



GOC Draft Strategic Plan

Consultation report

About this consultation

The General Optical Council is the regulator for the optical professions in the UK. Our purpose is to protect the public by promoting high standards of education, performance and conduct amongst opticians.

We consulted on our draft Strategic Plan 2020-2026 from 17 December 2019 to 17 January 2020. In developing this, we had already engaged with internal stakeholders, including GOC staff, Council and advisory committee members. The next phase, and the aim of this consultation, was to seek external stakeholder views to help us finalise the plan.

The consultation questions focused on the following areas:

- Mission, vision and values
- New challenges and opportunities
- Looking forward
- What will success look like
- Equality, diversity and inclusion

We received a total of 50 responses from a range of stakeholders including individual respondents, for example optometrists or dispensing opticians, and organisational responses, from organisations both within the optical, regulatory and healthcare sector.

Summary of key findings

Overall, there was support for our Strategic Plan 20-26. We received 50 responses in total, with 39 from individuals and 11 from organisations within the optical, regulatory and healthcare sector.

There was general support for our draft mission, vision and values and the majority of respondents felt that they were clear. However, there were a number of themes that emerged:

- In relation to our vision to protect the public by continuously raising standards in the optical professions, this was challenged by the perceived view that we plan to introduce an apprenticeship scheme via the Education Strategic Review, as some thought that this would not raise standards, and could even lower standards.
- In terms of our vision, efficient, effective and timely were seen as important factors in the GOC delivering excellent customer focus, including faster resolution of Fitness to Practise (FTP) complaints. Some respondents were unclear about which customer we were referring to, for example, registrants and/or patients and the public. Some also raised concerns about the GOC using the word 'customer' in relation to patients and the public.

- In relation to our values, respondents thought that we should demonstrate efficient processes, for example, in FTP.

In relation to external influences, individual respondents thought that we should address the issue of commercial pressures and the effect this has on the ability of registrants to give high quality care to patients. Some thought that the retail/profit driven side of the sector is dominating the clinical side which is compromising patient care. However, there was an acknowledgment this was largely down to the current NHS General Ophthalmic Services (GOS) fee, so optical businesses have to focus on the retail side to subsidise the low fee. Some thought that we should do more to help protect registrants from the pressures they face at work.

Some organisational responses, suggested we could better highlight the role the optical professions can play in helping to reduce the burden on ophthalmologists and secondary care, for example, by providing more care in community optical practices. Furthermore, we should help raise awareness of the role of the professions to help improve the public perceptions of their role in eye health.

The majority of respondents agreed with our three strategic objectives and our aims under each:

- delivering world-class regulatory practice;
- transforming customer service; and
- building a process of continuous improvement

In terms of challenges and opportunities, the main concern from individual respondents was the influence of corporates/multiples and the perceived conflict of interest by representatives sitting on GOC Council/boards/committees and potentially influencing GOC policy and decision making.

In relation to improving patient and public engagement, there was overall support for this with some suggested regular patients surveys. However, some respondents also thought that we could strengthen engagement, for example, by ensuring that we better include seldom heard groups in our work, such as those who might not have access to a computer, the elderly, the visually impaired, those with disabilities and those whose first language is not English. There were also suggestions that we should do more to promote the important role our professions play in eye health and the range of services they provide to the public.

Overall, there was support for our equality, diversity and inclusion (EDI) strategy. We received some valuable feedback on how we can successfully implement this, for example, ensuring we more actively listen and engage with a diverse range of stakeholders including seldom heard groups. Ensuring we have diverse representation at all levels within the GOC and our EDI policies are clearly accessible. We should ensure all our work considers EDI implications, for example, via equality impact assessments.

Next steps

We will review all the responses we received to this consultation, to help us finalise our draft plan. We will aim to publish the final version of our Strategic Plan in March 2020, ahead of its launch on 1 April 2020.

We would like to take this opportunity to thank all those who responded to the consultation and for their views in shaping our vision for the next six years.

Respondents and methodology

We received 50 responses in total with:

- 39 responses from individuals (for example individual GOC registrants); and
- 11 responses from organisations.

Responses were received from the following organisations, who agreed to have their responses published as part of the consultation:

- Association of British Dispensing Opticians (ABDO)
- Association of Contact Lens Manufacturers (ACLM)
- Association of Optometrists (AOP)
- College of Optometrists (COO)
- Federation of Ophthalmic and Dispensing Opticians (FODO)
- General Medical Council (GMC)
- Health Education England (HEE)
- Safer Activities For Everyone, Community Interest Company (SAFE)
- Ulster University

We have only used quotes from individuals or organisations who consented to have their response published. Quotes are verbatim so we have not changed the spelling, grammar or format.

Methodology

The consultation was hosted on the GOC's online consultation platform, Citizen Space. All questions were optional, although we encouraged respondents to answer as many as they could.

Some questions were closed multiple-choice questions and others were open-ended questions which allowed respondents to provide comments. We used thematic coding to analyse the open-ended questions to help us draw out key themes which we have highlighted in this report.

This report contains tables and charts to present the consultation data. Due to the small base size, the data in the figures represents the total number of respondents to that question. In some instances, the responses may not add up to 100% or the base size may differ. There are several reasons why this might happen:

- As all questions were voluntary, a respondent may have not provided an answer to the question.
- Individual percentages within diagrams are rounded to the nearest whole number so the total may come to 99% or 101%.

Section 1: Mission, vision and values

The first section of the consultation asked stakeholders for their views on our draft mission, vision and values.

GOC's draft mission statement

Our draft mission statement is: "Our mission is to protect the public by continuously raising standards in the optical professions."

We asked the following question in relation to this: Thinking about our mission statement, do you agree with the current wording with a focus on 'continuously raising standards'? (Question 4)

This was an open-ended question and we received 47 responses (92% of all respondents). Overall, the majority of individual respondents indicated support in principle for the wording of the statement, but this was caveated with a number of concerns highlighted below:

- The largest number of comments related to concerns about the GOC's review of undergraduate education via the Education Strategic Review (ESR), and specifically the proposed new apprenticeship scheme. Some thought that an apprenticeship scheme would not raise standards and could even lower standards, as lower-calibre students could be admitted onto courses and more of the training would take place in a retail environment.
- There were concerns about the GOC approving new optometry courses and the number of optometry courses available which was perceived to be lowering standards as graduates seemed less qualified/of a lower calibre.
- Linked to this, there were concerns about how well prepared graduates are coming into clinical practice, with some saying there is a focus on supply over quality.
- The GOC did not state clearly enough how it was going to 'continuously' raise standards.
- There were concerns about how to upskill the professions so GOC registrants could help reduce the burden on the NHS and in ophthalmology departments. Also, how would GOC standards keep pace with the broader changes and diversifying scopes of practice within the sector.
- There were concerns about commercial pressures and targets in the work place and how this sits alongside raising standards in the professions and protecting patients and the public.

