

GOC Strategic Plan 2014 – 2017 Optical Confederation response

Introduction

This draft strategy gives a very good outline of the direction of travel at the General Optical Council and builds on recent reforms to CET, Fitness to Practise and consultations on business and student registration, which we welcome. It seems to us to take in to account most significant factors and future advances in the delivery of optometry and optics. It also clearly outlines some new priorities which we, as a sector, would support.

We have included some comments in this introductory piece which do not quite fit into one or other of the questions posed below.

Public Health Focus and Forward Looking

We particularly welcome the inclusion of public health, as well as protecting the safety of the public. Safety is largely about the Hippocratic principle “first do no harm”, whereas public health is about positively doing good both for individuals and populations. The majority of registrants and registered businesses will do both most of the time and we assume registered businesses are included in the broader term “services [the public receives]” throughout the document. We would like to add that we feel outcomes are even more important than the services, and this should be explicitly referenced in the document.

We very much welcome the GOC’s commitment to proportionality, and how it is seeking to be forward-looking, flexible and proportionate. It is welcome to see a public body so forward-looking and recognising that “we should not assume that regulating the optical professions by carrying out our functions in the traditional way automatically leads to the best outcomes for the public” (page 5).

Contact Lens Supply

As far as contact lenses are concerned, we would particularly welcome a greater engagement with the GOC on this issue. The balance of attention between internet and direct sellers, including the selling mechanisms themselves, need to be properly addressed as they directly affect the public’s attitude towards eye health professionals and eye care itself. We would certainly support higher standards of clarity and rigour about safety and other warnings as part of the supply process, and consistency of message in parallel with other organisations, but believe that the concept of “aftercare” as laid out in the Opticians Act 1989 is largely meaningless and that, whilst aftercare should probably be left to patient choice, the delivery of the

market and the provision of time limited specifications, warnings on product should be tighter, more rigorous, consistent and binding on all suppliers. We would welcome further engagement with the GOC on this.

Other Comments on Strategy

On a minor but important point, we would remind the GOC again (page 4 first bullet) that both optometrists and dispensing opticians will have the opportunity to deliver more enhanced services in the reformed NHS, although not all would wish to do so e.g. low vision services, etc. We hope that this is a simple oversight on the part of the drafters.

Finally, as noted above, we welcome the GOCs commitment to proportionality and would urge the GOC not to place too great an emphasis on “compassion”. The majority of the public attend optical practices because they are well, not ill, and want to be treated as healthy, autonomous individuals. This is very different from the cases of heightened vulnerability in general medical services and within the hospital, tertiary and palliative care sectors. Sympathy, understanding, good communication, insight and candour are all important in our professions but many patients might feel that compassion would be going too far and would not be looked for in professional optical practice but rather as part of normal human empathy and sympathy when appropriate.

We also welcome the GOC’s commitments to collaborative working with stakeholders (page 6). As one of the GOC’s major stakeholders, bearing in mind the comments above and below, the Optical Confederation is pleased to give its wholehearted support to this three year strategic plan.

We hope that the GOC finds these comments helpful and look forward very much to working with you on further development and implementation of this strategy.

Questions:

Q1. Section 2 of the draft strategic plan: Are there any changes in the environment in which the GOC is operating that we have not identified and/or that we have given insufficient weight to?

We welcome the GOC’s recognition that the optical registrants (practitioners and businesses) have a particular role to play in addressing the eye health needs of the ageing population and making new technologies available in the UK, and that regulation should seek to enable them to do so.

Against this background of public health, we would flag one issue that seems to have been overlooked – the potential development of IT linking optical practices to the rest of the health and care systems across the UK. If this happens, the whole system would be able to integrate much better, deliver seamless care to patients and achieve a better focus on outcomes rather than providing “services” in isolation. This is already being implemented in Scotland and will impact significantly on the patient journey and the potential to capture data about outcomes.

There are a range of possible outcomes which then might be recorded as appropriate to the service being provided, for example:

- Reassurance (no pathology, no vision correction required) or watchful waiting
- Vision correction, no pathology present
- Onward referral to another healthcare practitioner or care provider
- Vision correction yes/no
- Follow-up / review.

