

## EIA

### Annex 2: Raising Concerns with the GOC (Whistleblowing) Equality Impact Assessment

#### Step 1: Scoping the EIA

Name of the policy/function:	Raising Concerns with the GOC (Whistleblowing)
Assessor:	Philippa Mann, Compliance Manager (Governance)
Date EIA started:	September 2015
Date EIA completed	February 2016
EIA last updated:	April 2016
Date of next EIA review:	December 2016
<b>Purpose of EIA:</b> This EIA is being undertaken because it is a new policy, which involves the public and our employees and organisation.	

#### **Q1. Has a screening assessment been used to assess which of the equality groups the policy is relevant to?**

No, screening has not been completed

(Note: If a screening has not been completed and your policy area is not obviously focused on one or more particular equality group, your assessment must consider all of the equality strands.)

#### **Q2. What are the main aims, purpose and outcomes of the policy? You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?**

##### **Aims:**

The aim of the policy is to outline our procedure for 'workers' to raise concerns, under PIDA. We are obliged as a prescribed person under the Act to put in place a procedure in which workers in the optical sector may raise public interest (whistleblowing) concerns with us under whistleblowing protection provided by the PIDA, where they have been unable to raise or resolve those concerns with their employer or educational body.

This contributes to the organisation's core function: to protect the public.

The policy encourages all workers to report behaviour that is unacceptable and potentially criminal. It encourages the individual to address the matter internally, however explains that they are able to raise the process to the GOC, a prescribed body, if it comes under specific criteria.

##### **Purpose and Outcome:**

This procedure gives workers an avenue to escalate concerns.

This procedure applies to all optical sector workers regardless of working arrangements or length of service. This includes temporary and interim workers.

##### **Outcomes include:**

- Providing clarity about the actions workers should take if they witness wrongdoing at work

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- Providing clarity about potential avenues for guidance and support when considering and raising concerns.
- Confirming the duty that workers have to report concerns about wrongdoing, either internally or to us.

**Who will benefit:** The public, including workers.

### Q3. Which aspects/activities of the policy are particularly relevant to equality?

At this stage you do not have to list possible impacts, just identify the areas.

Activity/Aspect
• Victimisation
• Training (to support implementation of this policy)
• Access to and understanding of the processes within this policy
• Stress and mental health










### Q4. Gathering the evidence

List below available data and research that will be used to determine impact on the different equality groups

Available evidence- used to scope and identify impact
<p>The PIDA legislation requires us to have a whistleblowing policy for workers to make protected disclosures.</p> <p>There are a number of external reports within which Whistleblowing in the NHS was investigated such as the Francis Inquiry and the Hooper review, which both demonstrate the need for GOC to have a whistleblowing policy and the importance to understanding the barriers to reporting.</p> <p>Last year we processed 279 FTP investigations. Ten of these are recorded as whistleblowing and two anonymous. Also, two FTP investigations were allegations of discriminatory treatment by registrants, neither of which had further action.</p> <p>Whilst researching different organisation and regulator policies, there were few considerations for the barriers that specific groups may face. There include accessibility and reluctance to report.</p> <p>We have referred to guidance from ACAS, PWCA, NAO, ICO, GMC, GPHC, Monitor, and NMC in order to develop a best practice approach to Whistleblowing under PIDA. We plan to consult with our stakeholders and members of the public for their input.</p>

### Q5. Evidence gaps

**Do you require further information to gauge the probability and/or extent of impact?**

**Yes:** please explain how you will fill any evidence gaps.

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Evidence gap	How will the evidence be collated	Individual or team responsible and timeframe
Number of concerns raised as a protected disclosure with us, how we investigated them and how effective was the process	Desk review.	Compliance Manager <b>Completed</b>

### Q6. Involvement and consultation

<b>Consultation that has taken place, who with, when and how:</b> Consultation has taken place from November 2015 to January 2016 and was advertised on our website, in email communication, at meetings and through direct communication with key stakeholders.
<b>Consultation has taken place with the following stakeholders:</b> Internal and External stakeholders, including Committees, Registrants (students, businesses and fully qualified), Professional Bodies, our regulator, internal strategy meetings and team meetings.
<b>Summary of the feedback from consultation:</b> Overall there was a positive response to publishing the Raising Concerns with the GOC policy. There were some very constructive and helpful suggestions and ideas which have been incorporated into the policy.
<b>Link to any written record of the consultation to be published alongside this assessment:</b> Please see annex three.
<b>How engagement with stakeholders will continue:</b> This policy will be reviewed in three years' time or upon changes in legislation. Feedback collated will be considered at the review.

#### Step 2: Assessing impact and opportunities to promote equality

Look at the areas identified in question 3 as being relevant to equality (and any others identified during the evidence gathering or consultation stages) and document in the table below.

**Q7: Using the evidence you have gathered what if any impacts can be identified. Please use the table below to document your findings and the strand(s) affected.**

**Q8: What can you do further to maximise opportunities to further promote equality. Please document below.**

#### Step 3: Strengthening your policy

**What can be done to remove or reduce any impact identified?**

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<b>Topic - Strand</b>	<b>Potential/Actual Impact</b>	<b>Strengthening actions to remove or reduce impact. For actions, include timeframes.</b>
<b>Victimisation - All</b>	<p>If the bullying or harassment is in relation to an individual's age, disability, gender, gender reassignment, race, religion or sexual orientation, it could be very sensitive information and they could be concerned about victimisation in the future because they have raised a complaint.</p>	<p>The PIDA legislation protects workers who blow the whistle from victimisation (when linked to having blown the whistle).</p> <p>We have included contact details of advice services in annex 1 to provide support and guidance to individuals.</p> <p>We will include the Samaritan's contact details within the annex. <b>Complete.</b></p>
<b>Training - All</b>	<p>Poor understanding of the implications of this policy could result in its inadequate implementation.</p>	<p>Undertake a briefing with all GOC employees. April 2016 – <b>completed by policy author.</b></p> <p>Introduce a point of contact for support when dealing with whistleblowing complaints. <b>Completed – in place in FTP case workers.</b></p> <p>Undertake a briefing with FTP employees. <b>Completed January 2016.</b></p> <p>Ensure everyone knows where the policy is kept. <b>Completed in April.</b></p>
<b>Stress and Wellbeing - Disability</b>	<p>Individuals with mental health impairments could be adversely impacted by the stress associated with dealing with a whistleblowing procedure.</p>	<ol style="list-style-type: none"> <li>1. The registrant under investigation will be supported in the normal way, and provided a single point of contact to discuss concerns. <b>In place.</b></li> <li>2. The team are trained to work with people in distress and mental health awareness. <b>Added to Equality Action Plan.</b></li> </ol>

