

## **GOC: Standards Strategic Review: Call for Evidence**

**Q.1. What are your views on the objectives of the standards strategic review, namely to:**

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

**A.1** The role of the GOC is not just to regulate the sector and take fitness to practise cases; the GOC also has an important role to play in promoting the professionalism of the sector, in helping to make it fit for the future, and in promoting the trust and confidence of patients.

The Optical Confederation and the Local Optical Committee Support Unit (LOCSU) therefore welcome the GOC's Standards Strategic Review. We agree that the GOC has a role in promoting higher professional standards across the optical professions; we also agree that in carrying out its role the GOC should from time to time review what it is doing in this respect to ensure that it reflects the changing needs of the population and the professions, and changes in the environment in which we all operate. This should include both setting standards and providing clear and relevant guidance when necessary.

We appreciate the responsibility that the GOC has to explore the implications of the Francis Inquiry recommendations for the optical sector and, where appropriate, to revise standards, codes of ethics or guidance in order to reflect those recommendations. We note that the GOC has highlighted in its consultation the duty of candour, the need for excellent communications and the need to demonstrate compassion. We agree that excellent communications between those working in the optical professions and their patients is critical, and that this in turn will ensure the sector meets the duty of candour. While we recognise the importance of

demonstrating compassion when needed, given the nature of our professions this does not seem to us to be one of the most relevant recommendations of the Francis Inquiry for our sector. We are surprised therefore at the apparent emphasis on it in the consultation paper.

The consultation paper references a variety of other factors – along with the recommendations of the Francis Inquiry – that are affecting our operating environment, such as the ageing population, developments in treatment, new approaches to commissioning across the four UK countries and changing expectations of eye care. If the health sector as whole is effectively to meet these challenges we will all need to develop new approaches to care and treatment. We therefore welcome the GOC's commitment to keep the legal framework of optical practice under review.

In the longer term, the whole sector needs to prepare for legislative change, following on from the Law Commission review. It is here that the GOC can take a legitimate leadership role across the sector to help reach agreement about what needs changing, so that we can make best use of that opportunity for legislative change when it arises. This consultation provides us with an important opportunity to review what we as a sector want to achieve for the benefit of patients and the population in the longer term, along with the scope to review and revise standards until that time.

We do, however, have some concerns about the suggestion of the introduction of another set of standards to which practitioners will have to adhere; there are now growing expectations on practitioners from the GOC, from Area Teams and Local Health Boards, and from the College of Optometrists. We welcome the GOC's verbal assurance during meetings with the members of the Optical Confederation that this review will not introduce further obligations but will concentrate on clarifying existing ones.

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

A.2 It is worth saying at this early stage of the Standards Strategic Review that community eye health services remain low risk; they are carried out in safe premises with equipment, record-keeping and staff inspected by and approved by NHS England. Our members operate in a genuinely open market where money (both NHS and private) follows the patient. Patient choice drives the sector.

Given the low risk associated with community eye health services, and that the Government is committed to reducing the regulatory burden on businesses, we would be very concerned if the GOC envisaged a significant increase in the burden

of regulation as a result of this review, or if this were to be the outcome. It will be important for the GOC to keep the following two principles in mind at every stage:

- regulation, standards and guidance should be proportionate to the low risk and service range of community optical practice.
- regulation and standards must be developed and implemented in ways that allow and indeed support developments in optical practice that will benefit patients and the wider public.

The standards also need to be user-friendly. There can be a tendency for regulators to over-complicate issues; in most cases there is greater merit in simplicity. One of the strengths of the existing Codes of Conduct is that, on the whole, they are easy to understand for both public and practitioners. It would be good if the GOC kept simplicity and clarity of expression as a key aim throughout this review. This review also provides an important opportunity to identify those issues where there may be some ambiguity and which would benefit from greater clarity. The Optical Confederation will be keen to work with the GOC on the development of the standards to help identify and address such issues.

Standards should be consistent in their use of terminology and the obligations put on both individuals and bodies corporate. Current Codes of Conduct for bodies corporate and for individual registrants impose different obligations. A business registrant is required to “take reasonable and proportionate steps” to adhere to the Code of Conduct, whereas an individual registrant “must”. This should be reviewed.

We were reassured from conversations with the GOC that the intention is not to create more obligations for registrants but to provide clarity about the existing obligations, explicitly drawing a distinction between

- what “must” be done, and
- giving guidance about what “should normally” be done (where professional judgement should be applied).

Such guidance will help inform a registrant’s professional judgement as to what course of action to follow. We applaud this intention.

When reviewing its own standards the GOC may wish to look at other models such as the Pharmacists’ Ethics Framework, which is simple and easy to understand, and consider to what extent it, or something similar, could be carried across for community optical practice.

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

A.3 We support the phased approach. It will enable all concerned to give full consideration to the issues. Attempting to carry out all stages simultaneously would impose high costs on the GOC (and therefore on registrants) and would make it very difficult for all stakeholders to contribute fully to the process.

However, it will be important to ensure that proper consultations are carried out at each stage of the process. This means full 12 week (minimum) consultation periods. The timetable for consultations should give precedence to enabling proper input from those who will be affected by them, not the operational convenience of the GOC.