"Yes I agree with this. However I would like to point out the threat of this statement by corporations who risk lowering the standards. Examples of this include pressurising professionals to meet sales targets, pressure to test in shorter appointments which means missing out some tests. Also the proposal for an Optometry apprenticeship programme which will no doubt lower the standards. If

the GOC can keep a lid on the above examples and more, then the mission statement reads accurate.” (Individual respondent)

“I do believe this is a great statement and I think to honour this we need to be thinking of ways to upskill current optometrists. Optometrists need to take the burden off the ophthalmologists in the NHS. Let’s look at how we can do something productive.” (Individual respondent)

In relation to organisations, most indicated support in principle with the wording and aspiration but had reservations about whether this would be achieved:

- ABDO questioned whether this vision was contrary to the GOC’s past and current conduct, for example, they expressed concern about standards potentially dropping as part of the GOC’s Education Strategic Review (ESR).
- The ACLM said that the GOC’s mission statement was focussed too much on the optical professions rather than protecting the public.
- The College of Optometrists suggested we should also include a focus on education and support for the optical professions within the mission statement. The College also said that while they agreed with the statement, the GOC should not “...*chase continual change at the expense of upholding current standards*”.
- Ulster University questioned use of the word ‘continuously’ as this might lead to the perception that the GOC’s standards are too high for the risk profile of the professions. They suggested using “maintaining” or “ensuring high standards”.
- FODO supported the statement in principle but they thought it was more about “maintaining, universalising and supporting high standards”.

“We fully support the GOC’s mission statement (even though technically we might query ‘continuously raising standards’. The task, as we see it, is more about maintaining, universalising and supporting high standards’ which naturally rise over time to meet changing health need and scope of practice).” (FODO)

- The AOP shared a similar concern and disagreed with the use of the word ‘continuously’ as highlighted in the quote below.

“In particular, the word “continuously” is inappropriate in this context and could have unintended consequences, such as leading to regulatory requirements which are more demanding, and more burdensome on registrants, than is necessary to protect the public.” (AOP)

The AOP also suggested that as the risk profile of the professions is low (as indicated by GOC research into risks in the professions in 2019), and likely to change during the six year strategic plan period, the GOC should be ready to adapt its mission statement accordingly i.e. use wording along the lines of ‘*maintaining high or appropriate standards*’.

GOC’s draft vision

Our draft vision as outlined in our Strategic Plan is: “Our vision is to be recognised for delivering world class regulation and excellent customer service.”

We asked the following question in relation to this: Thinking about our vision, what does excellent customer service look like to you? (Question 5)

This was an open-ended question and we received 47 responses (92% of all respondents). The main themes are outlined below.

- The main theme was in relation to the GOC achieving faster resolution of fitness to practise (FTP) complaints and dealing more effectively with patient concerns.
- Excellent customer service was seen as a service that was efficient, effective and timely.
- Good communication, compassion and transparency were also seen as important factors.
- Some felt that the question was unclear in terms of which customer we were referring to, for example, registrants and/or patients and the public. Some respondents identified other stakeholders including employers, education providers, professional bodies, Continuing Education and Training (CET) providers.
- Some also raised concerns about the GOC using the word ‘customer’ in relation to patients and the public. Health Education England said that consideration should be given to the use of the word ‘customer’ which may be more applicable to fee paying registrants than members of the public.
- Putting patients and the public at the heart of the GOC was seen as important particularly as it is our statutory duty to protect the health and safety of the public.
- The GOC providing high standards of clinical practice was viewed as an important part of providing excellent customer service by registrants working in practice.
- The GOC should be more approachable and accessible to stakeholders.

“Proportionate and fast resolution of complaints to benefit Public and clinicians”
(Individual respondent)

“Customer service to me is responding quickly and effectively to queries and concerns. Being easy to reach, honest and helpful. I find the use of the word customer odd in the context of your role. Are Optometrists your customers as we fund the organisation or do you mean the general public? I think your role should encompass both.” (Individual respondent)

In relation to organisational responses, the GMC highlighted their use of a charter for patients, relatives and carers who raise a concern about a doctor so that their customers can hold the GMC to account. Their charter outlines six commitments about what good customer service looks like for anyone that raises a concern with them:

- Treat you with dignity and respect
- Help you find the best way to raise you concern
- Keep you updated
- Communicate in a way that works for you
- Handle your information with care
- Learn from your experience with us

The GMC welcomed our commitment to improving customer service and are happy to work with us both to share learning and explore ways of improving, for example, the use of data in improving processes.

“Furthermore, the GOC should demonstrate a culture that seeks and responds to feedback from the general public, registrants and patients on how best to continuously raise standards. A culture that strives for excellence and demonstrates continuous learning ultimately provides a positive experience for customers.” (Health Education England)

The AOP questioned the use of the term ‘world class regulation’ as it implied an intention to benchmark against international comparators. The AOP suggested alternatives such as “*excellent*” or “*high quality*” regulation instead.

Ulster University also questioned the use of ‘world class’ given the diversity of regulation and the optical professions around the world. They suggested “*excellent*” regulation may be more meaningful.

The College of Optometrists thought that the GOC should think of its customers as also including “*...any company providing goods, services and innovation to the UK optical market.*” Examples of which would include software providers, imaging manufacturers, lens manufacturers and contact lens manufacturers.

The College of Optometrists also commented about the overall vision, as the quote below highlights.

“Overall this vision seems very organisationally focused: we would like it to reflect the benefits that the GOC can bring about through fair, supportive and effective regulation and development of standards. Excellent customer service should be an output, but not an outcome. It should be part of a focus for the GOC to strengthen the confidence of key stakeholders in its activities.” (College of Optometrists)

GOC’s draft values

Our draft values as outlined in our Strategic Plan are: Our values underpin the way we work with each other, and with the public, our registrants and partner organisations:

- We act with integrity
- We pursue excellence
- We respect other people and ideas
- We show empathy
- We behave fairly

We asked the following question in relation to our vision: Thinking about our five values, what types of behaviour or actions would you like to see the GOC demonstrate to meet these values? Please give examples where possible. (Question 6)

This was an open-ended question and we received 42 responses (82% of all respondents). The main themes that emerged are outlined below.

- One of the main themes that arose was for the GOC to improve the efficiency of the FTP process and the resolution of complaints.
- Another key concern was for the GOC to address the influence of corporates/multiples and the conflicts of interest at Council and Committee level as representatives from the industry have the ability to shape policy and decisions.
- The GOC should address the issue of commercial pressures and the effect this has on the ability of registrants to give high quality care to patients. Some thought that the retail/profit driven side of the sector is dominating the clinical side which is compromising patient care. Some thought that the GOC should do more to help protect registrants from the pressures they face at work.
- The GOC should not implement the proposed apprenticeship scheme under the ESR as this would lower standards. For example, if a lower calibre of students are admitted onto the course and if students spent more time being trained in a retail environment, this could detrimentally affect public protection.
- The GOC should ensure high standards of practice are maintained (particularly in the face of commercial pressures) and good quality education and training.

- The GOC should provide guidance on the minimum time for a sight test and address the issue of cost for the current NHS General Ophthalmic Services (GOS) fee. This was often linked to concerns about some optical businesses offering free sight tests to patients which devalued and undermined the sight test.
- The GOC could improve its relationship with registrants, for example, by showing greater empathy when communicating with registrants and being more timely and response to emails and phone calls.

“Excellence - maintain and increase high standards in the profession. High level of education and continued training to increase scope of optometrist training.” (Individual respondent)

In relation to organisational feedback, SAFE suggested that the GOC should demonstrate these values by improved safeguarding.