Topic - <i>Strand</i>	Potential/Actual Impact	<b>Strengthening actions to remove or reduce impact. For actions, include timeframes.</b>
		<ol style="list-style-type: none"> <li>3. The process will be reviewed for timeliness and effectiveness. <b>12 months from sign-off.</b></li> <li>4. The individual will be signposted to organisations who can provide support whilst we are processing the concern, if required. <b>Completed.</b></li> <li>5. The team will always remind the individual that if they experience any discrimination, it is against PIDA (if applicable). <b>After training.</b></li> <li>6. FTP to consider offering a location to those undergoing Performance assessment. <b>To be discussed with Director of FTP.</b></li> </ol>
<p><b>Accessibility to the policies procedures</b> - <i>All</i></p>	<p>Risk that individuals will not know about the policy. Risk that the policy or its language is too complex to understand. Risk that individuals do not report.</p>	<ol style="list-style-type: none"> <li>1. Include a glossary to clarify the meaning of terms used within policy documents. These have been further developed incorporating suggestions from the Consultation Response. <b>Completed.</b></li> <li>2. The policy will be available on the GOC website, and the intranet. This will be clearly marked on the front welcome page. <b>Currently on website, to be finished after final sign off.</b></li> <li>3. Appropriate font size and accessible documents will be used to ensure no one is excluded during communication of this policy. <b>On-going action, in place.</b></li> <li>4. Registrants will be sent a link to the policy by email. <b>After consultation - completed.</b></li> <li>5. Whistleblowing is included within the new Standards – which they will all access, and have a duty to report wrongdoing. <b>Completed.</b></li> <li>6. Consultation will provide feedback from potential service users. <b>Completed.</b></li> </ol>

Topic - <i>Strand</i>	Potential/Actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
		<p>7. Comparison with other regulators' policies has been <b>completed</b>.</p> <p>8. Flowchart to be created for an individual to consider the process before raising a complaint. Flowchart has been amended in response to consultation suggestions. <b>Completed</b>.</p> <p>9. Review of the website, to improve how easy the document is to find. <b>March 2016 – completed – tab added. On-going work to be completed regarding website accessibility.</b></p> <p>10. Review of phone welcome message, to make raising a concern clearer. <b>Completed.</b></p> <p>11. Consultation responses have been listened to and amendments made. <b>Completed.</b></p> <p>12. Communications Plan created to note external and internal communications required. <b>Plan to be completed by end of April 2016 – completed.</b></p>

Step 4: Monitoring and review

**Q10. What monitoring mechanisms do you have in place to assess the actual impact of your policy?**

Regularly monitor both the implementation and outcomes of the Whistleblowing policy. This analysis will be reported to the Senior Management Team.

This EIA will be reviewed in twelve months' time when it will be clearer what the actual impact of this policy has been and how actions implemented as a result of this assessment have supported the successful implementation of this policy. We will use the review to assess any further risks or actions required.

Please provide a review date to complete an update on this assessment.

**Date:** December 2016.

## Annex 3: Consultation Feedback

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### Introduction

1. The consultation on the draft Raising Concerns with the GOC policy was launched on 12 November 2015 and concluded on 21 January 2016. Through the consultation, we hoped to better understand the perspectives of those working in the optical sector in relation to reducing barriers to reporting, additional situations that we may need to consider and their confidence in and trust that we will support workers and act appropriately. The consultation was also designed to promote awareness of the policy being developed and our statutory role as a 'prescribed person'.
2. We received 139 responses to the consultation for the opening questions. Of these, 37 completed full responses from a range of stakeholders including:
  - Optical Confederation (OC) (representing their five member organisations (professional bodies))
  - Professional Standards Authority
  - Public Concern at Work
  - Welsh Optometric Committee
  - Optometry Wales (OW) (a professional body);
  - Two Education or Training providers
  - Two statutory advisory committee members
  - 28 individuals, six dispensing opticians, 19 optometrists, 2 registrants (role not disclosed).
3. We also met with the following GOC advisory committees: Companies Committee, Education Committee and asked the Registration Committee, Standards Committee and Investigation Committee to respond via email or via the website.
4. Key themes have been extracted from the consultation. All of the quotations used in this section are a selection of verbatim comments from the written consultation responses we received. All of the comments have been anonymised.

### Theme 1: Clear and Accessible, Accurate and Complete

5. Overall, there was general consensus that the policy was clear and accessible with 84 per cent of respondents reporting 'yes' or 'yes mostly'. 86 per cent of respondents were clear on how to raise a concern under this policy. 76 per cent stated that the flowchart was clear. 82 per cent were clear about how concerns would be handled once raised with the GOC.

<b>Comments in response to feedback:</b>
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- |   |
|---|
| <ul style="list-style-type: none"><li>• We have included an overview for the timescale of the investigation, however due to the variance of timescales for investigations, we are not</li></ul> |
|---|

able to put a specific timescale in the policy. We hope to encourage reporting at a lower level to address the concerns more quickly than our process allows and have a project in place to improve the speed at which investigations are completed.

- A request for more clarity regarding GOC right to assess records in a practice to investigate record keeping was raised. This has not been included in the policy as further guidance on this is included in our investigations policies.
- A request for more clarity regarding if the policy is relevant to HES Optometrists and their activities was raised. Whilst we have not listed these specifically in the policy, we believe that it is clear under the worker annex that they are.
- It was suggested that the policy may be better off published as guidance. We are considering this point within our communication plan and will revisit at a later date.
- There was a request for case examples. These have been compiled as part of our complimentary desk research work, however are not going to be included within the policy at this point. This will be revisited at a later date.

**Action taken from feedback:**

- Terminology has been made more consistent, referring more often to 'worker' than previously used words (individual, whistleblower), and using the broader term 'organisations' rather than business/educational body for example.
- Some references to legal terms have been removed and/or amended.
- Amended paragraph 3.3.1 to managing through the grievance policy only.
- Rephrased paragraph 3.1 to reflect why the GOC are committed to having a Raising Concerns policy.
- Amendment to the devolved nations note to clarify that the GOC process for handling concerns raised will not be different.
- Removed 'damage to the environment' to be more specific about the remit of the GOC.
- Restructured Annex 1 to clearly identify the different types of organisations listed and include the optical member bodies and unions.
- Amended the title of section four has been amended to avoid any confusion within section seven.
- 'informal advice' has been included in section seven, 'formal concern' has not because we believe it might discourage reporting.
- Annex 2 created to help someone to identify if they are a worker.
- Further emphasis added in policy statement regarding the role of organisations.
- Section 9 has been amended to reflect that outcomes may differ depending on who the investigation is against and 'no further action' was included.

