision making.

The General Optical Council does not have control over the material produced by others but we will seek to work with other organisations to ensure that the guidance they produce is compatible with our standards.

**Standards of Practice**

Our Standards of Practice define what we expect of all registered optical professionals in terms of ethics and performance.

**The General Optical Council**

The General Optical Council is the regulator for the optical professions with statutory responsibility for setting standards of practice.

This document sets out the standards that you must meet as an optical professional. It includes standards relating to your behaviour and your professional performance.

These standards consist of a set of principles that you must apply at all times. These principles are all equally important and are not listed in order of priority. We do not specify how you should meet our standards. In doing so, you must exercise your professional judgement, taking into account the statements contained within this document.

**Your role as a professional**

As a healthcare professional you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards.

You are professionally accountable and personally responsible for your practice and your behaviour. This means you must always be able to justify your decisions and actions.

If someone raises concern about your fitness to practise, we will refer to these standards when deciding if we need to take any action. You will need to demonstrate that your decision making was informed by these standards and that you have acted in the best interest of your patients.

**Making the care of your patients your first and overriding concern**

The care, well-being and safety of patients must always be your first concern. This is at the heart of being a healthcare professional. Even if you do not have direct contact with patients your decisions or behaviour can still affect their care and safety.

**The Standards**

1. Listen to patients and respect their needs, concerns, views and preferences
2. Communicate effectively with your patients
3. Ensure that patients are at the heart of the decisions made about their care
4. Obtain valid consent
5. Show care and compassion for your patients
6. Keep your knowledge and skills up to date
7. Recognise, and work within, your limits of competence
8. Conduct appropriate assessments, examinations, treatments and referrals
9. Maintain adequate patient records
10. Ensure that supervision is undertaken appropriately and complies with the law
11. Work collaboratively with colleagues in the interests of patients
12. Protect and safeguard patients, colleagues and others from harm
13. Ensure a safe environment for your patients
14. Show respect and fairness to others and do not discriminate unfairly
15. Maintain confidentiality and respect your patients' privacy
16. Maintain appropriate boundaries with others
17. Be honest and trustworthy
18. Do not damage the reputation of your profession through your conduct
19. Respond to complaints effectively
20. Be candid when things go wrong

**1. Listen to patients and respect their needs, concerns, views and preferences.**

You must:

- 1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.
- 1.2 Listen to patients and take account of their views, preferences and concerns, responding honestly and appropriately to their questions.
- 1.3 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.
- 1.4 Be sensitive and responsive in giving information and support when dealing with relatives or other people close to the patient.
- 1.5 Where possible, modify your care and treatment based on your patient's needs and preferences without compromising their safety.

**2. Communicate effectively with your patients**

You must:

- 2.1 Use appropriate language and communication skills to give patients information in a way they can understand.
- 2.2 Ensure your patients know in advance what to expect from the consultation, giving them the opportunity to ask questions or change their mind before proceeding.
- 2.3 Be alert to unspoken signals which could indicate a patient's lack of understanding, discomfort or lack of consent.
- 2.4 Ensure that you and everyone you are responsible for has the appropriate language skills to communicate and work effectively with patients and their carers, colleagues and others.
- 2.5 Ensure that patients or their carers have all the information they need about their prescriptions, optical devices, drugs and eye conditions.
- 2.6 Ensure that patients or their carers have shown the ability to use, administer or look after any optical device, drugs or other treatment that they have been prescribed or directed to use.

### 3. Ensure that patients are at the heart of the decisions made about their care.

You must:

- 3.1 Assist patients in exercising their rights and making informed choices
- 3.2 Fully explain the options available to patients in terms of the examination, treatment and sale of optical devices. This includes the right of a patient to refuse treatment or have a chaperone or interpreter present.
- 3.3 Allow your patients to make their own decisions about their care and respect the choices they make.
- 3.4 Consider all information provided by your patients, including where they have undertaken research in advance of the consultation. Explain clearly if the information is not valid or relevant.
- 3.5 Encourage patients to ask questions and take an active part in the decisions made about their treatment, prescription and aftercare.
- 3.6 Support patients in caring for themselves, including giving advice on the effects of life choices and lifestyle on their health and well-being and supporting them in making lifestyle changes where appropriate.