“Active safeguarding standards and policies for staff and customers both in your role and those you regulate”. (SAFE)

FODO suggested the GOC include an additional value *“We listen and engage”*.

ABDO thought the values were clear but did not believe that the GOC was acting in a way that met these values. ABDO highlighted the case of the ESR and suggested that the GOC should improve its consultation with stakeholders both in terms of who it engages with and how it engages.

“Unfortunately we feel the GOC are not meeting their values. The example is the ESR. This has demonstrated that the GOC is not respectful of various people/organisations nor is there any empathy.” (ABDO)

The AOP thought that three of the values – integrity, respect for others and behaving fairly – should be inherent characteristics of any public body rather than as optional or aspirational. They therefore suggested changing the wording for these to compliance. The AOP welcomed empathy as one of the values and thought it should be reflected and embedded in the FTP process. The AOP also suggested additional values about being agile and responsive to change.

Health Education England felt that the values broadly reflect those set out in the NHS Constitution and suggested that they would like to see more collaboration between regulators in learning from mistakes and adopting best practice.

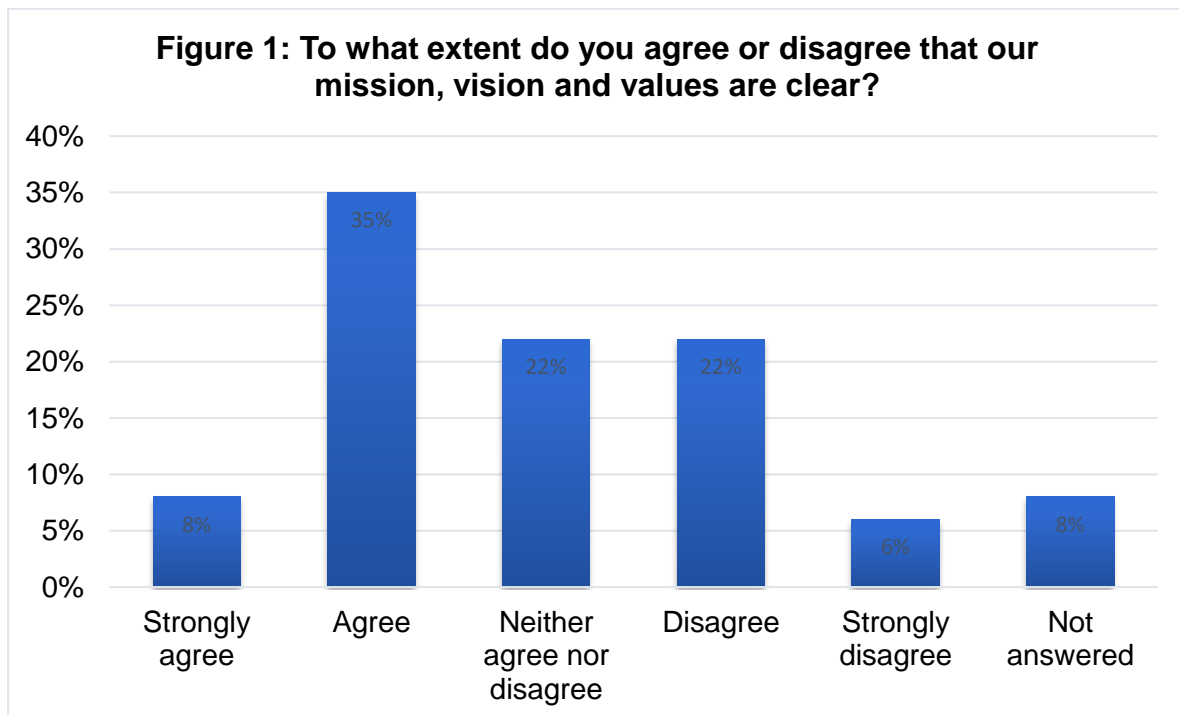
“Additionally, it is important for the GOC to be ‘fair’ in its approach to regulation, to ensure optometrists and opticians and the future workforce are meeting the right standards to provide high quality care to patients whilst also feeling supported.”

Such an approach would see the GOC adopt a level of regulation that is proportionate to the level of risk to the public and focusing on options to prevent issues that impact negatively on safety. Other regulators, such as the General Dental Council, for example, are aiming to do this through moving away from a focus on enforcement to seeking the prevention harm from occurring in the first place (i.e. 'upstream regulation'). This can be achieved through the promotion of the importance of professionalism as a key driver for practice.” (Health Education England)

GOC’s draft mission, vision and values

Finally, we asked the following question in this section of the consultation: To what extent to you agree or disagree that our mission, vision and values are clear? (Question 7)

This was a closed multiple choice question. We received 47 responses (92% of all respondents). Figure 1 below indicates, with 8% strongly agreeing; 35% agreeing; 22% neither agreeing nor disagreeing; 22% disagreeing; 6% strongly disagreeing; and 8% did not answer the question.



Section 2: New challenges and opportunities

In the draft Strategic Plan, we outlined a number of challenges and opportunities that could affect our work over the next six years.

We asked the following question: Are there any other external influences that might affect our work? (Question 8)

This was a closed question and we received 49 responses (96% of all respondents), with 43 (84%) responding yes, there are other external influences. The follow up question asked respondents to list these and the main themes are outlined below:

- The main concern from individual respondents was the influence of corporates/multiples and the perceived conflict of interest by representatives sitting on GOC Council/boards/committees and potentially influencing GOC policy and decision making.
- Some individual respondents also thought that commercial pressures and the dominance and profit driven culture of the corporates/multiples was linked to a drop in standards of patient care, for example, reduced times for the sight test and pressure to meet corporate targets/sales.
- Online sales were seen as a threat to patient safety particularly those with websites registered outside of the UK. The ACLM suggested that the GOC should review this area again and provide a code of conduct for online supply.
- A lack of NHS funding for sight test via the General Ophthalmic Services (GOS) contract was seen to compromise patient care and enable an environment that was more retail driven to subsidise the low NHS fee.
- Creating a workforce to meet the challenges of the future was seen as important, which includes upskilling the current professions (to help meet increasing demand particularly in secondary care), and ensuring the undergraduate education system is fit for purpose and graduates have the necessary skills and experience to work effectively in daily clinical practice.

“You have board members from corporate giants who have influence over decision making and huge potential conflicts of interest. A public health regulator should not be like this. All board members need to be independent and free of any conflict of interests.” (Individual respondent)

In terms of organisational feedback, both FODO and the AOP thought the section on ‘ageing population and treatments’ should highlight the role the optical professions can play on helping to reduce the burden on ophthalmologists and secondary care, for example, by providing more care in community optical practices.

The GMC highlighted three factors, as indicated by their quote below.

“In our work, as well as the factors you have listed, we are also looking at factors such as:

- *Political changes, in particular divergence in healthcare priorities between the four countries of the UK as well as any potential results of Brexit.*

- *As you describe, the online and remote provision of services will be more common, and we are considering the increasing importance of international delivery and whether healthcare will be delivered more across borders, with implications on our regulation in an international connect.*
- *Other factors outside healthcare such as climate change may have an impact on our regulation in future.” (GMC)*

The College of Optometrists thought that tackling public perceptions should be included as an important external influence, as the professions are viewed more as a retail rather than clinical service which is detrimental to the professions and sector.