- The flowchart has been amended slightly as per suggestions.
- Clarity has been added to section 8 to make reference to other types of concern raised to us and to confirm our remit rather than PIDA remit.

### Theme 2: Barriers

6. There were many comments regarding barriers to raising concerns. This included concern over protection, confusion regarding the GOC's remit, worry about reprisals from peers, employers, impact on family or other colleagues, possibly making a false allegation accidentally, knowing it can be a stressful process, concern that line manager may make things worse.

#### Comments in response to feedback:

- The section about the gagging clause was added due to a case being identified in the desk review. We will review this on the next policy review as we believe this is currently relevant in the sector.
- We hope that this policy will help individuals in smaller firms to be able to have their concerns resolved – whether through reporting to the GOC or by seeking advice and support from agencies listed in annex 1.

#### Action taken from feedback:

- Section reordered, policy statement amended, to make the objectives clear and the reason why reporting is really important.
- Section renamed to 'Why should you raise your concerns?' which is more positive than 'barriers to reporting'.
- Other supporting organisations within the optical sector have been added to the annex.

### Theme 3: Confidentiality and Anonymity

7. There were a number of suggestions to amend the paragraphs in order to better explain barriers and encourage reporting.

#### Action taken from feedback:

- Section reordered and titles added
- Difference between Confidentiality and Anonymity included
- Amendments to some of the wording to help explain the reasons why anonymity is not always conducive to investigation and to try not to deter people from raising concerns because of this.
- Section 10.5 regarding judge disclosure has been removed.

### Theme 4: Equality, Impact and Reporting Concerns

8. 63 per cent of respondents did not believe that any aspect of the policy could have an adverse or negative impact on certain workers or businesses.
9. Those that had concerns about the impact suggested that the policy be amended to further suggest of alternative avenues to resolve the concerns

before escalating it to the GOC, and that employers/managers may be open to being reported when they are trying to manage their teams.

10. 80 per cent of respondents did not believe that there were any areas of the policy that could discriminate against people with specific characteristics.
11. Reporting was generally welcomed.

**Comments in response to feedback:**

- We believe that the policy is clear that employment disagreements between an employee and employer should be dealt with locally, and that this policy is for raising concerns which are in the public interest.
- It is acknowledged that all processes are open to being misused, however we are confident that our investigation processes are sufficiently robust to identify vexatious concerns.
- It is acknowledged that people may not feel confident in reporting due to concerns of discrimination or harassment but we hope that people in this position will speak to someone for further advice – whether that be the GOC or one of the support/advice lines noted in annex 1 of the policy or another party.
- We have a disclosure policy in place to manage what information is disclosed about Fitness to Practise status.
- The selected areas for reporting were based on s148 Small Business, Enterprise and Employment Act 2015.
- The remit of the GOC allows us to focus on our four statutory functions.

**Action taken from feedback:**

- We have added further points regarding the benefits of being able to resolve concern locally.
- Amendment to section 12 wording used
- Inclusion of Welsh reporting requirements.

12. We have considered all of the comments made and incorporated them into our policy, where applicable.

### Summary of Responses

<p>Is the 'Raising Concerns to the GOC' policy clear and accessible?</p> <p><b>Yes – 42 per cent</b>  <b>Yes mostly – 42 per cent</b>  <b>No, only in some parts – 11 per cent</b>  <b>No, not at all – 6 per cent</b></p>
<p>Is there anything missing, incorrect or unclear in the policy?</p> <p><b>Yes – 36 per cent</b>  <b>No – 64 per cent</b></p>
<p>Is the flowchart (in annex two of the policy) which shows how workers can raise a concern clear and accessible?</p> <p><b>Yes – 76 per cent</b>  <b>No – 24 per cent</b></p>
<p>Does the policy make it clear how we will consider concerns raised with us (as set out in sections eight and nine, and in the flowchart in annex 3)?</p> <p><b>Yes – 82 per cent</b>  <b>No – 18 per cent</b></p>
<p>Overall, do you expect that the policy will be beneficial to, or have a positive impact on, the protection of the public?</p> <p><b>Yes – 60 per cent</b>  <b>No – 40 per cent</b></p>
<p>Are there any aspects of the policy that could have an adverse or negative impact on certain groups of workers or businesses?</p> <p><b>Yes – 37.5 per cent</b>  <b>No – 62.5 per cent</b></p>
<p>Are there any areas of the policy that could discriminate against people with specific characteristics, or be less accessible to people 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.</p> <p><b>Yes – 20 per cent</b>  <b>No – 80 per cent</b></p>

### All Written Responses

All comments are verbatim i.e. any spelling mistakes or typographical errors have not been corrected.

<p><b>Is the 'Raising Concerns to the GOC' policy clear and accessible?</b></p> <p><b>Yes – 42 per cent</b>  <b>Yes mostly – 42 per cent</b>  <b>No, only in some parts – 11 per cent</b>  <b>No, not at all – 6 per cent</b></p>
<p>I think that the points are all clear regarding the process and also how a complaint should be made</p>

The aim to make the document readable is laudable as in the consistent use of 'We' as first person to refer to the GOC. There is however less consistency in referring to the whistleblower as 'the worker' (e.g. in para 6.1), or 'the individual' (e.g. para 6.3), or 'you' (e.g. 7.3 and 7.4), or 'whistleblower' (e.g. 7.5). Consistency would help ensure the reader knows specifically if the policy applies to him/her. This is also important for readers for whom English might not be their first language.

As always has to be written in organisational language which is challenging for some....but I think it's as clear as it can be!

if one takes the time to read it thoroughly it is possible to penetrate the 'manager speak.' It is as clear and accessible as this type of document can be

I am not sure whether a potential whistleblower would be sure if their concern met the threshold which is described as criminal.

Needs more clarity regarding data protection If the GOC can come into a practice and assess records on the premises to counteract records being doctored

It's a 30 page document which is far from accessible and even as a professional I found it difficult to understand.

It is welcome that the GOC rightly plans to limit investigations to areas where it has jurisdiction under its core functions.

