

Consultation Framework

A code of practice for consulting with our stakeholders



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Section 1 - foreword from the registrar

We believe it is important that the people affected by our work have a say in how we operate. It is vital that we involve all groups with an interest in our work – patients, the public, our registrants, optical bodies, healthcare bodies, employers, other regulators, staff and other stakeholders.

Effective consultation is valuable to help us to improve our work. It informs us and helps us to achieve our mission of protecting the public through promoting good eyecare.

The GOC consultation framework is one aspect of our Stakeholder Engagement Strategy, which uses a wide range of tools to ensure meaningful involvement.

The framework is designed to help us consult in the most effective way possible. Its purpose is to make our consultations engaging, accessible and useful.

It is a document which we are always open to changing and updating; we always welcome feedback on how to make our consultations more effective. We updated the document in December 2010 to take account of new procedures and our experiences of consultation since the framework was first published in 2009, as well as the input of our new Stakeholder Reference Groups.



Samantha Peters – Chief Executive and Registrar, General Optical Council



Section 2 - about the General Optical Council

Introduction

The General Optical Council (GOC) is one of 13 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals. We are the regulator for the optical professions in the UK. The Council currently registers around 24,000 optometrists, dispensing opticians, student opticians and optical businesses.

Mission and Values

Proportionate

We will identify and target the issues of greatest risk to public safety. We will remove unnecessary bureaucracy.

Accountable

We will seek, and respond to, the views of stakeholders and partners. We will consider and review the consequences of our actions.

Consistent

We will work in collaboration with UK health regulatory bodies and other partners to develop consistent policies and procedures.

Transparent

We will explain and publicise decisions, and make public, wherever possible, Council information, activities and proceedings.

Targeted

We will ensure that our activity is focused on the areas of greatest risk, or where there is most benefit to public health and safety.

Organisational excellence

We will provide good value for money. We will pursue high standards of customer service. We will ensure that the Council is a good place to work, particularly through developing and training our staff and members. We will promote and develop equality and diversity in all our work.

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Section 3 - executive summary

- Consultation is the way we obtain our stakeholders' views. It allows us to generate, develop and test new policies and proposals, and it allows our stakeholders to feed back ideas.
- When we plan major changes which affect our stakeholders, we conduct a full public consultation. Other changes may require targeted consultations.
- Consultation needs to influence. It is not a way of rubber-stamping policies which are effectively already in place.
- Our method of consultation must be appropriate for each of our different audiences. We will publicise consultations through the most appropriate media to reach the groups we intend to target.
- We use different methods of consultation for different issues, depending on what is the most appropriate method of getting feedback for a particular project.
- We make efforts to seek feedback from seldom-heard groups; in particular, on specific issues which directly affect them.
- Documents should be concise, self-contained and in plain English. They should be free from jargon, and not assume knowledge of abbreviations, optical or other medical terms.
- We try to keep the costs of consultation to a minimum, using electronic and other low cost methods where these will not adversely affect participation.
- Our purpose is to protect the public. It is therefore vital that patients and the public have a strong input into our work to give us a viewpoint from the people that the GOC is in place to protect.
- Before launching any consultations, our staff complete the GOC Consultation Checklist to ensure that the principles set out in this framework are followed.
- We focus on the evidence and reasoning given in consultation responses, making primarily qualitative analysis of the responses. Decisions are never made on strength of numbers. Our decisions are made on the basis of the strength of the arguments put to us and how well they match with our core principles.
- We will publish feedback after the consultation giving the outcome and how we will implement the policy changes.

Section 4 - before we consult

Consultation is the way we obtain our stakeholders' views. It allows us to generate, develop and test new policies and proposals, and it allows our stakeholders to feed back ideas.

What should we consult on?



Healthcare and the market in which it operates are always changing and we have to make sure we are using the widest range of expertise to meet the challenges we face.

Whenever we make, or plan to make, significant policy changes we must consult our stakeholders. We benefit from the wealth of expertise they can bring. Changes to the way we operate will affect them and we should involve them in our decision-making.

We have consulted on a wide range of reforms recently. Some of our recent consultation topics include:

- our new Codes of Conduct, which came into effect on 1 April 2010
- our strategy for 2010-15
- the structure of our registration fee
- the fitness to practise information on our registers

Reports and the results of these and our other consultations are available in the 'past consultations' section of our website.

When we plan major changes which affect our stakeholders, we conduct a full public consultation. Other changes may require targeted consultations. We make particular efforts where we expect different stakeholder groups to have conflicting views.

Although we target our consultations to particular groups, they are available on our website if any member of the public wishes to respond.

We are conscious of consultation fatigue. Some stakeholders may have limited resources and capacity with which to respond to our consultations. We must



make sure that our consultations are as relevant as possible and not overload stakeholders with consultations of limited impact and relevance, which may discourage them from tackling the big projects.

We must also be aware of the internal resources that consultation uses, both human and financial. Over-consulting on issues of limited impact and relevance could hinder us in completing other work which is more important for public protection.