Ulster University suggested that we should change the wording to: “...*some examples of external influence*” in order to future proof the list. They also suggested including some other key points highlighted below.

“In addition, we believe some other key areas could be mentioned. These include:

- Educational providers and their role in training the (evolving) optical professional of the future*
- The UK optical sector/market and commercial pressures shaping the professions*
- The influence of NHS commissioning (both GOS and extended services) on optical professionals work.” (Ulster University)*

In relation to the section on ‘technological developments’, the AOP and FODO made some suggestions. The AOP said that it would be helpful if the implications could be drawn out more in terms of what technological development means for the sector and those working in clinical practice.

“The GOC rightly identifies OCT (already with us), remote consultations and AI as technological developments, however, it would be good to be reassured in the strategic plan that, higher levels of self-care involving new kinds of professional interactions and workplace testing, are also covered under that forward thinking.” (FODO)

Lastly, the AOP thought that the role of education providers was not highlighted in the list of external influences that might affect the GOC’s role. Organisations such as universities, CET providers, assessment providers including the College of Optometrists and ABDO, are crucial in the provision of optical education.

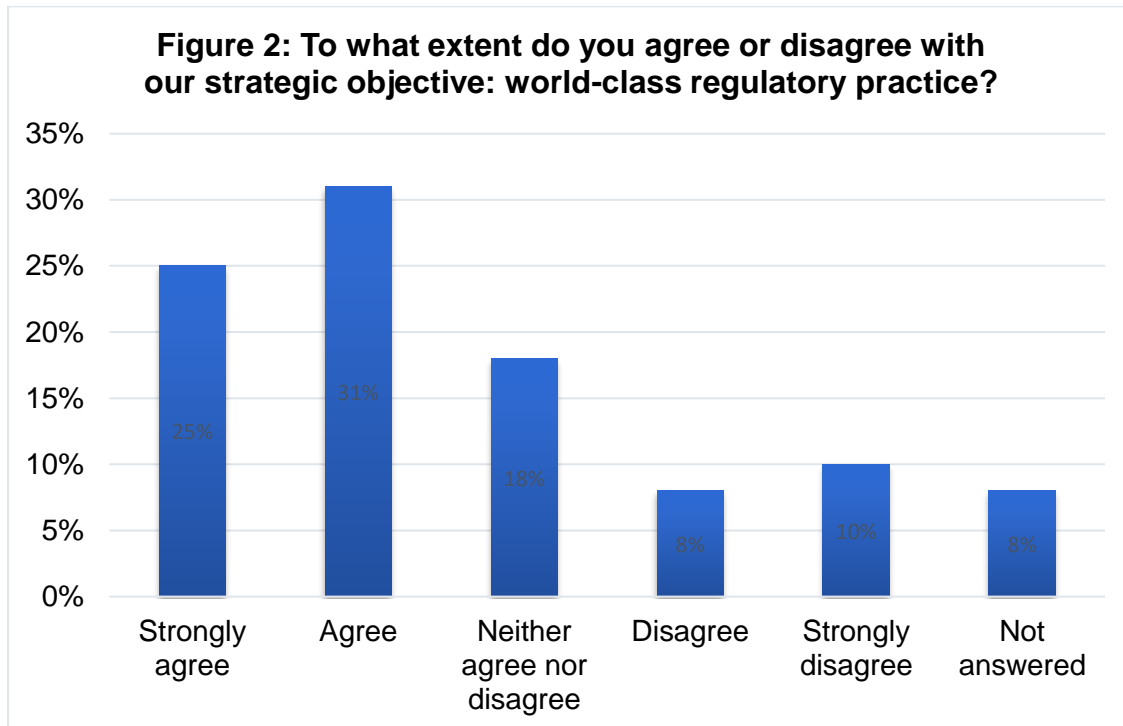
Section 3: Looking forward

In this section, we asked respondents to consider our priorities moving forwards under our three overarching strategic objectives:

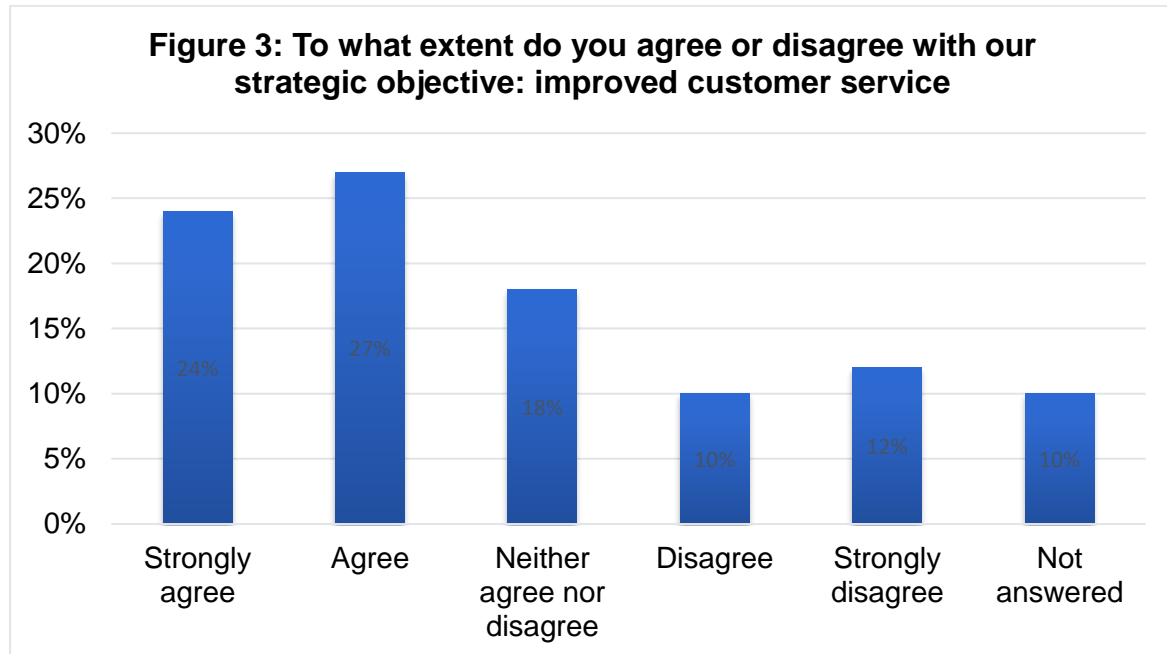
- delivering world-class regulatory practice;
- transforming customer service; and
- building a process of continuous improvement

We began by asking the following question: To what extent do you agree or disagree with our three strategic objectives: world-class regulatory practice; improved customer service; and continuous improvement? (Question 9)