The policy is largely based on and influenced by the Public Interest Disclosure Act 1998. As a result, the policy includes legalistic and vague terminology that we believe would be very difficult for workers to understand e.g. protected disclosure. There is also reference to multiple tests that apply under the law in order to be protected which are complex and unlikely to be easily understood by individuals which significantly complicates the language and overall accessibility of the policy. It is something that we see in many policies that use the law as its basis. Section 7 of the policy requires the legal tests under PIDA to be satisfied in order for an individual to contact the GOC. This has to be incorrect, the legal tests are only relevant for an individual who has raised a concern, suffered detriment and is taking a claim to employment tribunal. Satisfaction of the legal test should not be held out as a requirement for the individual to contact their regulator. This puts the individual (and the GOC) in the position of having to assess whether or not they believe they satisfy this test, a decision that can only be reached by a tribunal and it is inappropriate to expect an individual to engage in such an evaluation before

contacting their regulator. We believe this would operate as a substantial barrier to individuals approaching the GOC at all which is counterproductive.

The policy should make it explicit (perhaps under Section 1.3): a. that 'workers' do not have to be registrants; b. that 'optical sector' may include optical education, optical industry and NHS bodies; c. whether or not workers outside the optical sector can report matters within the GOC's investigatory ambit under this policy and receive protection under PIDA, e.g. employee of a non-optical retailer engaged in the illegal sale of spectacles or contact lenses; d. whether or not self-employed locum optometrists and dispensing opticians (as opposed to agency employees) can report matters under this policy and receive protection under PIDA and, if they are not, that they (will from April 2016) have a duty under the GOC's Standards of Practice but will not be protected by PIDA from loss of future engagement as a self-employed locum; and e. What protection is in place for 'workers' so that someone considering raising a concern does not have to cross-reference with the PIDA for reassurance.

[We] believe that the policy should clear: 'Workers' do not have to be registrants; 'optical sector' may include optical education, optical industry and NHS bodies; whether or not workers outside the optical sector can report matters within the GOC's investigatory ambit under this policy and received protection under PIDA, e.g. employee of a non-optical retailer engaged in the illegal sale of spectacles or contact lenses; whether or not self-employed locum optometrists and dispensing opticians can report matters under this policy and receive protection under PIDA and, if they are not, that they (will from April 2016) have a duty under the GOC's Standards of Practice but not be protected by PIDA from loss of future engagements as a self-employed locum; and finally, what protection is in place for 'workers' so that someone considering raising a concerns does not have to cross-reference with the PIDA for reassurance.

This is not at all to my liking having professional opticians snooping on each other reminiscent of the Stalzi in East Germany before the wall came down !  
Many irrelevant items;

**Is there anything missing, incorrect or unclear in the policy?**

**Yes – 36 per cent**

**No – 64 per cent**

I would think there should be a clear distinction between whistleblowing an individual (e.g. a colleague) and an organisation (e.g. a company's policies or implementation of a policy). Section 5.1 does not make that a clear distinction but could be worded so that it is, for example by having sub-paragraphs.

An indication of the actions that might be taken, particularly where the whistleblowing is about an employer. Also in the event of bullying or intimidation by that employer after whistleblowing.

Incomplete yet over stressing many partly irrelevant areas

where is the reasonability of the corporate employer or store manager who has control of the appointment diary, the scheduling of appts and storing of clinical records?

the entire policy is incorrect

Clearer instruction regarding the GOC being able to override data protection policies of companies

The whole idea

Nothing I have spotted

Please clarify if this also covers HES Optometrists and their activities. Does this extend to financial impropriety such as drawing a public salary and carrying out other paid work at the same time.

It is 29 pages too long.

A few points: 1) Point 2 in the executive summary should make clear that protected disclosures are made about 'alleged or suspected wrongdoing', as wrongdoing must be proven through an investigation. 2) For clarity, 5.4 should state that the list of advice and support organisations can be found at the end of Annex 1, or these should be placed into a separate Annex. The list here should also include the representative bodies within the optical sector: ABDO, AOP and FODO. 3) We suggest adding a point 9.2.3 to the effect of: 'refer to a case examiner or the GOC Investigation Committee;'

The policy is driven by the law and this is clear from the outset in the policy statement which sets out the rationale and purpose of the policy. The opening statement focuses on the duty of professionals to raise a concern and the legal protection that underpins this, but does not clearly set out the responsibilities of the regulator in relation to oversight and setting the standards across the industry. The policy presents the involvement of the GOC as a regulator in terms of its obligations under PIDA. At 3.1 the policy reads "we are obliged as a prescribed person under the Act to put in place a procedure in which workers in the optical sector may raise public interest (Whistleblowing) concerns...." Firstly, this

incorrect, PIDA does not place any obligation on prescribed persons or any organisation to have a whistleblowing policy in place, although it is best practice. Secondly, as a regulator, the focus and aims of the policy should be on changing attitudes and culture within the sector and ensuring there are adequate procedures in place to encourage workers to speak up both to the GOC and within the organisations the GOC regulates, as opposed to mere compliance with a legal obligation that does not exist in any event.

As a result of the Freedom to Speak Up Report and the government response to this, there has been a concerted effort on the part of many regulators throughout the health sector to focus on their role in promoting an effective whistleblowing culture. As a general point, this policy might be better publicised as guidance. A whistleblowing policy is an organisation's internal document to help individuals raise a concern and sets out how the organisation will deal with these concerns. As a regulator, the GOC can offer much broader guidance which highlights their roles and responsibilities in setting standards and offering guidance for both individuals and organisations. We would suggest that the GOC may wish to liaise with its fellow health regulators and professional bodies to view their guidance documents as part of this process.

In addition to this, it is worth considering the NHS national whistleblowing policy as its messaging and principles will be relevant to GOC registrants working in the sector. It will be beneficial for any regulatory guidance to take this into account for consistency in messaging. At 3.3.1 the policy states that personal grievances can be managed through an organisation's grievance or whistleblowing policy. This is incorrect. Grievance issues should be escalated via the grievance policy only. It is not appropriate to view private disputes as whistleblowing issues and the two should be kept separate. We would suggest removal of reference to a whistleblowing policy in this context.

At 3.4 the policy comments that whistleblowing is different in Northern Ireland. Whilst this is currently technically true in terms of the law, the practicalities of whistleblowing will be the same. Again, the role of the regulator should be fostering and oversight of an open culture in the sector. The law is not the starting point for raising concerns and provides no guidance or rights for an individual to do so. Consistent messaging, in terms of encouraging staff to speak up, should be uniform throughout the UK. The GOC do not want to give the impression that workers in Northern Ireland will be treated differently by the regulator if they raise a concern with them. This could act as a barrier as the onus is on the individual to work out the legal position for themselves. We are also aware that the Public Interest Disclosure Order 1998, Northern Ireland's equivalent whistleblowing law, is due to be reformed to incorporate the recent changes to PIDA so that the position will be the same legally for both Acts.