**Q.4. Looking to the future:**

***a) To what extent are there opportunities for the scopes of practice of optometrists and dispensing opticians to evolve in a way that would benefit patients and the public?***

***b) To what extent are there threats to the current scopes of practice and what might be the impact on patients and the public?***

A.4 At present optometrists' and dispensing opticians' core competencies are significantly under-utilised in both the NHS and the private sector. As a first step we need to ensure that best use is made of current skills and competences in services such as repeat readings, minor eye conditions, pre and post cataract and low vision etc. The extent to which greater use can be made of core competencies is primarily a matter for NHS commissioners and authorities rather than the GOC. However the GOC has an enabler role (e.g. through the scope of CET – please see our response to Q.5 below).

We want to see the scope of practice of optometrists and dispensing opticians across the UK evolve so that they may play a far greater role in relieving the burden on secondary care, e.g. optometrists managing patients with glaucoma or wet AMD in the community, dispensing opticians and optometrists taking on the role of Eye Clinic Liaison Officers providing emotional support for people with sight loss.

Technology is advancing all the time and new treatments are becoming available. Therapeutic contact lenses are on the horizon. Ideally, when these therapies become available, registered contact lens opticians and optometrists should fit and monitor these lenses.

Looking even further ahead, some of these therapeutic contact lenses and some of the currently injectable therapies will become administerable by drops. At that stage both optometrists and dispensing opticians could have a far greater role in delivering these therapies to patients in the community.

New developments will enable changes in terms of where eye care is provided, how it is provided, and who provides it. It will be important that the GOC develops its standards in such a way that they have sufficient flexibility to accommodate future developments that are in the public interest.

***Q.5. In order to facilitate changes in the scopes of practice of optometrists and dispensing opticians that would benefit patients and the public:***

- a) How should our standards of competence evolve?***
- b) How should our system of continuing education and training evolve?***
- c) How should our system of registration evolve?***

**A.5** It will be important that as part of this review the GOC does not adopt an approach to standards nor issue guidance that inadvertently (or intentionally) prohibits or restricts the ability of registered optometrists or dispensing opticians to broaden their scope of practice. This will be particularly true for the competences. These will need to be sufficiently flexible to allow for developments in the skills and roles of practitioners. For example, some would argue that IP qualified optometrists are already over-regulated. Professionalism, professional leadership and safety are about risk assessment, management and minimisation, not risk aversion. Standards should reflect this.

We welcome the approach to “encouraging professional development” in the standards of competence but we have serious concerns about the proposal for the GOC to introduce core standards and aspirational standards. We are strongly of the view that the regulator taking this approach can only lead to confusion – about what is acceptable, and about which standard is being applied at any particular time. Aspirational standards imply that all registrants should aspire to that level, whereas in fact these are additional standards or competences for those who want to extend their skills and their areas of practice. It would not be appropriate to suggest that those who choose to provide the core service alone are in some way of poorer standard. The GOC’s role is to ensure a basic and safe level of practice. We are not in favour of moves which could result in the introduction of a two-tier profession.

To that end, we would prefer to retain the current system whereby core competences are the standard that all optometrists and dispensing opticians have to reach and maintain in order to practise and to which they are held accountable in terms of the care they provide. The aim of the GOC should therefore be to ensure that all clinicians meet the core competences and demonstrate that they continue to meet those competences. The GOC should then support those who wish to develop and widen their professional skills.

The objective should be to ensure high quality core skills, and to support and encourage those that want to develop additional skills. A more flexible approach to the CET system, which is currently rigidly aligned to core competencies, would help achieve this. And, as part of this approach, it may be appropriate during the

subsequent consultations to review exactly what should constitute the core competences.

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

**A.6** The most significant barriers are not created by the legal framework but arise from the commissioning process and the traditional isolationist and silo-working of different disciplines of professional. It would be good if the professionalism standards which all the health regulators are developing

- covered effective hand-over of patient care within and between clinical teams and disciplines, and
- dove-tailed to ensure the effective and safe transfer of patient care to meet the needs of patients and the demands of integrated services between community and hospitals.

In the case of eye care, it is particularly important that the standards of the GOC, GMC (ophthalmologists and GPs) and HCPC (orthoptists) are joined-up and common in this regard.

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

**A.7** Optometrists and dispensing opticians will increasingly play a role in the delivery of both primary and secondary care in the community; it is also likely that they will take on a greater role in supporting and implementing the public health agenda, undertaking screening and working with other health providers to promote healthier lifestyles.

It will be essential – and in the public interest - that these new roles are enabled and not impeded by regulation. They will need to be developed in ways that work in the best interests of patients, ensuring effectively integrated care and consistent regulations and standards regardless of where a treatment is delivered and who it is delivered by. To that end the GOC will need to work closely with the regulators of other health care providers, including those for other eye health professionals, to ensure consistent standards and approaches to regulation, including specifying competences and how fitness to practise cases will be managed.

The way the primary eye care is delivered is diverging in the devolved nations. The GOC will need to have a strategic view about how it will accommodate these divergences as they evolve and about the implications for standards for practitioners in the different nations. As a matter of principle we would not favour a multi-tier profession and, for patient safety, core competences and indeed development options should be identical across the UK.

## **About Us:**

The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians, and 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.

LOCSU provides quality, practical support to Local and Regional Optical Committees (LOCs/ROCs) in England and Wales to help them to develop, negotiate and implement local objectives in respect of primary ophthalmic services. It is a key interface between the optical, representative bodies and the LOCs/ROCs, facilitating robust lines of communication between the national organisations and the grass roots of the professions.

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