Principles of consultation

In developing our consultation framework, we have followed the Code of Practice on Consultation published by the government in 2008 (<http://www.bis.gov.uk/files/file47158.pdf>).

This sets out best practice on:

- when to consult
- duration of consultation exercises
- clarity of scope and impact
- accessibility
- burden of consultation
- responsiveness of a consultation
- capacity to consult



When should we consult?

Consultation must take place at a stage when it can have a meaningful effect on the outcome. Consultation needs to influence. It is not a way of rubber-stamping policies which are effectively already in place. Therefore we consult when we are ready to make enough information public for a well-informed debate.

Our consultations normally last for 12 weeks, although we allow for longer or shorter consultations where appropriate. If a shortened consultation is necessary, due to time pressures, we will be clear as to the reasons why. If a consultation covers a period when people are less likely to be available to respond, such as holiday periods, we try as far as possible to allow a longer consultation period.

We take steps to advertise our consultations sufficiently to attract interest in them. We must actively seek the views of our stakeholders.

Who should we consult?

Our stakeholders who need to be consulted on our work include:

- patients, carers, the public and their representative groups
- voluntary organisations and charities
- seldom-heard groups and their representative organisations
- registrants (including students), potential registrants and their professional and representative organisations
- optical bodies corporate and employers
- healthcare organisations
- education providers
- other regulators
- government
- staff

Some of our stakeholders are easier to reach than others. We tailor our consultations to make them appropriate for each stakeholder group. We make sure that our method of consultation is appropriate for each of our different audiences and publicise consultations through the most appropriate media to reach the groups we intend to target.

Where we can consult at places where people are already meeting, such as community groups or optical conferences, we should take advantage of this, to boost participation rates and save money.



As a minimum standard, we will:

- post consultations in the consultation section of the GOC website
- send consultations to our consultation mailing list. By default this includes the key stakeholder bodies whom we consider the most likely groups to respond to our consultations. The list is also advertised on the GOC website so that any registrant, member of the public or other interested party may sign up to receive notifications
- notify the optical trade press



Section 5 - how we consult

What format(s) should our consultations take?

Each consultation is a project which aims to get a wide range of views using the most appropriate range of formats. We use different methods of consultation for different issues, depending on what is the most appropriate method of getting feedback for a particular project.

These include:

- direct meetings with stakeholders
- consulting our Stakeholder Reference Groups
- public meetings
- focus groups
- seminars
- interviews
- questionnaires, either online or in print
- through social media or other e-engagement media
- presentations to Council
- consultation by a professional market research agency

The communications department can offer advice on consultation with our stakeholders and should be involved at an early stage in the process.

Making our consultations accessible

The consultation document provides a clear summary of the consultation on no more than one side of A4. It makes it clear what we are consulting on, why we are consulting on it and explains the background to the consultation. It also includes contact details, and information about when and how to respond. It is also the basis of our publicity, such as press releases and direct communication with stakeholders.

We can provide material in formats such as audio, Braille and languages other than English on request. As a minimum standard, our consultation documents will be in 12pt text and a clear font.

We will make efforts to seek feedback from seldom-heard groups. We must be aware that they have difficulty in being consulted and make efforts to allow their voice to be heard, in particular on specific issues that will directly affect them.

For example, although it would not be proportionate to advertise all of



our consultations in the Welsh-language press, we did so when consulting on our Welsh Language Scheme. If we consult on an issue which particularly affects people with sight loss, we must make extra attempts to reach the people who will be affected. We must also be aware of groups which are minorities within optics (if not the UK as a whole) and ensure their voices are heard. Our ongoing equality and diversity monitoring of registrants, which began in 2009, will help us identify these groups.

Documents should be concise, self-contained and in plain English. They should be free from jargon, and not assume knowledge of abbreviations, optical or other medical terms. The views of non-experts are highly valuable to the consultation process so documents must be accessible to them.

To help staff apply Plain English campaign guidelines in their writing, we have developed a **GOC Editorial Toolkit**. We also seek external advice (eg Plain English Campaign services) where this is appropriate and affordable.

We have a **Reward and accessible consultation policy** which details how we will pay travel expenses for lay people attending our consultation events. This ensures they are not out of pocket for contributing to our work.



Getting value for money



We provide registrants with value for money in our consultation exercises. We work to effectively target our consultations to the right audiences. We use different methods to make sure that we target each audience in the most appropriate way, to make our consultations engaging, credible and cost-effective.

We try to use electronic methods where these will not adversely affect participation as this enables us to target a wide audience at a low cost.

Manageable consultation

We will encourage stakeholders with expertise in a specific area to give feedback on those parts of the consultation relevant to their area of expertise. Stakeholders are not required to feed back on all areas of the consultation.

We are aware that a lot of our stakeholders, especially charities, have limited resources or capacity to respond to multiple consultations. There are also many other organisations which are seeking their input.

We minimise the burden of consultation by making our consultation as relevant as possible to the target audience. We work with other regulators to ensure that, where possible, we work together on issues which affect regulation as a whole.

For all our consultation formats, we aim to make participating as quick and as easy as possible. If we use online tools, we minimise the bureaucracy of hurdles such as registering. If we hold events, we endeavour to hold them in different parts of the UK.