Clearly such progress will depend on both information links and appropriate funding for practices to be able to provide this level of data but, should this come about, we believe it will impact on the environment overseen by the GOC and should therefore be reflected in the GOC's forward thinking and strategic plan – perhaps for consideration at the two year point?

At this stage, it will be clearer how these electronic links impact on day to day optical practice and the provision of services.

Another potential risk which does not feature is that of a practitioner working in isolated and/or outdated practice. We recognise that this risk has been lessened through the use of IT and peer-based CET, however it may still be relevant to inform the GOC's approach to regulation and CET.

We would like to see greater consideration given to ensuring that those supplying vision correction via online platforms do so in accordance with the provisions of the Opticians Act 1989. This would ensure a level playing field with community optical practices. We do not believe that the GOC will need to wait until all of these businesses have been registered with the GOC, and could start by developing guidance about safe and legal online supply of contact lenses, which could be developed in partnership with other stakeholders. A starting point for this might be the recently developed ECLF guidance, which is available on the ECOO website: <http://www.ecoo.info/2013/02/19/best-practice-for-the-selling-of-contact-lenses-and-lens-care-products/>

We would be happy to work with the GOC to ensure that this is tailored to UK requirements.

In the short term, we believe that the GOC could also take some simple steps to provide clearer information for patients when purchasing contact lenses or spectacles online. These messages must be consistent with those provided by other professional bodies and the MHRA – ideally using agreed and identical wording. Similarly, the ECLF has recently provided guidance on this, which is also available on the ECOO website:

<http://www.ecoo.info/2013/02/19/eclf-guidelines-for-consumers-contact-lenses-the-internet-and-you/>

Other examples of this are available from the FDA in the US, and as above, we would be happy to assist to develop these for UK patients.

Q2. Section 3 of the draft strategic plan: What are your views on our planned approach to regulation?

We believe that due to the nature of its existing role and that of the OCCS, the GOC already has significant evidence about the public's experience of the optical professions and their satisfaction with the services they receive. The GOC is aware of the number of patients that initiate a complaint, its nature and outcome. We urge the GOC to use this information as a basis for further analysis of public attitudes, rather than begin afresh with a large scale research project. We do however accept that some research may need to be done to analyse the public's understanding of and views on the GOC's role as a regulator, and their experience of new services such as community NHS services.

One area where we feel the GOC is falling short in its mission of protecting the public is in the provision of public education about eye health and eye care. At least part of the 'communicating and engaging' part of the GOC's proposed approach to regulation (page 5) should be much more patient-friendly in its delivery.

Q3. Section 4 of the draft strategic plan: What are your views on our proposed strategic objectives?

We agree with the chosen strategic objectives, however would like to suggest the revisions below.

We would like to add that

- 'Higher Standards' should be broadened to 'promoting higher standards across the optical professions and amongst businesses providing registered functions, including those provided online or remotely'.
- 'Regulatory Change' broadened to 'implementing a targeted and proportionate system of regulation that supports the development of the roles of optometrists and dispensing opticians to help address the public health challenges facing the UK'.

Another factor which might perhaps be drawn out more explicitly is the GOC's commitment to "quality" throughout its own organisational structure. The GOC is very clear on embedding equality and diversity etc but a commitment to "quality" at every level in the organisation is also vital in our view.

Q4. Section 5 of the draft strategic plan: What are your views on how we propose to achieve our objectives? Are there any particular outcomes for the public that you would like us to achieve?

We agree with the ambition to aim to deliver this programme over the next three years. We also believe it is wise to pause at Year 2 to consolidate and not initiate other major policy reviews (unless driven to do so by primary legislation or unforeseen circumstances).

Finally, we support the GOC's openness to issuing guidance where necessary to expand on the Codes of Conduct. We believe it will be helpful here for the GOC to

set a common ethical framework for both the professions and the whole sector which will bind us all closely in to delivering the highest quality care and outcomes for the patients we serve within the resources available. This would of course need to dovetail with, and not replicate or contradict, other guidance for optical practitioners and businesses.

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