### 4. Obtain valid consent

You must:

- 4.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given:
  - 4.1.1 Voluntarily
  - 4.1.2 By the patient or someone authorised to act on the patient's behalf
  - 4.1.3 By a person with the capacity to consent
  - 4.1.4 By an appropriately informed person
- 4.2 Be aware of your legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. Also be aware of differences within the four nations of the United Kingdom.
- 4.3 Ensure that consent is informed by explaining what you are going to do and ensuring that patients are aware of risks and options.
- 4.4 Ensure that the patient's consent remains valid at each stage of the examination, treatment or during any research in which they are participating.

**5. Show care and compassion for your patients**

You must:

- 5.1 Treat patients and their families with dignity, and show empathy and respect.
- 5.2 Respond with humanity and kindness to circumstances where patients or their family may experience pain, distress or anxiety.
- 5.3 Ensure that you show compassion in the care that you provide, for example, when communicating information about a patient's vision that may cause distress or worry.
- 5.4 Ensure that you demonstrate equal care, empathy and compassion for your colleagues. Find the time to offer support.

**6. Keep your knowledge and skills up to date.**

You must:

- 6.1 Be competent in all aspects of your work, including clinical practice, supervision, teaching, research and management roles, and do not perform any roles in which you are not competent.
- 6.2 Comply with the Continuing Education and Training (CET) requirements of the General Optical Council as part of a commitment to maintaining and developing your knowledge and skills throughout your career as an optical professional.
- 6.3 Be aware of current best practice, taking into account relevant developments in clinical research, and apply this to the care you provide.
- 6.4 Reflect on your practice and seek to improve the quality of your work through activities such as reviews, audits, appraisals or risk assessments. Implement any actions arising from these.

**7. Recognise, and work within, your limits of competence**

You must:

- 7.1 Recognise and work within the limits of your scope of practice, taking into account your knowledge, skills and experience.
- 7.2 Be able to identify when you need to refer a patient to another practitioner in the interests of the patient's health and safety, and make appropriate referrals.
- 7.3 Ensure that you have the required qualifications relevant to your practise.
- 7.4 Ensure that you understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, i.e. sight testing and the sale and supply of optical devices.

**8. Conduct appropriate assessment, examinations, treatments and referrals**

You must:

- 8.1 Conduct an adequate assessment, taking into account the history of the patient, including symptoms, personal beliefs, and psychological, social and cultural factors.
- 8.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done promptly so as not to compromise patient safety and care.
- 8.3 Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.
- 8.4 Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.
- 8.5 Provide effective patient care and treatments based on current best practice.
- 8.6 Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified, and in the best interests of the patient.
- 8.7 When in doubt, consult with professional colleagues appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.
- 8.8 Respect a patient's right to obtain a second opinion from another healthcare professional.

**9. Maintain adequate patient records**

You must:

- 9.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.
- 9.2 As a minimum, record the following information:
  - 9.2.1 The date of the consultation.
  - 9.2.2 Your patient's personal details.
  - 9.2.3 The reason for the consultation and any presenting condition.
  - 9.2.4 Relevant medical, family and social history, including any medication being taken or treatment received.
  - 9.2.5 Details of the clinical examination you conducted and your findings.
  - 9.2.6 The treatment and advice you provided, including any drugs or optical device prescribed.
  - 9.2.7 Consent to any treatment.
  - 9.2.8 Details of any supervised or delegated aspects of patient care.
  - 9.2.9 Details of referrals for additional treatment or other clinical tests, including a copy of the referral letter.
  - 9.2.10 Any other information necessary for the patient's care.
  - 9.2.11 Your name and signature, or other identification of yourself as the author.

**10. Ensure that supervision is undertaken appropriately and complies with the law**

The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor, those being supervised and those undertaking a supervised task. This applies to supervision of pre-registration trainees and those undertaking delegated activities. If undertaking a supervisory role, you must:

- 10.1 Ensure that you are sufficiently qualified and experienced to undertake the functions you are supervising.
- 10.2 Be on the premises and in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients.
- 10.3 Retain clinical responsibility for the patient.
- 10.4 Ensure that no untoward consequences, detrimental to the patient, can arise from the actions of those being supervised.
- 10.5 Ensure compliance with all legal requirements governing the activity.