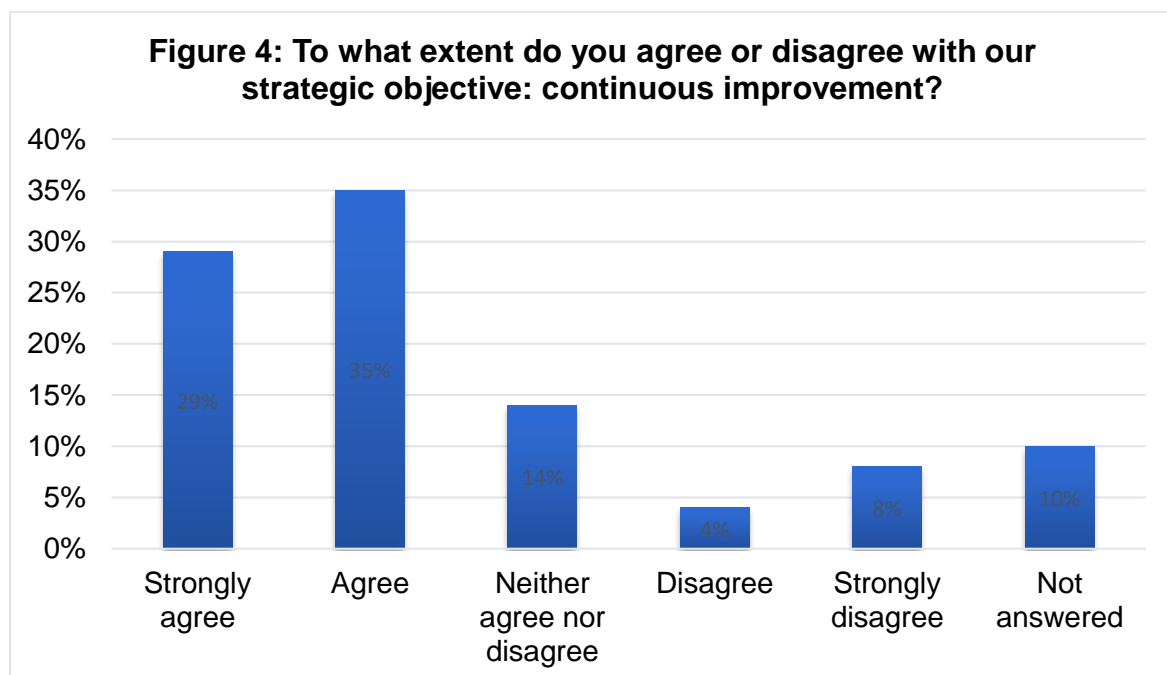
This was a closed multiple choice question. We received 47 responses (92% of all respondents). As figure 2 indicates, 25% strongly agreed; 31% agreed; 18% neither agreed nor disagreed; 8% disagreed; 10% strongly disagreed; and 8% did not answer.



As figure 3 indicates, 24% strongly agreed; 27% agreed; 18% neither agreed nor disagreed; 10% disagreed; 12% strongly disagreed; and 10% did not answer the question.



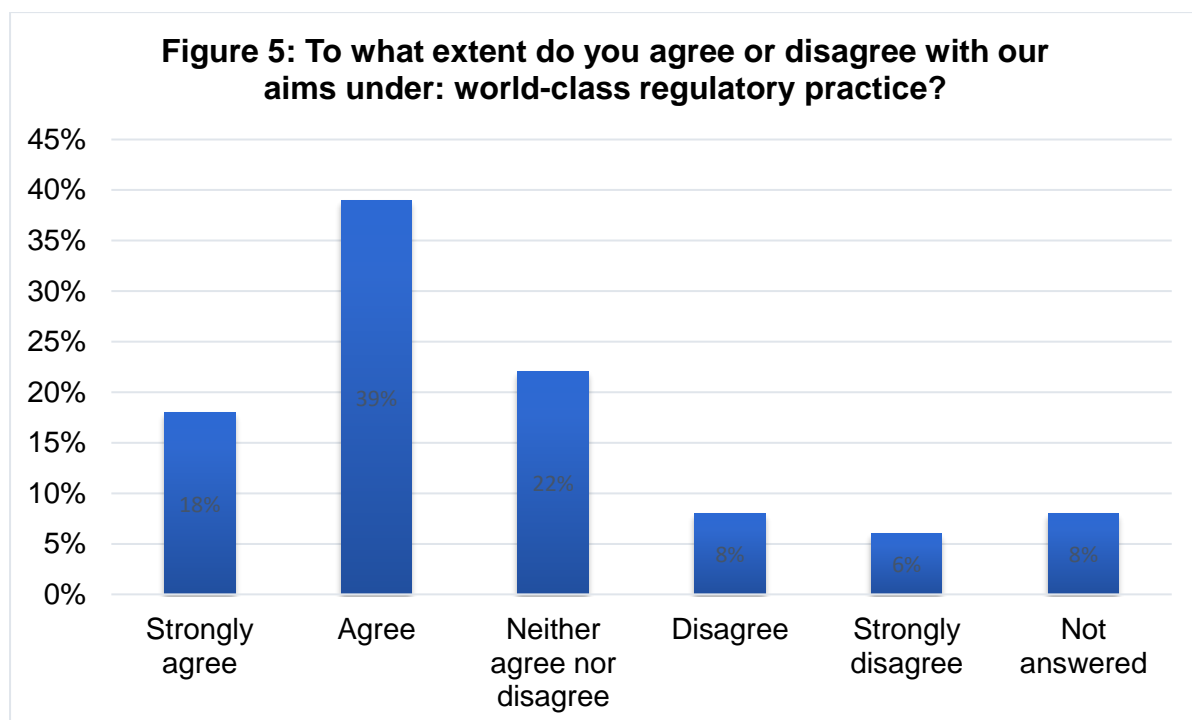
As figure 4 indicates, 29% strongly agreed; 35% agreed; 14% neither agreed nor disagreed; 4% disagreed; 8% strongly disagreed; and 10% did not answer the question.