See response to question 1 above plus: a. If self-employed locum optometrists and dispensing opticians are excluded from this policy, Section 3.3 should be

expanded accordingly; and b. Section 9 makes no reference to potential outcomes for concerns investigated under the GOC's Illegal Practice Prosecution Protocol.

see above and also a. if self-employed locum optometrists and dispensing opticians are excluded from this policy, Section 3.3 should be expanded accordingly; and b. Section 9 makes no reference to potential outcomes for concerns investigated under the GOC's Illegal Practice Prosecution Protocol.

### **Barriers to raising concerns**

Position at work if complaining about a colleague or employer. Concerns about repercussions at work. It might take a long time

None (7 responses)

Lack of clear information as to how – or if – intimidation by an employer or registered body corporate will be addressed and what form protection for the whistleblower will take. This lack of clarity is a fundamental problem of all such policies and must be made clear for it to have any chance of acceptance. Should such intimidation occur and the GOC not formally act against a registered employer, will the GOC accept full responsibility for suffering and loss of earnings as a result of such inaction as it would expect a registered practitioner to do if a patient suffered because of that practitioners inaction

Detriment to Business due to bad publicity.

In real life, you work with colleagues that share local schools and other essential services. Lives are so interlinked and interdependant that whistleblowing would put your family in the firing line. My boss has good connections with law professionals and bailiffs. Could the GOC really put a ring of steel round me and all my family? I think not.

Reprisals from peers or employer. Confidentiality of goc

the power of corporates

the fact that you treat optical professionals appallingly.

Data protection Concerns about anonymity being preserved Clarity regarding what sort of legal situations anonymity could be compromised

Wouldn't dream of reporting a colleague

risk of making a false allegation

Lack of professional staff in our area makes you try everything before reporting.

I would be deterred but not prevented by: Knowing how stressful it would be for a registrant. Knowing the costs of investigation Worrying about confidentiality/anonymity

Concerns about the threshold. Concerns about being identified. It is not clear from the policy the sort of circumstances where someone would have to be identified. Mental stress. Being ostracised by colleagues.

Reporting to line manager may put you at risk of harassment

The need to divulge your name in order to have your case fully investigated. Might be an idea to promise the person will remain anonymous to the party being whistleblown. Would increase likely hood against an employer being reported. As a Confederation we strongly support the principles of 'Learning not Blaming' (i.e. openness, honesty and candour; finding and facing the truth; learning from failures; apologising when things go wrong) and in our view regulatory action should be a last resort, except in the most serious cases. The GOC may be a 'prescribed person' under Protected Interest Disclosure Act (PIDA 1998), however this will not be understood by most individuals and the GOC remains the sector's judicial regulator. As such, making a disclosure to the GOC is a serious matter and this may act as a barrier to some non-registrant and registrant individuals seeking to raise a concern. This could have the perverse effect of limiting disclosures which might still benefit from investigation, resolution and sharing of learning. As also recognised in the executive summary (point 8), there may be many concerns that while not serious enough to warrant disclosure to the regulator, or which fall outside its remit, would nonetheless merit investigation, resolution and sharing of learning within the optical sector. We are pleased therefore to see that the GOC is committed to referring such concerns to an appropriate organisation for resolution where possible. However, we feel that the GOC could and should more proactively direct individuals to alternative routes for raising such concerns and seeking resolution in the first instance. The list at the end of Annex 1 is useful in this regard. However, aside from OCCS, the bodies listed are external to the sector whereas in most cases these concerns can best be dealt with by the optical sector itself. Whistleblowing is not new; the optical professional and representative bodies have played a major role in this regard over the years and will continue to do so. It would therefore be helpful for this policy to make this alternative option for raising a concern clear, for instance by adding to point 6: 'The optical professional and representative bodies can also be approached for advice if an individual is unsure what action to take or how best to raise a concern.' Similarly,

we suggest that 11.2 read: ‘We recommend that workers seek advice either from an Optical Confederation representative body or independently before making a decision of this kind...’

Finally, offering only ‘commercial and educational organisations’ (1.4) or ‘employer and educational bodies’ as examples (i.e. 2.2 and 3.1) potentially limits workers’ understanding of the places where wrong doing could occur, which include for example hospitals, GP practices and voluntary sector providers. This may act as a barrier to making a disclosure. It might be both simpler and clearer to use a broader term such as ‘organisations’ (as in 5.1).

The wording in section 5 is more in line with the type of introduction we would expect to see in the policy statement at the forefront of the policy. This clearly sets out the duties and responsibilities of both practitioners and the regulator but also recognises the difficulties faced by individuals that may act as barriers to raising a concern. However the wording at 5.3 retreats back to the law being the main form of protection for reluctant or anxious whistleblowers. The message from a regulator should be focussed on the expectation that genuine concerns will be positively received and dealt with by the organisations they regulate and that there would be measures to support and protect those who come forward. However, we would question whether it is necessary to title this section ‘Barriers to raising concerns’. This gives the section quite a negative slant and whilst it is important to recognise there may be reservations, this should not be the focus. We would suggest paragraphs 5.1 and 5.3 are moved to the front of the policy with amends made in the line with the comments above.

The information on gagging clauses in 5.2 is not necessary in guidance about raising a concern. Settlement agreements may come in at the end of a process where an individual is leaving an organisation. This is not useful information in terms of raising concerns more generally. The policy does highlight sources of independent advice and this is where an individual can seek guidance on their legal rights in relation to settlement agreements if necessary. Discussing settlement agreements may act as another barrier and deter people from speaking up if they think they are legally at risk of losing their job in every instance of raising a concern. In a recent survey of UK workers commissioned by PCaW and carried out by You Gov, respondents cited fear of reprisal (28%) and damage to their career (23%) as the main barriers for raising a concern.

Please also see comments that reference barriers to raising concerns with the GOC in question 2.

**Does the policy make it clear how a worker should raise a concern (as set out in sections six and seven of the policy)?**

**Yes – 86 per cent**

**No – 14 per cent**

I think that the information clearly states the process

Section 7.1 says that before raising a concern with us, the whistleblower must ensure criteria are met, - and then later says workers can contact us at this point for advice if required. This is confusing but could possibly be explained by making a distinction between 'informal advice' and 'formal concern'

Anonymity from employers and colleagues cannot be maintained in such a closely knit profession. Again, it raises issues of how negative outcomes for the whistleblower will be addressed by the GOC.