**11. Work collaboratively with colleagues in the interests of patients**

You must:

- 11.1 Work collaboratively with colleagues within the optical professions and other healthcare practitioners in the best interests of your patients, ensuring that your communication is clear and effective.
- 11.2 Ensure that you refer a patient only where this is clinically justified, done in the interests of the patient and does not compromise patient care or safety. When making or accepting a referral you must ensure it is clear who has responsibility for the patients care.
- 11.3 Ensure that those individuals to whom you refer or delegate have the necessary knowledge and skills so that patient care is not compromised. When delegating you remain responsible for the delegated task and for ensuring that it has been performed to the appropriate standard.
- 11.4 Ensure that patient information is shared appropriately with others, and clinical records are accessible to all involved in the patient's care.
- 11.5 Where disagreements occur between colleagues, aim to resolve these for the benefit of the patient.

**12. Protect and safeguard patients, colleagues and others from harm**

You must:

- 12.1 Protect and safeguard children, young people and other vulnerable people from abuse including by:
  - 12.1.1 Being alert to signs of abuse and denial of rights.
  - 12.1.2 Considering the needs and welfare of your patients.
  - 12.1.3 Reporting concerns to an appropriate person or organisation.
  - 12.1.4 Acting quickly in order to prevent further risk of harm.
  - 12.1.5 Keep adequate notes on what has happened and what actions you took.
- 12.2 Promptly report concerns about your patients, colleagues, employer or other organisation if patient or public safety might be at risk and encourage others to do the same. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law.
- 12.3 If you have concerns about your own fitness to practise whether due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, stop practising immediately and seek advice.
- 12.4 If patients are at risk because of inadequate premises, equipment, resources, employment policies or systems, put the matter right if that is possible and/or raise a concern.
- 12.5 Ensure that any contracts or agreements that you enter into do not restrict you from raising concerns about patient safety including restricting what you are able to say when raising the concern.
- 12.6 Ensure that when reporting concerns, you take account of your obligations to maintain confidentiality as outlined in 15.

**13. Ensure a safe environment for your patients**

You must:

- 13.1 Ensure that a safe environment is provided to deliver care to your patients, and take appropriate action if this is not the case (see 12). In particular:
  - 13.1.1 Be aware of and comply with health and safety legislation.
  - 13.1.2 Ensure that the practice environment and equipment is hygienic.
  - 13.1.3 Ensure that equipment is appropriately maintained.
  - 13.1.4 Follow the regulations on substances hazardous to health.
  - 13.1.5 Dispose of controlled, clinical and offensive materials in an appropriate manner.
  - 13.1.6 Minimise the risk of infection by implementing appropriate infection controls including hand hygiene.
- 13.2 Have adequate professional indemnity insurance and ensure that the practice in which you work has adequate public liability insurance. This includes the following:
  - 13.2.1. If insurance is provided by your employer, you must confirm that adequate insurance is in place.
  - 13.2.2. If you work in multiple practices, you must ensure that there is adequate insurance to cover each working environment.
  - 13.2.3. Your professional indemnity insurance must provide continuous cover for the period you are in practice.
  - 13.2.4. Your professional indemnity insurance must cover complaints that are received after you stop practising, as these might be received years later – this is sometimes referred to as ‘run-off’ cover.
- 13.3 Ensure that when working in the home of a patient or other community setting, the environment is safe and appropriate for the delivery of care.
- 13.4 In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must:
  - 13.4.1. Use your professional judgement to assess the urgency of the situation
  - 13.4.2. Provide any care that is within your scope of practice which will provide benefit for the patient
  - 13.4.3. Make your best efforts to refer or signpost the patient to another healthcare professional or source of care where appropriate.