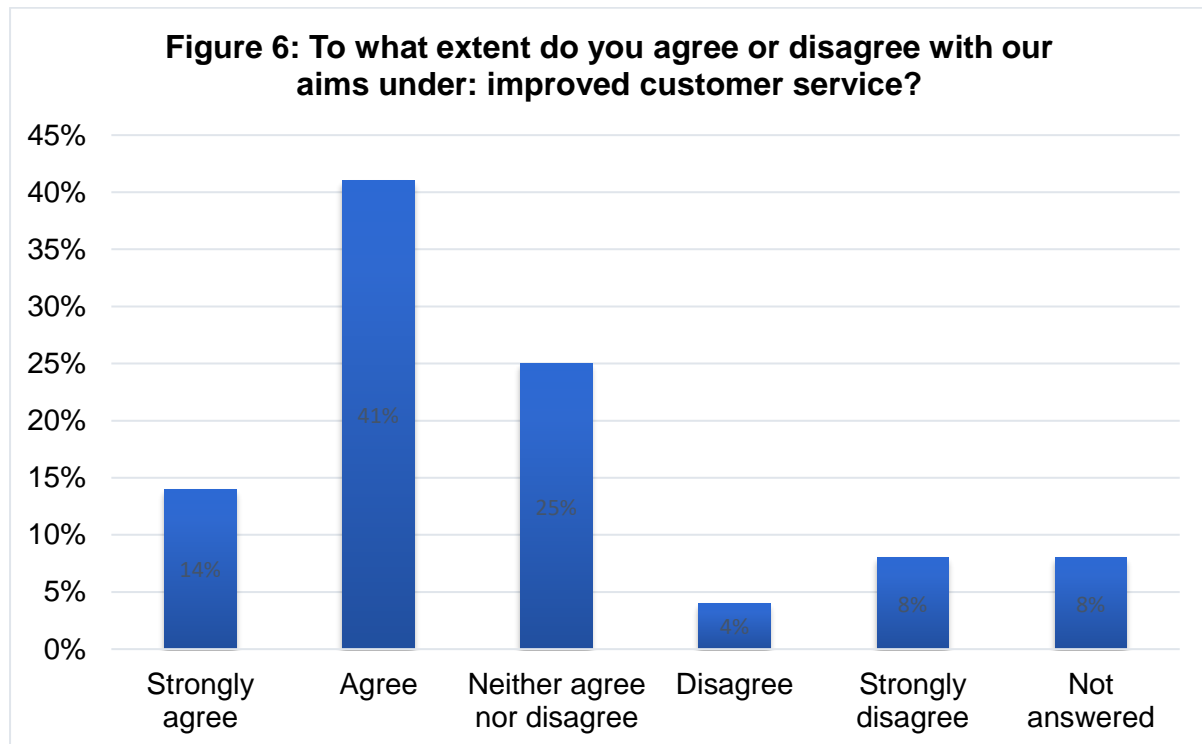
As a follow-up question, we asked: To what extent do you agree or disagree with our aims under each of the three strategic objectives? (Question 10)

This was a closed multiple choice question. We received 47 responses (92% of all respondents). The majority of respondents agreed with the aims under world-class regulation; improved customer service; and continuous improvement.

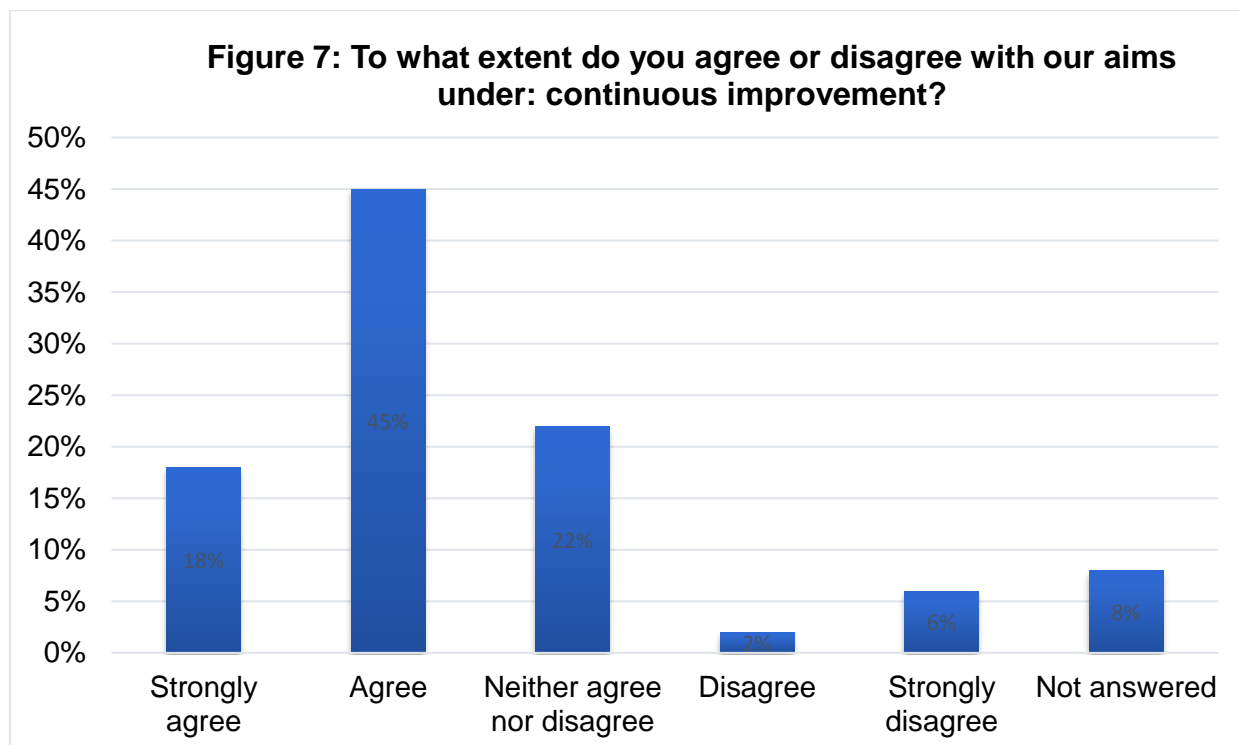
As figure 5 indicates, 18% strongly agreed; 39% agreed; 22% neither agreed nor disagreed; 8% disagreed; 6% strongly disagreed; and 8% did not answer the question.



As figure 6 indicates, 14% strongly agreed; 41% agreed; 25% neither agreed nor disagreed; 4% disagreed; 8% strongly disagreed; and 8% did not answer the question.



As figure 7 indicates, 18% strongly agreed; 45% agreed; 22% neither agreed nor disagreed; 2% disagreed; 6% strongly disagreed; and 8% did not answer the question.



Strategic objectives

We asked the following question: Are there any other aims you think we should consider including under our strategic objectives? (Question 11)

This was an open-ended question and we received 40 responses (78% of all respondents). There were a lot of different suggestions from individual respondents. No significant theme came through, but we have highlighted the most commonly raised points.

- In terms of education, the GOC should look at the perceived oversupply and quality of graduates coming through the system, with a view to reviewing plans for an apprenticeship scheme under the ESR.
- The GOC should maintain high standards and encourage the professions to further develop their skills and qualifications.
- The GOC should review and learn from regulatory approaches outside of the UK.
- The GOC should address the issue of commercial pressures in the workplace.
- The GOC should review the NHS GOS sight test fee as some perceived this to be too low.
- The GOC should recommend minimum sight testing times.

“Improve the quality of graduates to fit today's needs. This could only be achieved by having a complete overhaul of the education programme for Optoms. We are too focus on quantity rather than quality as mentioned previous.” (Individual respondent)

“I don't know if this is in the correct place but I believe it to be important. You are regulating for what you believe to be higher standards in a profession with a financial system which works against good, therefore safe, practise. You impose ever increasing regulation, in the hope of achieving higher standards, on individuals who work for businesses whose best interests are served by sale of optical appliances rather than high clinical standards. Unless your new business regulation takes account of this you are fighting an uphill battle. This situation would be resolved by the abolition, or the realistic funding of, the GOS sight test. Not your remit, but it affects your ability to achieve your aims.” (Individual respondent)

In relation to organisation responses, ABDO thought that the GOC could do more public awareness raising campaigns, for example, on the importance of eye health, and correct fitting of spectacles and contact lenses and the risks of buying these online. The AOP also thought that the GOC should include an objective around

tackling illegal practice and the online sale of contact lenses outside of the UK, for example, via a public awareness campaign and providing more information.

The AOP also suggested that we should include a specific objective around supporting registrants' professional development and ensuring the GOC's work does not hinder professional development within the professions.