You are barking up the wrong tree encouraging fellow professionals to 'tittle-tattle' against each other the system could be abused in a number of ways if some one has a bee in their bonnet.

I'm not sure that reporting first within the organisation is always the correct way to go. There could be times when managers might want to ignore/manage an employee possibly not in the public's interest

Although I think examples might make the threshold clearer.

The document I am reading has no section 6 & 7. "Consultation: Raising concerns with the GOC (Whistleblowing)"

However, it might be helpful to include more examples. For instance 6.1 might highlight that not only are there a variety of options for disclosure but that in some organisations these follow a hierarchy, such as from line manager and clinical supervisor, to regional manager and then superintendent optometrist. Many large organisations will also have their own whistleblowing policies which individuals may wish to follow, and Quality in Optometry has a model policy suitable for both small and medium sized optical businesses. Again the guidance should also highlight that optical professional and representative bodies can provide advice and support for workers considering raising a concern as above. This could be especially important for workers in a small practice, where the size of the business makes it difficult to raise concerns within the line management structure, and where workers do not wish to approach the GOC or bodies outside the sector.

We repeat the comments made in answer to question one. Section 7 requires that an individual satisfies the tests for making a regulatory disclosure under s43F of PIDA before contacting them. This is imposing a complex and inappropriate legal test to be considered by individuals who are unlikely to be familiar with the law and therefore we anticipate this will act as a significant barrier in people feeling encouraged and confident in speaking to the GOC. The law is only relevant if an individual is taking a legal claim and is not to be presented as a prerequisite to

raising a concern with a regulator. The more important point on making external disclosures is to ensure the individual is aware of the impact this may have on their personal position. It is for this reason that the policy should highlight sources of independent advice for an individual where they can discuss this. It may also provide more clarity to provide information on the team within the GOC that will receive whistleblowing concerns raised. This may give individuals more reassurance about who they will liaise with. Section 6 is largely clear and the policy is right to encourage individuals to raise concerns internally first if possible. However, due to the overall issues with complexity and overemphasis on the law, the clarity of this section is undermined as other factors may serve as deterrents to raising a concern with the GOC aside from how clear these this section may appear in isolation.

**Is the flowchart (in annex two of the policy) which shows how workers can raise a concern clear and accessible?**

**Yes – 76 per cent**

**No – 24 per cent**

The flowchart seems very logical, it could be an idea to have the Y and N in different colours to make it easier to read. It would be nice to have a time frame on how the complaint is dealt with

The flowchart is very busy and may look better in portrait format rather than landscape

Too complex for many people

It is fine until you get to Level 3: regulator. If you follow this logically – can you escalate your concern to a regulator and answer yes, you keep a record etc. Then are you satisfied? If the answer is no, you ask yourself if you can go to the next reporting level. If you answer yes, you are back to level 3. This means you are in a loop.

The document I am reading has no flowchart. "Consultation: Raising concerns with the GOC (Whistleblowing)"

The flowchart is admirably clear and well-designed. However it would be very helpful for potential whistleblowers if it included advice on what to do both in the first instance, before raising concerns with the regulator, and if concerns are not within the GOC's remit. To those ends we suggest: Reporting level 2 should include examples of local external options for raising a concern, such as the optical professional and representative bodies and the local NHS Freedom to Speak Up Guardian (accessible via the local CCG). Reporting level 3 should

similarly signpost to the optical professional and representative bodies as an alternative route for raising concerns externally.

As per our response to question 1, the flow chart should enable someone considering raising a concern to establish whether they are a 'worker' for the purposes of this policy and PIDA.

We believe that the flowchart should enable someone considering raising a concern to establish whether they are a 'worker' for the purposes of this policy and PIDA.

**Does the policy make it clear how we will consider concerns raised with us (as set out in sections eight and nine, and in the flowchart in annex 3)?**

**Yes – 82 per cent**

**No – 18 per cent**

As per above

The first sentence of section 8.2 may be off-putting and suggests the starting position is not to investigate. Of course the sentence is needed but can it be placed later - perhaps on its own as section 8.8 Section 9.2 seems to focus more on the employer/organisation rather than the individual, whereas 9.3 seems more particular to the individual. Furthermore is an 'assessment' different to an 'investigation'? A little more clarity would be useful The flowchart in Annex 3 is different in style to Annex 2 and less readable; a personal preference is the style in Annex 2 but in Portrait format

There is no indication of how the whistleblower will be protected

However, where individuals may have concerns which do not fall within the remit of the GOC, these concerns can be best dealt with in the first instance by the optical sector rather than through external organisations. It is therefore important that the GOC clearly signpost alternative routes for raising and resolving concerns, such as optical professional and representative bodies, from the outset.

At 8.2 the policy references PIDA not obliging the GOC to investigate every concern raised with them. PIDA does not set out the circumstances or obligations on regulators to investigate concerns. It is incorrect to refer to PIDA as the basis for the regulator deciding whether or not to exercise their duties. This sentence should be removed. It is the initial assessment referred to after this that will determine whether and how the regulator takes a case forward. In order to simplify the information in this section, we would suggest that the information in 8.3 and 8.4 is removed. It is sufficient to provide an overview of the initial assessment and to make clear that in each case the GOC will follow up with an individual to

discuss next steps, liaise with them and seek their consent first if they determine the matter is best passed on to another regulator and discuss the options for feedback. The flowchart in Annex 3 is largely clear, however it may be better for the GOC to reference other regulators that a concern may be referred to as opposed to the current examples used (e.g. CAB, police etc).

**Do you have any comments on the approach to confidentiality and anonymity set out in section ten of the policy?**

Whilst I understand the need for anonymity, I do feel that it would need to be dealt with very carefully if the whistle blower chooses to remain anonymous. There would need to be firm evidence in order to rule out revenge motives  
Might consideration be given to re-sequencing the paragraphs to better distinguish between the ongoing and primary importance of confidentiality and the risks of anonymity. One suggestion might be to order the paras as 10.2, 10.3, 10.4, 10.5 ... and then 10.1 In 10.1 might you consider rephrasing it to read  
“Whistleblowers may choose to make an anonymous disclosure but it is important to consider the restrictions and implications that this will have on the effectiveness of any investigation. This includes limitations on conducting the investigation, protecting a whistleblower’s identity, and giving feedback to the whistleblower. Nevertheless anonymous disclosures are preferred to silence about serious wrongdoing,”

There is no indication of how the whistleblower will be protected. Without formal safeguards in place those working in optometry are damned if they do (by their employer and, if registered, damned if they don’t (by the GOC)  
It protects the whistleblower, but no protection is provided for the accused. The accused if not in the wrong they has a right to know who their accuser is.  
Anonymity is not real as it can be thrown out by a court.

