

## Section 5 – Response form

### How to respond

The simplest way to provide a response is through our online consultation response form, which can be accessed here:

<https://www.optical.org/en/utilities/code-of-practice-response-form.cfm>

If you are unable to submit your feedback online, then please use the form below to submit your written feedback by 12 October 2015.

This form should be emailed or posted to:

Marie Bunby  
General Optical Council  
41 Harley Street  
LONDON  
W1G 8DJ

Email: [mbunby@optical.org](mailto:mbunby@optical.org)

If you are unable to provide your response in writing or you require the consultation form in a different format, please contact us on +44 (0)20 7307 3473 to discuss reasonable adjustments that would help you to respond.

### Publication of consultation responses

Unless you state otherwise we will assume you are happy for us to publish your response, including your name, and to share it with other appropriate bodies and stakeholders. We would however encourage named responses where possible and particularly from representative organisations so that we can reflect that the response is on behalf of members / stakeholders rather than an individual response.

Please tick here if you are only happy for us to share your responses anonymously:

Your name or the name of your organisation: **Optical Confederation**

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Which category of respondent best describes you?

- Member of the public
- Optical patient
- Optometrist
- Dispensing optician
- Student – optometry
- Student – dispensing
- Optical business (supply contact lenses online)
- Optical business (does not supply contact lenses online)
- Online supplier of contact lenses
- Contact lens manufacturer
- Education or training provider
- Optical professional body
- Other optical employer
- Healthcare regulator
- Other (please specify below)

## Questions

We have a number of structured questions below. You do not have to answer all of the questions when responding – please feel free to respond just to the questions you feel are relevant to you.

### 1. Do you support the code of practice for the online supply of contact lenses?

 **Yes**

Please give your reasons below:

The GOC's first duty is to protect patients. We recognise that the GOC have only limited powers in the area of on-line sales. We therefore welcome the voluntary code as the best means currently possible of minimising risk for patients who chose to source their contact lenses on-line. There is also the possibility that patients may benefit from better messaging about hygiene and the need for regular CL check-ups (aftercare) and sight tests.

We all recognise that a code is unlikely to have much impact on higher risk problem sites which operate from outside the UK and which will no doubt ignore the code. We hope, however, that it will provide an incentive for more ethical suppliers outside UK jurisdiction to improve their practice in the interests of the patient by providing a mechanism – the kite mark – to promote to customers their adherence to the code. The kite mark therefore has the potential to be beneficial by enabling consumers to know which suppliers claim to comply with a minimum level of standards.

As noted above, the code may also encourage purchasers to have regular CL check-ups (which we suggest as a better term than 'aftercare', which is meaningless to most people outside the industry) and regular sight tests. We would also support the promotion of standardised messaging under the code for use by suppliers to improve their advice about hygiene, what to do in an emergency, and the importance of regular CL check-ups and regular sight tests to drive the safety messages home.

However it will important to give careful thought to how the code is communicated and promoted to suppliers, prescribers and the public. Although this is "chicken and egg", suppliers may be more willing to sign up if they believe that the kitemark has reasonable traction with the public.

### 2. Does the code of practice make it clear what would be expected from online suppliers who signed up to it?

 **Yes**

Please give your reasons below:

Yes, but see our concerns under 4 below about the detail on how the supplier should satisfy themselves on the prescription/specification details.

Details of the how the scheme will operate and 'how to sign up' are needed. These need to be agreed, communicated and monitored.

### **3. Is the code of practice clear and accessible?**

✓ **Yes**

Please give your reasons below:

The requirements of the code itself are clear, although we do have concerns about some of the detailed content, which we have covered in response to question 4.

However it is not yet clear who will run the scheme and how it is to be accessed. Until this is agreed it will be difficult for the code to be effectively implemented.

### **4. Is there anything missing, incorrect or unclear in the code of practice?**

✓ **Yes**

Please give your reasons below:

It would be helpful if, as part of this programme, the GOC reminded registrants of the requirement to issue a specification at the end of every successful CL fitting. A fitting can be considered completed when the fitting eye care practitioner (ECP) decides that is the case, in most cases this would be within 3 months of initial fitting. If the fitting needs to be reopened after that point, that should be classified as a refit.

The ECP should specify when CL check-ups are due in the contact lens specification accordingly. Use of 'regular' is open to interpretation, and it would also be wrong to indicate a minimum aftercare period, as this will depend on clinical judgement about the patient, the lens type and mode of wear.