“Several of the aims under the “world-class regulatory practice” objective already refer to the need for flexibility and multi-disciplinary working, but we think this is such an important issue for the profession that it should be stated and evaluated as an aim in its own right.” (AOP)

The College of Optometrists also made a number of suggestions, including:

- adding another objective on professionalism as this is a priority of the Westminster Government's reform agenda;
- increasing the use and analysis of data to understand trends and needs and inform strategic priorities; and
- adding a reference to reviewing and appraising the GOC's role after registration, as other regulators are more actively engaging in the implications of government workforce transformation agendas, for example, advanced practice and more flexible role configurations across professions, and the potential value of credentialing.

“In developing the customer engagement strategy, we are pleased to see the GOC's commitment to considering the needs of all customers including those that are vulnerable. As part of this, we would welcome the GOC's support of 'hard to reach' groups included in when considering approaches to customer service and engagement projects.” (Health Education England)

Patients and the public

We asked the following question: How can we better involve patients and the public? (Question 12)

This was an open-ended question and we received 35 responses (68% of all respondents) and the main themes from individual respondents are highlighted below.

- The majority of respondents suggested the use of patient surveys and patient feedback after the sight test.
- The GOC should consider equality, diversity and inclusion (EDI) issues to help ensure that we better engage with, for example: the elderly; those who do not have easy access to a computer; and seldom heard groups such as

the visually impaired, those with dementia, those with learning disabilities and those whose first language is not English.

- The GOC should do more to promote its role and the roles of the professions, for example, more awareness raising about the clinical side of good eye health.
- The GOC should consider using other data sources, for example, from the Optical Consumer Complaints Service (OCCS) and NHS data.
- Some individual suggestions included better use of social media, mystery shopping, more exposure via the TV and radio.

“Questionnaires sent to all Optometrists to go through with patients that the questions are determined with cross party involvement about the role of goc, Optometrists, nhs.” (Individual respondent)

“The COG needs to promote its role more... a large section of the public will be unaware of its function (indeed its existence).

I don't know how the annual survey is conducted at present but possibly more consideration should perhaps be given to EDI given the aging nature of the population plus accessibility to technology of disadvantaged members of the public. It may well be that those who use services the most have the least online access so accessibility needs careful consideration...” (Individual respondent)

In relation to organisations, Health Education England expressed support for our approach and strategic direction and made some suggestions (see quote below).

“HEE regularly works with patients through our Patient Advisory Forum that we rely on to capture patient and public feedback in carrying out a wide range of projects. The GOC could consider patient representatives on research projects and groups that provide assurance and scrutiny to the work being conducted by the GOC. The GOC may consider working with organisations such as Healthwatch or Patient Voices to facilitate this work.” (Health Education England)

The College of Optometrists noted that the GOC already communicates well with patients and the public via consultations and surveys, but suggested that we should ensure our engagement is accessible and involves patients and members of the public who may be harder to reach.

“The GOC should ensure it is engaging with patients and the public in an accessible way, to better involve members of the public who may need more support to access services and contribute to setting standards. Defining KPIs for each of these stakeholder groups, agreed in advance and set for the term of the

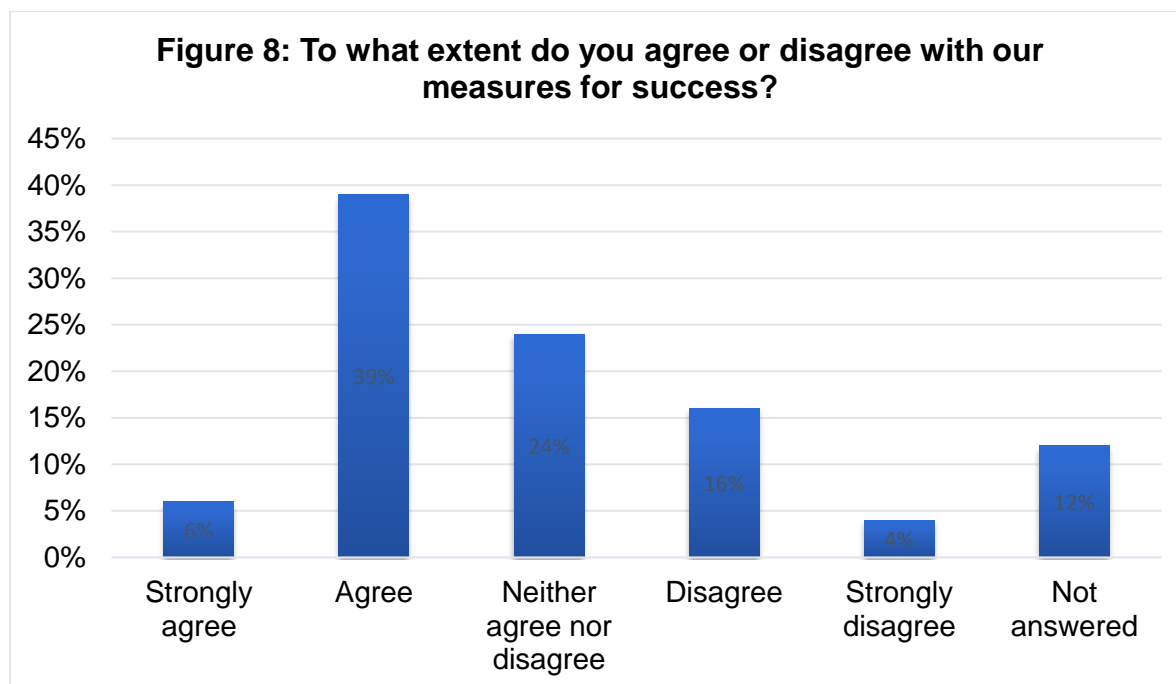
strategic plan, would also help better engage patients/public in your work.”
(College of Optometrists)

ABDO suggested that the GOC could improve its stakeholder communication, for example, via stakeholder mapping, developing communication strategies and target engagement activities.

Section 4: What will success look like?

In this section, we asked respondents to consider: To what extent do you agree or disagree with our measures for success? (Question 13)

This was a closed multiple choice question with 45 responses (88% of all respondents). As figure 8 shows, 6% strongly agreed; 39% agreed; 24% neither agreed nor disagreed; 16% disagreed; 4% strongly disagreed; and 12% did not answer.



We asked the following follow-up question: Is there anything else you think we should include? (Question 14)

This was an open-ended question and we received 33 responses (64% of all respondents). Again, there were a variety of different answers with no overwhelming theme coming through. However, below are some of the suggestions.

- A clearer definition of 'customer' was needed.
- Clearer objectives and how these will be monitored and measured.
- Addressing commercial pressures registrants face in clinical practice and the influence of corporates/multiples, for example, in offering free sight tests and moving the sector towards a retail rather than clinical environment.
- Maintaining or improving standards of practice.

"The Success measures are sensible, but there could be more detail as to how success is monitored internally and with more granularity by GOC council. This could be particularly relevant to timeliness of FtP cases, which is cited as a key

priority for the GOC. How will this be monitored, and what is the penalty/response if success not met?" (Ulster University)

The AOP thought that the success measure were very high level and would not measure against the aims the GOC had set out in its strategic plan. The AOP suggested that the GOC Council should review how well the GOC has met its key aims, drawing on quantitative data as well as qualitative data, such as stakeholder feedback.