When there is a problem on the railways - the CEO is held accountable, when there is an issue in hospital, it's the hospital as well as the individual that is responsibility. Where is the duty of care of the employer?

the GMC does whatever it can to protect doctors. you do whatever you can to destroy us. and you make us pay for the privilege.

No (8 responses)

10.1 and 10.2 make clear that anonymity will /may compromise effectiveness of disclosure: whilst this is important I feel it is worded such that it could deter someone coming forward.

I think you have attached the incorrect document or I'm losing it?

Confidentiality should be made more certain otherwise I think it is highly likely a person would just keep quiet to save a lifetime being labelled a trouble maker. Thus could haunt them for their career.

This section is clear, however, as drafted it may not provide reassurance to a worker wishing to make an anonymous disclosure. Ideally, this section should also explain the ways that an investigation could proceed successfully if a disclosure were made anonymously. Workers may also wish to know more about how their confidentiality and anonymity will be maintained and how they will be protected from repercussions if their disclosure is not made anonymously. This information is not included within the current policy. Clear information and assurance on this will be an important factor in an individual's decision to raise a concern.

In our experience reviewing many policies and speaking to individuals on the advice line, confidentiality is a key area for any policy. We believe that they information on confidentiality and anonymity should be earlier in the policy with the information on how to raise a concern in Section 6. The terms are also currently undefined. We commonly see these terms used interchangeably and staff mistakenly believing that they mean the same thing. It is important that the policy provides a clear definition in addition to setting out the limitations that apply, in order to ensure staff are properly informed and to manage expectations. Clear wording on this is set out at section 9 of the Whistleblowing Commission's Code of Practice.

This section also focuses on anonymous disclosures from the outset. Whilst there is a place for anonymous reporting we believe it should be a last resort and not held out as the preferred way for individuals to raise a concern and feel protected. The starting point should be hoping individuals will feel able to raise their concern openly which makes any resulting investigation and follow up actions easier to carry out and discuss. Confidentiality should then be offered for situations where an individual does not feel comfortable raising a concern openly, with anonymity as a last resort due to limitations on protection and feedback.

We suggest the wording in 10.2 should be replaced with the following: "You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed".

e would also highlight the wording at 10.4. It is important that assurances of confidentiality are positioned at a high threshold in order for individuals to have faith in the policy and process. We would suggest the following wording: "Where assurances of confidentiality are given, will not disclose the whistleblower's identity unless required to do so by law. In rare cases where this might be a possibility, we will discuss it with you first". Given the explanations outlined above, we believe that the wording at 10.5 can be removed. It is important to achieve a balance

between providing the key information and limitations on assurances on confidentiality whilst reserving information for more specific and rare cases so as not to act as a deterrent and give the impression that these considerations will be necessary in every case.

**Do you have any comments with regards to the elements we intend to report on (as set out in section 12) ?**

As the outcomes of FTP hearings are no longer published then I am not sure that it would be appropriate to release the outcome of investigation unless specifically requested. However an annual report on the stats would be interesting

No (9 responses)

Action taken in response to complaints of victimisation (or inaction!) must also be reported. Erasure of a body corporate, and lesser penalties, must be seen as a real sanction for such issues and be enforced.

Maybe the goc should use some of its resources investigating and encouraging whistle blowing against the many bad practices which are encouraged by some enrolled body corporates rather than targeting individual practitioners?  
Just dont.

Is there a possibility of breaking number and type of concerns down into registrant generated and organisation generated to give a better handle on where the complaints are coming from?

It would be helpful to give further information about how and when it is proposed that lessons from whistleblowing investigations and the process itself will be shared. To these ends we would suggest adding additional bullets to the list of reporting areas: 12.2.7 lessons for the optical sector 2.2.8 lessons for wider application The GOC should also make clear in this section how it will respond to any concerns about how disclosures are handled.

The GOC should be aware of s148 Small Business, Enterprise and Employment Act 2015 which imposes a positive duty on prescribed regulators to report annually on whistleblowing concerns raised with them. This is in contrast to the comment made at 12.1 as to there being no legal requirement to report. As a general point on structure of this section, we would suggest that the information in 12.3 is moved up to follow 12.1 as both paragraphs are about reporting. This will also mean that the information on review at 12.2 and 12.4 follow on from each other more logically. It also separates out the information that will form the review from that which will be publically reported. It is encouraging that the GOC has committed to reporting on the number of whistleblowing concerns raised with them and

reviewing their arrangements in accordance with the Whistleblowing Commission's Code of Practice.

yes. In line with legislation, such reporting must be made in the Welsh Language

Yes. In Wales, it is our understanding that the reporting must be made in line with the Welsh Language policy.

**Overall, do you expect that the policy will be beneficial to, or have a positive impact on, the protection of the public?**

**Yes – 60 per cent**

**No – 40 per cent**

Theoretically, however I feel that many professionals would not feel comfortable reporting a colleague and may be quite concerned about reporting their employer. It will be interesting to see if the number of reports increase and how many are upheld

There can be no doubt about the importance of this policy and that it will be beneficial to and positively impact the protection of the public. It will be important to provide a more 'glossy' version of the policy for informal public consumption. The public already have a safe means of whistleblowing. Without clear safeguards for those working in the industry it cannot work, as has already been shown to be the case in the NHS.

I don't believe it will encourage people to report their colleagues. It will possibly encourage people to report people they have a grievance with. GOC is overstepping its mark mainly to enhance the power & prestige of Samantha Peters, Alistair Bridge, Lisa Davis, Josephine Lloyd and some others. I would urge members to look at these people's experience and success or lack of success in previous roles.

If you find something really bad, you will not be kept anon by the courts. So you may start the process and then have to retract and regret. Was a witness previously and the protection is a joke.

Many practitioners already practice in such a way so as to avoid litigation rather than considering the patient's interest as primary. This proposed measure will add to this and create feelings of paranoia. It will not benefit patients.

Unsure

Optometry has become too retail orientated and the health aspect is not being respected. Companies are forcing optometrists to compromise on the clinical

aspects due to not allowing enough time to see patients but making optometrists to sign internal policies that absolve the company from taking any responsibility. Conversion rates are also being monitored adding to pressure. This policy enables registrants to make a complaint more easily and also makes companies aware that it will be easier for registrants to do so, possibly making them a bit more wary of making optometrist work under pressure and respecting clinical duties of the optometrist.