**14. Show respect and fairness to others and do not discriminate unfairly**

You must:

- 14.1. Respect a patient's dignity, showing politeness and consideration.
- 14.2. Promote equality, value diversity and be inclusive in all your dealings and do not discriminate unfairly on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief.
- 14.3. Ensure that your own religious, moral, political or personal beliefs and values do not prejudice patients' care. If these prevent you from providing a service, ensure that you refer patients to other appropriate providers.
- 14.4. Respect colleagues' skills and contributions and not discriminate unfairly.
- 14.5. Be aware of how your own behaviour might influence colleagues and students and demonstrate professional behaviour at all times.
- 14.6. Refrain from making unnecessary or disparaging comments which could make a patient doubt your colleagues' competence, skills or fitness to practise, either in public or private. If you have concerns about a colleague's fitness to practise, then please follow the standards in section 8.
- 14.7. Support colleagues and offer guidance where they have identified problems with their performance or health or they have sought your help, but always put the interests and safety of your patients first.
- 14.8. Consider and respond to the needs of disabled patients and make reasonable adjustments to your practice to accommodate these.
- 14.9. Challenge colleagues if their behaviour is discriminatory and be prepared to report behaviour that amounts to the abuse or denial of a patient's or colleague's rights, or could undermine patient safety.

**15. Maintain confidentiality and respect your patients' privacy**

You must:

- 15.1. Keep confidential all information about patients in compliance with the law, including information which is handwritten, digital, visual, audio or retained in your memory.
- 15.2. Ensure that all staff you employ or work with, are aware of their obligations in relation to maintaining confidentiality.
- 15.3. Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or writing online including on social media.
- 15.4. Co-operate with formal inquiries and investigations and provide all relevant information that is requested in line with your obligations to patient confidentiality.
- 15.5. Provide an appropriate level of privacy for your patients during consultation to ensure that the process of information gathering, examination and treatment remains confidential. Different patients will require different levels of privacy and their preferences must be taken into account.
- 15.6. Only use the patient information you collect for the purposes it was given, or where you are required to share it by law.
- 15.7. Securely store and protect patient records to prevent loss, theft and inappropriate disclosure, in accordance with data protection law.
- 15.8. Confidentially dispose of patient records when no longer required in line with data protection requirements.

**16. Maintain appropriate boundaries**

You must:

- 16.1. Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional practice and take special care when dealing with vulnerable people.
- 16.2. Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.

**17. Be honest and trustworthy**

You must:

- 17.1. Act with honesty and integrity to maintain public trust and confidence in your profession
- 17.2. Avoid or manage any conflicts of interest which might affect your professional judgement. If appropriate, declare an interest, withdraw yourself from the conflict and decline gifts and hospitality.
- 17.3. Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient safety.
- 17.4. Ensure that you do not make false or misleading statements when describing your individual knowledge, experience, expertise and specialties, including by the use of titles.
- 17.5. Be honest in your financial and commercial dealings and give patients clear information about the costs of your professional services and products before they commit to buying.
- 17.6. Do not make misleading, confusing or unlawful statements within your advertising.

**18. Do not damage the reputation of your profession through your conduct**

You must:

- 18.1. Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.
- 18.2. Ensure your conduct in the online environment, particularly in relation to social media, whether or not connected to your professional practice, does not damage public confidence in you or your profession.
- 18.3. Be aware of and comply with the laws and regulations that affect your practice.

**19. Respond to complaints effectively**

You must:

- 19.1. Operate a complaints system or ensure that your place of work has one in place, making patients aware of their opportunities to complain to yourself, your employer and the General Optical Council or seek mediation through the Optical Consumer Complaints Service
- 19.2. Respect a patient's right to complain and ensure that the making of a complaint does not prejudice patient care.
- 19.3. Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.
- 19.4. Provide any information that a complainant might need to progress a complaint including your General Optical Council registration details and details of any registered specialty areas of practice.

**20. Be candid when things go wrong**

You must:

- 20.1. Be open and honest with patients when things go wrong with their treatment or care. If a patient under your care has suffered harm or distress or there may be implications for future patient care, you must:
  - 20.1.1. Tell the patient or, where appropriate, the patient's advocate, carer or family) that something has gone wrong
  - 20.1.2. Offer an apology.
  - 20.1.3. Offer appropriate remedy or support to put matters right (if possible)
  - 20.1.4. Explain fully and promptly what has happened and the likely short-term and long-term effects.
  - 20.1.5. Outline what you will do, where possible, to prevent reoccurrence and improve future patient care.
- 20.2. Ensure that when things go wrong, you take account of your obligations to reflect and improve your practice as outlined in 6.

## Standards for optical students

### **The General Optical Council**

The General Optical Council is the regulator for the optical professions with statutory responsibility for setting standards of conduct, competence and performance.

This document sets out the standards that you must meet whilst training as an optical professional. It includes standards relating to your behaviour and your supervised practice.