The College of Optometrists suggested that under the third success measure (confidence of the optical professions), we should measure stakeholder confidence in the GOC, including stakeholders such as education providers, professional bodies and employers.

The ACLM had some suggestions as highlighted by the quote below.

*"Q13 asks for support on 'measures used by the PSA' which are not specified in the GOC's document.
Some 25% of the public never visits an optician. What is the GOC doing to reach these people and encourage them to do so?
Every year the optical practice guidelines are becoming more detailed and difficult to follow. It is the ACLM's belief that unnecessary over-regulation is deterring practitioners from carrying out contact lens practice – the best way to generate regular customer interaction, and therefore loyalty, and the best way to nurture successful high street practices which are properly regulated." (ACLM)*

Section 5: Equality, diversity and inclusion

In our draft strategic plan, we outlined our equality, diversity and inclusion (EDI) strategy for 2020-26, and we asked respondents for their views on how we can better promote EDI in our work.

We asked the following question: How can we better promote equality, diversity and inclusion in our work? (Question 15)

This was an open-ended question and we received 36 responses (70% of all respondents). Some of the main themes that emerged were:

- The GOC should ensure it has diverse representation at all levels of the organisation, including at Council and committee level.
- Some respondents thought that the draft EDI strategy was sufficient and supported the GOC's current approach to EDI.
- Some suggestions from individual respondents included the following:
 - have an open/safe space for discussions on EDI;
 - use data to help identify areas for review;
 - have a clear EDI policy; raise awareness about what certain patients, for example, those with disabilities, can expect from a sight test;
 - encourage more diversity through the education system;
 - review the non-UK application process for registration as this was potentially discriminatory as some applicants were equally as qualified or overly qualified for the assessment process that the GOC has in place before they are allowed to practice here;
 - target public awareness campaigns to EDI and seldom heard groups to help raise awareness of eye health.

“More visibility of those who work with you to show you have a diverse work force.”
(Individual respondent)

“To have a certain ratio of BAME GOC board members as the current board is not representative of the current make up of professionals within the industry.”
(Individual respondent)

In relation to organisational responses, they agreed with our approach to EDI and some suggestions were made, as illustrated below.

Health Education England expressed support for our EDI strategy and thought that carrying out regular equality impact assessments (EIA), and publishing and promoting these more widely will better promote EDI in all strands of work.

“HEE welcomes the commitment to nominate an EDI lead to work alongside the Senior Management Team (SMT) to ensure the profile of EDI, as well as the pledge to publish EDI data on a yearly basis. Lack of diversity is an issue across

the entire health service workforce, and this is a key area of focus within the Interim People Plan to encourage more diverse representation throughout the NHS leadership and wider workforce.” (Health Education England)

“Having a clear policy which is communicated to both staff and the public.” (SAFE)

The GMC suggested that working more closely with the public and registrants was a good way of gaining more insight. The GMC had conducted research into FTP concerns to understand why some groups of doctors, particularly Black, Asian and Minority Ethnic (BAME) doctors, were referred more to FTP than others by their employers/contractors. Overall, the GMC supported our commitment to improving EDI and were keen to share learning and work collaboratively in supporting EDI initiatives both within the regulatory and wider healthcare environment.

“We strongly support and share your commitment to improving equality, diversity and inclusion. We think that working closer with the public and profession is one way in which we can have more diversity in our views. We would be keen to share learning and work together on supporting ED&I both within our organisation and in the wider healthcare environment.” (GMC)

The College of Optometrists highlighted that the GOC’s CET requirements should not unfairly burden registrants, for example, in completing CET outside of working hours at the expense of their health and wellbeing.

“The GOC should ensure that a new CPD framework does not indirectly discriminate any groups of practitioners, for example by ensuring there is not an unreasonable burden on registrants to complete CPD outside working hours, to the detriment of registrants’ wellbeing.” (College of Optometrists)

“We fully support the GOC’s ambition and plans in this regard. As a sector which seeks to prevent and correct as far as possible visual impairment, we should be a field leader in accessibility and inclusion wherever possible.

It also has to be recognised however that NHS fees are already far lower than cost and have been frozen for four years thereby undermining confidence and investment. Whilst spelling out for “customers with disabilities what they can reasonably expect from their eye-care provider” it is important to remember that solutions have to be reasonable (Equalities Act 2010) and hence proportionate.” (FODO)

“We welcome the integration of the GOC’s EDI strategy with the overall strategic plan, and the commitment to ensure that all projects have an EDI strand and consider EDI issues from the outset.

Where the GOC plans to engage with EDI issues in eye healthcare provision, as in the proposal to “raise awareness among customers with disabilities of what they can reasonably expect from their eye-care provider”, it is vital that it consults thoroughly with registrants, representative bodies and others with an interest or involvement, including the NHS.” (AOP)

Section 6: Additional comments

Finally, we asked respondents for any additional comments on anything in the draft Strategic Plan. This was an open-ended question and we received 36 responses (70% response rate). These largely related to points already made in other consultation answers.

- There were several comments citing concern about the GOC's proposals for a new apprenticeship scheme under the ESR project.
- There were a few comments that the GOC should address the issue of commercial pressures in the workplace for registrants.
- Other comments included: better communication about GOC consultations; about a lack of detail on how we are going to meet the aims/objectives set out in the plan; and about addressing the issue of conflicts of interest.

“Continuing to sign off new optometry schools and apprenticeships is not good for the profession for multiple reasons and should not continue.” (Individual respondent)

Health Education England expressed the following comment.

“The consultation document itself could have been presented in a more structured way in which the strategic objectives were presented separately with the inclusion of the Equality, Diversity and Inclusion (EDI) strands within them. The separation of an EDI strategy within the document made it difficult to link the EDI strands with the aims of the strategic objectives; they could have been linked more closely. It appeared that there were two separate strategies being presented in one strategy document and this made it difficult to draw connections between the overall strategic narrative and the specific EDI aims of the GOC.” (Health Education England)

The College of Optometrists, the ACLM and FODO said clearer and more timely communication from the GOC would be welcomed. The ACLM asked for better communication about GOC consultations and a longer consultation period.

“We support the proposal to introduce more flexibility and encourage more reflection by registrations as well as the aim to focus learning on individuals' scope of practice. We would like to know more details as soon as they are available, particularly where reforms will be phased in during the current CET cycle. This will enable us to target our CPD and CET offer to members to meet these new developments.” (College of Optometrists)

“We welcome the GOC’s commitment to improving communications, especially with individual registrants in respect of investigation and fitness to practise issues, where the GOC still falls far short of any criterion other than clarity and sometimes fails even that. This has been a longstanding concern of FODO and such improvement is long overdue.” (FODO)

The GMC welcomed our plan and were keen to discuss how we could work together in the future.

“Many of the proposals and values set out in the draft strategic plan align with our ambition to be a more proactive regulator focused on supporting doctors to deliver good medical practice, and therefore we endorse the approach taken here...We are also in the process of developing our next corporate strategy so would be keen to discuss how we can align our aims and ambitions.” (GMC)