There appears to be no clarification that the code relates only to soft contact lenses.

There is reference to correct material and fit, but this should equally include parameters, powers and geometry because many contact lenses are made of the same material.

*1 "We will provide advice and information to our customers about safe and effective use of contact lenses (in line with agreed guidance published on the website of the code of practice sponsor)..."*

The only advice given by a remote supplier should be to follow/seek the advice of the fitting ECP. Generic advice may contradict the advice given by the fitting ECP, leading to confusion.

4c *“is assured that that person has been fitted for the contact lenses being requested by an eye care practitioner”*

This could be worded more clearly as “is assured that the contact lenses being requested have been fitted for the person by an eye care practitioner”.

We also note that while point 4a requires a customer to be 16 years of age or over, point 4c allows a customer to purchase on behalf of another person, but does not clearly state that the other person must also be aged 16 or over.

4f *“is ordering contact lenses prescribed by an eye care practitioner within the last two years”:*

This would be better worded as “is ordering contact lenses to the same specification as prescribed...”

We are also concerned at the suggestion that two years’ worth of lenses can be supplied. Firstly, a specification may have been for a different duration e.g. 3 months only. Secondly, if a supplier is permitted to sell a two years’ worth of CLs according to a 23 month old specification, a patient could theoretically go almost four years without aftercare.

4g *“has accurately submitted the contact lens details as prescribed by their eye care practitioner”*

This would be better worded as “...contact lens details to the same specification as prescribed...”

We are concerned that the proposed method by which the supplier should satisfy themselves that the purchaser has an appropriate specification for the contact lens ordered is not sufficient (i.e. simply requiring the patient to respond to a series of questions). We suggest the supplier should be required to see the original document or to verify it verbally with the person who supplied the specification.

4h *“is ordering a quantity of contact lenses that does not amount to more than two years’ supply”*

See response to 4f above.

5 *“We will supply only the exact contact lenses that have been requested by the customer (provided that they have given the assurances in point 4 above).”*

The word “requested” could imply that a patient may self-substitute. The commitment should be to provide contact lenses according to the specification. Assurances alone will not prevent anyone who wishes to from ordering an unsuitable lens. In such circumstances the supplier would not have broken the code but there would be potential harm for the patient.

5a - see related comments on point 6 below.

5b&c *“b. where an own-label contact lens has been prescribed and the supplier is able to supply the manufacturer-branded contact lens that is the same as the own-label contact lens; and*

*c. where a manufacturer-branded contact lens has been prescribed and the supplier is able to supply the own-label contact lens that is the same as manufacturer-branded contact lens”*

We would welcome clarification on this point and in particular on the GOC’s legal advice covering this point. Some private label lenses carry the original manufacturers name, making substitution a reasonable proposition (i.e. the only difference is the packaging). However, our understanding is that this is not always the case, and for example the private label may list the optician as the manufacturer. We are not clear whether this would legally make the products different.

5d *“where a request is made for a tinted version of the same contact lens that has been prescribed...”*

We suggest that there should be a limit on the density of the tint as this could have safety implications, e.g. for driving.

6 (and with implications for 5a) *“When informing customers about a new or alternative range of contact lenses, we will advise them to consult an eye care practitioner to be fitted for the new contact lenses before placing an order (unless point 5 of the code of practice applies).”*

Manufacturers can recommend a new product without being aware of the patient’s clinical status, which might render the new product unsuitable.

In the explanatory notes for point 5 *“Points 5b and 5c of the code relate to situations where a contact lens is exactly the same product (that is, exactly the same material) but has been branded by both the manufacturer and supplier, meaning that the product has two different names.”*

It would be clearer to clarify that the product is exactly the same material and design.

## **5. Are there any barriers to implementing the code of practice?**

 **Yes**

Please give your reasons below:

The most significant barrier to implementing the code is the lack of clarity about how it will be operated and funded.

We had originally envisaged that this would be a small scale scheme, run by the GOC and funded from sign-up costs. We can understand the rationale for keeping this arms length from the GOC – i.e. to minimise confusion between legal

requirements in the UK and the necessarily reduced requirements of the code. However, this does mean that costs of the scheme could be higher and its operation more complex. We also have some concerns at the ambitions of the scheme and the potential associated costs – for example for mystery shoppers.