These standards consist of a set of principles that you must apply at all times. These principles are all equally important and are not listed in order of priority.

We do not specify how you should meet our standards. In doing so, you must exercise professional judgement, with the support of your training provider or supervisor, taking into account the statements contained within this document.

### **Your role as a professional**

As a student training to become a registered healthcare professional, you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards.

Throughout the course of your training you will develop the knowledge and skills needed to be able to exercise professional judgement and make decisions about the care of your patient.

In the early stages of your training you will receive a greater level of support from your tutors and supervisors to assist your decision making. As you become more competent and experienced you will be required to take on increased responsibility for your decisions and professional judgements.

### **Requirement to be registered throughout your period of study**

This document contains the standards required of you as a student of

Optometry or dispensing optics. It includes standards relating to your professional behaviour as well as performance standards which must be applied to your professional study, i.e. specific actions or activities.

### **Consequences of not registering or following the standards**

If someone raises concern about your fitness to train, we will refer to these standards when deciding if we need to take any action.

You will need to demonstrate that your behaviour was in line with these standards and that you have acted professionally and in the best interest of your patients. We will apply these standards in the context of the stage of training you have reached, taking into account the level of support and guidance you will have received from those supervising your training.

Failure to register or follow these standards may affect your ability to register and practise as an optical professional once qualified. In serious cases you may also be removed from your training course.

### **Making the care of your patients your first and overriding concern.**

The care, well-being and safety of patients are at the heart of being a professional. Patients will often have the same expectations of students as they would of qualified healthcare professionals and must always be your first concern from the beginning of your study and through to your pre-registration practice and beyond.

We have therefore produced these specific standards for optical students which can be applied in the context of your study, taking account of the fact that you will develop your knowledge, skills and judgement over the period of your training.

Once your training is complete and you register as a practising optical professional you will then be expected to meet the separate Standards of practice for optometrists and dispensing opticians.

## **PUBLIC**

### **The Standards**

1. Listen to patients and respect their needs, concerns, views and preferences.
2. Communicate effectively with your patients
3. Ensure that patients are at the heart of the decisions made about their care.
4. Obtain valid consent
5. Show care and compassion for your patients
6. Recognise, and work within, your limits of competence
7. Conduct appropriate assessments, examinations, treatment and referrals under supervision
8. Maintain adequate patient records
9. Ensure that supervision is undertaken appropriately and complies with the law
10. Work collaboratively with peers and colleagues in the interests of patients
11. Protect and safeguard patients, colleagues and others from harm
12. Ensure a safe environment for your patients
13. Show respect and fairness to others and do not discriminate unfairly
14. Maintain confidentiality and respect your patients' privacy
15. Maintain appropriate boundaries
16. Be honest and trustworthy
17. Do not damage the reputation of the profession through your conduct
18. Respond to complaints effectively
19. Be candid when things go wrong

## **ANNEX 3 - C11(15)**

### **1. Listen to patients and respect their needs, concerns, views and preferences.**

You must:

- 1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.
- 1.2 Listen to patients and in conjunction with your tutor or supervisor take account of their views, preferences and concerns, responding honestly and appropriately to their questions or referring to your tutor or supervisor for advice.
- 1.3 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.
- 1.4 Be sensitive and responsive in giving information and support when dealing with relatives or other people close to the patient.
- 1.5 Where possible, in consultation with your tutor or supervisor, modify your care and treatment based on your patient's needs and preferences without compromising patient safety.

**2. Communicate effectively with your patients**

You must:

- 2.1 Use appropriate language and interpersonal communication skills to give patients information in a way they can understand. Work with your tutor to achieve this.
- 2.2 Ensure your patients know in advance what to expect from the consultation, giving them the opportunity to ask questions or change their mind before proceeding.
- 2.3 Be alert to unspoken signals which could indicate a patient's lack of understanding, discomfort or lack of consent.
- 2.4 Develop and use the appropriate language skills to communicate and work effectively with patients and their carers, colleagues and others. Consult your tutor or supervisor when unsure of how to proceed.
- 2.5 Ensure that patients or their carers have all the information they need about their prescriptions, optical devices, drugs and eye conditions.
- 2.6 Ensure that patients or their carers have shown the ability to use, administer or look after any optical device, drugs or other treatment that they have been prescribed or directed to use.