Patient and Public Involvement (PPI)

Our purpose is to protect the public. It is therefore vital that patients and the public have a strong input into our work to give us a viewpoint on our work from the people that the GOC is in place to protect. We work with patient groups to involve their members to make sure that we get as wide a range of views as we can.



We work with the Healthcare Regulators' PPI Group on joint projects to share knowledge and to participate in regulation across the sector. Joint consultation has the added benefits of reducing consultation fatigue and providing better value for money through economies of scale.

Our public Stakeholder Reference Group also provides us with a public perspective on our work – see below for more details.

Ensuring integrity in the consultation process

We consult in a manner designed to give us the genuine views of our stakeholders, not the answers we want to hear. We avoid using leading questions and make our consultation process open. We focus our questions and clearly state any assumptions made.

We are clear about where there is scope for consultation to affect decisions, and which changes are beyond our control (such as legal requirements).

Impact assessment

We carry out an impact assessment alongside our consultations. An impact assessment is an exercise which considers the costs and benefits of a policy on the organisation and its stakeholders. This should include an appraisal of the likely effects on each category of stakeholder, as well as on the GOC as a whole.

This impact assessment also includes an assessment of equality and diversity issues.

The GOC consultation checklist

This is included in this document as an annex. Before launching any consultations, our staff complete a checklist to ensure that the principles set out in this framework are followed. When a consultation document is approved by Council, the supporting paper requires confirmation that a consultation checklist has been completed.

Stakeholder Reference Groups

In September 2010 we launched our Stakeholder Reference Groups (SRGs) – two pools of people specifically appointed to give us suggestions and feedback on projects and policies. One of the groups is made up of optical stakeholders and other of patients and the public, to provide a wide range of stakeholder opinion.

SRGs give us the chance to make our consultation methods more effective, for example by offering feedback on the suitability of consultation questions or the usability of an online form. Members will make valuable contributions on public consultations and provide feedback on smaller projects where a full public consultation would be disproportionate. This may include projects such as:

- providing feedback on information leaflets for either patients or registrants
- testing the usability of sections of the website
- offering feedback on lower-profile policies which may not attract a high level of interest from our stakeholder groups

SRG members' opinions on consultation topics are valuable for our work, but will not replace full public consultations.



Section 6 - after the consultation

Analysing the consultation

We carefully analyse the responses from our consultations to make our policy proportionate, clear, fair and in line with the stated aims of the GOC.

Where possible, we seek to encourage debate between stakeholders who may hold differing or opposing views. By facilitating debate, we hope that compromise positions will arise in these situations.

We remain guided by our governing principles, in particular the principle of protecting the public. We focus on the evidence and reasoning given in the consultation, making primarily qualitative analysis of the responses. Decisions are never made on strength of numbers. Rather, our decisions are made on the basis of the strength of the arguments put to us and how well they match with our core principles. Consultation is not a vote and we do not devise any artificial weighting of responses from optometrists, dispensing opticians, patients or any other stakeholder group.



We analyse who has responded to the consultation to assess which groups we have successfully reached. Where we have been unsuccessful in reaching particular groups we attempt to find out why. We learn from these experiences to ensure we reach these groups in other ways in the future.

Consultation feedback



We will publish feedback after the consultation giving the outcome and how we will implement the policy changes. Where possible, we notify those who participated in the consultation to let them know how their views were taken into account in the formulation of the policy. Our feedback conforms to accessibility guidelines, including the use of plain English.

Annex - GOC consultation checklist

Consultation must have taken place before any significant policy changes go to Council. You must make sure you have completed the consultation checklist. An example is below and it is available on the staff intranet. Please make sure that you have answered all questions and that they have been signed off by a member of staff.

Question	Answer	Signed by
What are the specific issues on which you are consulting?		
Which stakeholder groups will the changes affect? Consider any sub-groups, ie patients over 65, newly-qualified registrants, etc		
Have you overlooked any stakeholder groups? Refer to the <i>Who</i> chapter of the <i>GOC Consultation Framework</i>		
Which methods of consultation will you use? Refer to section 5 of the <i>GOC Consultation Framework</i>		
Will you be using any new methods of consultation?		

Question	Answer	Signed by
How will you ensure participation throughout the four countries of the UK?		
What role will Council members play in the consultation process?		
Will there be any joint work with other regulators?		
Over what timescale is the consultation taking place?		
Have you completed an impact assessment form? Were the results satisfactory?		
Which seldom-heard groups are likely to be particularly interested in the consultation? If so, how will you make it accessible to them?		

Question	Answer	Signed by
Have you completed an impact assessment form for equality and diversity? Were the results satisfactory?		
What human and financial resources will be required by this consultation?		
What effect will the outcome of the consultation have on the policy in question?		
When and how do you plan to analyse the consultation results?		
How will you feed back the consultation outcome to those who replied and wider stakeholders?		
How will you evaluate the success of the consultation and its methods?		
<p>Consultation checklist complete</p> <p>Signed:</p> <p>Name (print): _____ Date: _____</p>		