We note the proposal that the scheme would be funded by the members/signatories to the code. While there may be some level of credibility risk in an industry run code, the bigger question is whether there are sufficient suppliers willing to contribute to this cost. UK based suppliers must meet the higher standards required in UK law, and it is hard to see why they would support a code that it could be argued provides greater benefit to overseas providers which do not comply with UK law. Equally, it is not clear whether such overseas suppliers would be willing to contribute financially to the scheme. We would be interested to know if the GOC has gathered any intelligence on this, e.g. via responses to the original consultation.

**6. Do you agree with the approach taken in the code of practice to zero-powered contact lenses?**

**Yes**

Please give your reasons below:

Zero-powered contact lenses should legally only be supplied in the UK by or under the supervision of a registered medical practitioner, registered optometrist or registered dispensing optician and technically therefore they should not be sold online. This may cause some online retailers to shun the code. Nevertheless we support the approach taken and believe, however, the publicity any objections may cause may provide a useful opportunity to help educate consumers about the need to buy such lenses with care and from a legitimate supplier.

**7. Overall, do you expect that the code of practice will be beneficial to, and have a positive impact on, the protection of the public who buy contact lenses online?**

**Yes**

Please give your reasons below:

We have answered yes, on balance. However, we are concerned that every effort should be made in presenting the code to reinforce the message that the current requirements for safe supply have not been reduced or in any way watered down (with subsequent potential for patient harm).

**8. Are there any aspects of the code of practice that could have an adverse or negative impact on certain groups of patients, optometrists, dispensing opticians, online businesses without a high street presence, high street businesses without an online presence, businesses with both an online and high street presence, manufacturers of contact lenses or any other groups?**

 **Yes**

Please give your reasons below:

We have some concerns that the creation by the GOC of a code which has requirements below those of UK law, could legitimise on-line suppliers in the eyes of the consumer. While we recognise the reality that the code is trying to improve behaviour in the “good” end of the on-line market and incentivise improvements by others, there is a risk that it could create and tacitly sanction a two tier market.

**9. Are there any areas of the code of practice that could discriminate against stakeholders with specific characteristics? Please consider sex, age, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy or maternity, caring responsibilities or any other characteristics.**

 **No**

Please give your reasons below:

**10. Do you have any other comments that you wish to make on the code of practice?**

 **Yes**

Please specify below:

If the governing body has to be separate from the GOC, it must be non-profit making and should include representation from manufacturers and on-line UK based suppliers that sign up for the code. Costs should be kept low by operating a simple self-certification system.

The kitemark should include space for the year and a member number, so that annual renewal of self-certification is encouraged and consumers can easily check whether the use of the kitemark is in date. There will also need to be clear guidance about how on-line providers can use the kitemark in their marketing.

## More about you

The GOC strives to be as diverse as the public it protects and welcomes consultation responses from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity. We monitor the diversity of all the individuals who respond to our consultations to ensure that we have heard from a diverse range of people and that we can identify where further engagement or consultation may be required. To help us to monitor this, please complete the following questions if you feel comfortable to do so. Providing this information is optional, but we would be grateful for your co-operation. Information provided will be treated in the strictest confidence under the Data Protection Act 1998 and will be used for monitoring purposes only. No information in this section will be published or used in any way which allows any individuals to be identified.

### Age

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

### Disability

Do you consider yourself disabled?

- Yes – please specify \_\_\_\_\_
- No
- Prefer not to say

[The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities.]

### Gender

- Female
- Male
- Prefer not to say

My gender identity is different from the gender I was assigned at birth

- Yes
- No

I describe my gender identity as \_\_\_\_\_

### Sexual orientation

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual
- Other
- Prefer not to say

### Marital status

- Civil partnership
- Divorced/legally dissolved same-sex civil partnership
- Married



- Partner
- Separated
- Single
- Not stated
- Prefer not to say

**Maternity leave**

Are you pregnant, on maternity leave, or returning from maternity leave?

- Yes
- No
- Prefer not to say

**Ethnic origin**

- Prefer not to say

**White**

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other white background – please specify \_\_\_\_\_

**Mixed / multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed / multiple ethnic background – please specify \_\_\_\_\_

**Asian / Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background – please specify \_\_\_\_\_

**Black / African / Caribbean / Black British**

- African
- Caribbean
- Any other Black / African / Caribbean background – please specify \_\_\_\_\_

**Other ethnic group**

- Arab
- Any other ethnic group – please specify \_\_\_\_\_

**Religion/Belief**

- No religion
- Buddhist
- Christian
- Hindu
- Jewish

- Muslim
- Sikh
- Any other religion / faith – please specify \_\_\_\_\_
- Prefer not to say