**3. Ensure that patients are at the heart of the decisions made about their care.**

You must:

- 3.1 Assist patients in exercising their rights and making informed choices.
- 3.2 Ensure that the options available to patients in terms of the examination, treatment and sale of optical devices are explained to patients by yourself, your tutor, supervisor or other student. This includes the right of a patient to refuse treatment or have a chaperone or interpreter present.
- 3.3 Allow your patients to make their own decisions about their care and respect the choices they make. Where you are unsure, consult your supervisor or tutor.
- 3.4 Consider all information provided by your patients, including where they have undertaken research in advance of the consultation. Explain clearly if the information is not valid or relevant. Work in consultation with your tutor or supervisor to achieve this.
- 3.5 Encourage patients to ask questions and take an active part in the decisions made about their treatment, prescription and aftercare.
- 3.6 In conjunction with your tutor or supervisor, support patients in caring for themselves, including giving advice on the effects of life choices and lifestyle on their health and well-being and supporting them in making lifestyle changes where appropriate.

**4. Obtain valid consent**

You must:

- 4.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given:
  - 4.1.1 Voluntarily
  - 4.1.2 By the patient or someone authorised to act on the patients behalf
  - 4.1.3 By a person with the capacity to consent
  - 4.1.4 By an appropriately informed person
- 4.2 Be aware of your legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. Also be aware of differences within the four nations of the United Kingdom.
- 4.3 Ensure that consent is informed by explaining what you are going to do and ensuring that patients are aware of risks and options. This applies to any examination, treatment or research that the patient is participating in.
- 4.4 Ensure that the patient's consent remains valid at each stage of the examination, treatment or during any research in which they are participating.

**5. Show care and compassion for your patients**

You must:

- 5.1 Treat patients and their families with dignity, and show empathy and respect.
- 5.2 Respond with humanity and kindness to circumstances where patients or their family may experience pain, distress or anxiety.
- 5.3 Ensure that you show compassion in the care that you provide, for example, when communicating information about a patient's vision that may cause distress or worry.
- 5.4 Ensure that you demonstrate equal compassion and care for your peers and colleagues. Find the time to offer support.

## **PUBLIC**

### **6. Recognise, and work within, your limits of competence**

You must:

- 6.1 Recognise the limits of your scope of training including your knowledge, skills and experience.
- 6.2 Be able to identify when you need to refer to your tutor or supervisor for further advice and guidance
- 6.3 Ensure that you understand and comply with the requirements of student registration with the General Optical Council and the legal obligations of undertaking any restricted functions.

## **ANNEX 3 - C11(15)**

### **7. Conduct appropriate assessments, examinations, treatment and referrals under supervision**

You will develop your clinical skills over the course of your training, becoming more proficient as you near the end of your studies. As part of your training, you will apply these clinical skills in a real-life setting under the direction of your tutor or supervisor gradually taking more responsibility for patients as your skills develop. In conjunction with your tutor or supervisor, you must:

- 7.1 Conduct an adequate assessment, taking into account the history of the patient, including symptoms, personal beliefs, and psychological, social and cultural factors.
- 7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done promptly so as not to compromise patient safety and care.
- 7.3 Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.
- 7.4 Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.
- 7.5 Provide effective patient care and treatments based on current best practice.
- 7.6 Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified, and in the best interests of the patient.
- 7.7 When in doubt, consult with your tutor or supervisor appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.
- 7.8 Respect a patient's right to obtain a second opinion from another healthcare professional.

## **PUBLIC**

### **8. Maintain adequate patient records**

You must:

- 8.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patients care.
- 8.2 As a minimum, record the following information:
  - 8.2.1 The date of the consultation.
  - 8.2.2 Your patient's personal details.
  - 8.2.3 The reason for the consultation and any presenting condition.
  - 8.2.4 Relevant medical, family and social history, including any medication being taken or treatment received.
  - 8.2.5 Details of the clinical examination conducted and your findings.
  - 8.2.6 The treatment and advice you provided, including any drugs or optical device prescribed.
  - 8.2.7 Consent to any treatment.
  - 8.2.8 Details of any supervised or delegated aspects of patient care.
  - 8.2.9 Details of referrals for additional treatment or other clinical tests, including a copy of the referral letter.
  - 8.2.10 Any other information necessary for the patient's care.
  - 8.2.11 Your name, GOC registration number, signature (or other identification of yourself as the author).
  - 8.2.12 Details of the supervisor including name and GOC registration number

## **ANNEX 3 - C11(15)**

### **9. Ensure that supervision is undertaken appropriately and complies with the law**

The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor, those being supervised and those undertaking a supervised task. This applies to supervision of pre-registration trainees and those undertaking delegated activities. When being supervised, you must:

- 9.1. Ensure that you are supervised by someone sufficiently qualified and experienced to undertake the functions they are supervising.
- 9.2. Ensure that your supervisor is on the premises and in a position to oversee the work you undertake and is ready to intervene if necessary in order to protect patients.
- 9.3. Ensure that your supervisor retains clinical responsibility for the patient.
- 9.4. Ensure that the actions you undertake will not have untoward consequences, detrimental to the patient.
- 9.5. Ensure compliance with all legal requirements governing the activity.

## **PUBLIC**

### **10. Work collaboratively with your peers, tutors, supervisors or other colleagues in the interests of the patient**

You must:

- 10.1 Work collaboratively with your peers, tutors, supervisors, other colleagues within the optical professions and other health and social care practitioners in the best interests of your patients, ensuring that your communication is clear and effective.
- 10.2 Ensure that if work is delegated to you, you have the necessary knowledge, skills and experience so that patient care is not compromised. Seek advice from your tutor or supervisor if you do not feel you are able to perform the delegated task.
- 10.3 Ensure that patient information is shared appropriately with others, and clinical records are accessible by all involved in the patient's care.
- 10.4 Where disagreements occur between yourself, your tutor, peers or other colleagues, ensure that these do not impact on patient care and aim to resolve these for the benefit of the patient.

## **ANNEX 3 - C11(15)**

### **11. Protect and safeguard patients, colleagues and others from harm**

You must:

- 11.1. Protect and safeguard children, young people and other vulnerable people from abuse including by:
  - 11.1.1. Being alert to signs of abuse and denial of rights
  - 11.1.2. Considering the needs and welfare of your patients.
  - 11.1.3. Reporting concerns to an appropriate person or organisation, whether this is your tutor, supervisor or training institution.
  - 11.1.4. Acting quickly in order to prevent further risk of harm. Seek advice immediately if you are unsure of how to proceed.
  - 11.1.5. Keeping adequate notes on what has happened and what actions you took.
- 11.2. Promptly report any concerns about your patients, peers, colleagues, tutor, supervisor, training institution or other organisation, if patient or public safety might be at risk and encourage others to do the same. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law.
- 11.3. If you have concerns about your own fitness to practise due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, do not participate in any further clinical training and seek advice from your training institution immediately.
- 11.4. If patients are at risk because of inadequate premises, equipment, resources, employment policies or systems, put the matter right if that is possible and/or raise a concern with your training institution.
- 11.5. Ensure that when reporting concerns, you take account of your obligations to maintain confidentiality as outlined in 14.

## **PUBLIC**

### **12. Ensure a safe environment for your patients**

You must:

- 12.1 Ensure that a safe environment is provided to deliver care to your patients, and take appropriate action if this is not the case (see 11), by raising your concerns with your training institution. In particular:
  - 12.1.1 Be aware of and comply with health and safety legislation.
  - 12.1.2 Ensure that the practice environment and equipment is hygienic.
  - 12.1.3 Ensure that equipment is appropriately maintained.
  - 12.1.4 Follow the regulations on substances hazardous to health.
  - 12.1.5 Dispose of controlled, clinical and offensive materials in an appropriate manner.
  - 12.1.6 Minimise the risk of infection by implementing appropriate infection controls including hand hygiene.
- 12.2 In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must:
  - 12.2.1 Use your professional judgement to assess the urgency of the situation
  - 12.2.2 Provide any care that is within your scope of practice which will provide benefit for the patient
  - 12.2.3 Make your best efforts to refer or signpost the patient to another healthcare professional or source of care where appropriate.

## **ANNEX 3 - C11(15)**

### **13. Show respect and fairness to others and do not discriminate unfairly**

You must:

- 13.1 Respect a patient's dignity, showing politeness and consideration.
- 13.2 Promote equality, value diversity and be inclusive in all your dealings. Do not discriminate unfairly on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief.
- 13.3 Ensure that your own religious, moral, political or personal beliefs and values do not prejudice patients' care. If these prevent you from providing a service, ensure that you consult your tutor, training institution or supervisor to make alternative arrangements.
- 13.4 Respect peers and colleagues skills and contributions and do not discriminate unfairly.
- 13.5 Refrain from making unnecessary or disparaging comments about your peers, tutors, supervisors, training institution or other colleagues which could make a patient doubt their competence, skills or fitness to practise, either in public or private. If you have concerns about a colleague's fitness to practise or the performance of your training institution or placement, then please follow the standards in section 11.
- 13.6 Consider and respond to the needs of disabled patients and make reasonable adjustments in conjunction with your tutor, supervisor or training institution to accommodate these.
- 13.7 Challenge your peers if their behaviour is discriminatory and be prepared to report behaviour that amounts to abuse or denial of a patient's or colleague's rights or patient safety.

**14. Maintain confidentiality and respect your patients' privacy**

**15. Maintain appropriate boundaries**

You must:

You must:

- 14.1 Keep confidential all information about patients in compliance with the law, including information which is handwritten, digital, visual, audio or retained in your memory.
- 14.2 Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or writing online including on social media.
- 14.3 Co-operate with formal inquiries and investigations and provide all relevant information that is requested in line with your obligations to patient confidentiality.
- 14.4 Provide an appropriate level of privacy for your patients during consultation to ensure that the process of information gathering, examination and treatment remain confidential. Different patients will require different levels of privacy and their preferences must be taken into account.
- 14.5 Only use the patient information you collect for the purposes it was given, or where you are required to share it by law.
- 14.6 Securely store and protect patient records to prevent loss, theft and inappropriate disclosure, in accordance with data protection law.
- 14.7 Confidentially dispose of patient records when no longer required in line with data protection requirements.

- 15.1 Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional practice and take special care when dealing with vulnerable people.
- 15.2 Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.

## **PUBLIC**

### **16. Be honest and trustworthy**

You must:

- 16.1 Act with honesty and integrity to maintain public trust and confidence in your profession
- 16.2 Avoid or manage any conflicts of interest which might affect your professional judgement. If appropriate, declare an interest, withdraw yourself from the conflict and decline gifts and hospitality.
- 16.3 Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient care.
- 16.4 Ensure that you do not make false or misleading statements when describing your individual knowledge, experience, expertise and specialties, including by the use of titles.
- 16.5 Be honest in your financial and commercial dealings and give patients clear information about the costs of your professional services and products before they commit to buying.
- 16.6 Do not make misleading, confusing or unlawful statements within your communications.

## **ANNEX 3 - C11(15)**

### **17. Do not damage the reputation of the profession through your conduct**

You must:

- 17.1 Ensure that your conduct, whether or not connected to your professional study does not damage public confidence in you or your profession.
- 17.2 Ensure your conduct in the online environment particularly in relation to social media, whether or not connected to your professional study, does not damage public confidence in you or your profession.
- 17.3 Be aware of and comply with all the requirements of the General Optical Council

**18. Respond to complaints effectively**

**19. Be candid when things go wrong**

You must:

You must:

- 18.1 Respect a patient's right to complain and ensure that the making of a complaint does not prejudice patient care.
- 18.2 Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.
- 18.3 Provide any information that a complainant might need to progress a complaint including your General Optical Council registration details.

- 19.1 Be open and honest with patients when things go wrong with their treatment or care. If a patient under your care has suffered harm or distress or there may be implications for future patient care then seek advice from your tutor or supervisor on how to proceed. They will advise on whether further action is required such as:
  - 19.1.1. Telling the patient (or, where appropriate, the patient's advocate, carer or family) that something has gone wrong
  - 19.1.2. Offering an apology.
  - 19.1.3. Offering appropriate remedy or support to put matters right (if possible)
  - 19.1.4. Explaining fully and promptly what has happened and the likely short-term and long-term effects.
  - 19.1.5. Outlining what you will do, where possible, to prevent reoccurrence and improve future patient care.
- 19.2. Ensure that when things go wrong, you reflect on what happened and use the experience to improve your practice.