Detrimental in all respects

Making an easier pathway has to be beneficial.

I think that there is unfortunately a long history of whistleblowers suffering personally from their actions even when they are found to be proven correct. Due to "closing of ranks" I think many allegations will remain not proven which will leave the whistleblower in an even worse position.

It needs an injection of plain English.

Neutral - The community optical sector poses very minimal risks, which are already adequately addressed by existing mechanisms. This policy is unlikely to add to this or have a significant impact on the protection of the public. We do not feel that the policy in its current form is clear or encouraging enough to make workers feel that it is safe and acceptable to raise concerns. The over reliance on the law throughout the policy makes it complex and overly technical in parts. In our experience these complications can act as significant barriers to individuals raising a concern. Often by the time an individual is accessing a policy it is because they have already raised a concern but have been ignored and are looking for options to escalate the matter, or are experiencing some form of detriment and seeking assurances from the policy. This is even more pertinent if the individual is considering raising a concern externally with a regulator. We do not feel the policy would satisfactorily reassure an individual in this position and may cause them to fall silent if they feel the process for pursuing the matter is too complicated or may make things worse. The policy would benefit from a clearer statement from the regulator that there is a duty and expectation on organisations to ensure they have good arrangements in place which takes account of the fact that the majority of whistleblowing happens internally.<sup>3</sup> In order to ensure public safety, trust and confidence in speaking up has to start internally, with options to go to the regulator in situations where internal options have been exhausted and/or the concern is exceptionally serious.

no view

n/a

**Are there any aspects of the policy that could have an adverse or negative impact on certain groups of workers or businesses?**

**Yes – 37.5 per cent**

**No – 62.5 per cent**

I think that people who work in small independent practices could be placed in a much more difficult position. If there is only one professional in the practice then it would be obvious who was responsible for reporting an issue and it would not be anonymous. This could be a barrier to whistleblowing.

None that I can perceive

See earlier comments on intimidation and bullying. To date the GOC has been singularly ineffectual in this respect, most obviously with sales pressures on optometrists

If a practitioner is reported and it is publicized it could negatively affect that business and the accused reputation. This is unfair if the accusation is unfounded. If it was so that the whistleblower was not anonymous this would help to prevent unfounded accusations.

Not properly written.

Employed if other family members also employed. No protection to family /friends.

Disabled workers may be inappropriately assessed by their colleagues.  
As explained previously

All of it

The whole idea of whistleblowing suggests negativity

Need to be very careful of malicious reporting, esp if it's anonymous with no accountability

I think there needs to be clear protection from "personality clashes".

Employers/managers need to be allowed to be protected where they give a reasonable instruction to someone.

if a business looks after it's patients properly then it will[should] grow regardless  
As noted above the GOC's status as the sector's judicial regulator may deter some individuals from disclosing concerns that should be referred for investigation and

resolution. We hope therefore that the GOC will amend the policy, as suggested above, so that it clearly signposts workers to alternative options for support and resolution in the first instance (where we would expect that the majority of issues can and should be resolved) as well as when concerns fall outside the GOC's scope.

see response to question 1 regarding protections for self-employed locum optometrists and dispensing opticians.

see Q1.

**Are there any areas of the policy that could discriminate against people with specific characteristics, or be less accessible to people 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.**

**Yes – 20 per cent**

**No – 80 per cent**

I do not feel that there is anything in the policy that discriminates. However there may be people who might feel that they would be discriminated against that could affect them registering a complaint

None that I can perceive

If someone is a bigot they may exercise this by reporting people they would not otherwise report. For example is someone is homophobic they may be more likely to report a colleague who is Gay than a heterosexual colleague. Although the claims would be investigated, it allegation will still cause distress and concern for the accused and their employers.

If you have family, have specific health needs, not able to relocate easily.

Disabled workers

great care must be given to potential vulnerable groups

no view

n/a

**Do you have any other comments that you wish to make on the 'Raising Concerns to the GOC' policy?**

No

The structure of the policy is clear and straightforward and my comments on readability and consistency are merely suggestions to achieve (hopefully) greater clarity

Good idea that can't work, and could just make the lives of practice staff, especially registered ones, even worse than at present

Although I would always follow policy and report where necessary, I feel it is the GOC role to be policing the profession not the profession policing themselves. The GOC should be creating policies to protect not only the public, but also their members and the profession as a whole. Just because some has been accused it does not follow that they are guilty and wrongly accused persons should not be subjected to unnecessary distress.

GOC is overstepping its mark mainly to enhance the power & prestige of Samantha Peters, Alistair Bridge, Lisa Davis, Josephine Lloyd and some others. I would urge members to look at these peoples experience and success or lack of success in previous roles.

Anonymous should means just that. So the name is not even recorded. A forward address or throw away mobile phone number is all that is needed. If bad enough the investigation will show what has happened and the harm done.

The goc never, to my knowledge, attempts to protect the public from over-prescribing, inadequate examination times or fatigued practitioners. It does nothing to protect the public from practitioners who are heavily pressured by enrolled body corporates to sell inappropriate products, reach high conversion targets, and /or see large volumes of patients for fear of disciplinary action. Such cases are well reported in the optical press. The goc should in my opinion set a minimum eye examination time, prevent optometrists obtaining bonuses which are related to sales, conversions etc. This truly would protect the public and enhance the reputation of optometry. I fear however, that the goc will just continue with the easier task of pursuing individuals rather than the larger ebcs.

As prev explained the GOC is putting too much emphasis on the practitioner and not the corporate employer.

wont make any difference

If possible request large companies to make all employees aware of this policy if their own internal policy fails encouraging internal resolution

Cancel the whole I idea

No

Due to the poor remuneration for eye tests we probably all could have fuller records if we had the time.

It is important that when a concern has been raised that a response is given to the reporter quickly and ideally they be made aware of the outcome esp if they are a colleague.

None

I welcome this

A huge pro he is over prescribing / sales bonus packages resulting in immoral optoms & businesses. I am still unsure whether this policy can help against that element. Sales over honesty.

In addition to our answers above, we also make the following comments/recommended amendments to the policy:

Avoid legalistic terminology (e.g. good faith, prescribed persons, protected disclosures etc) and reliance on PIDA as the framework for the policy. It is better to use simple and clear language in order to make the policy more accessible.

Remove section 4. This outlines the categories of wrongdoing under s43B of PIDA. We would suggest that examples of risk and malpractice that are more relevant to the profession are used here in order to make the policy more accessible to workers. The title is also inappropriate. The focus should be on helping individuals to identify the types of concerns they might raise with the regulator as opposed to the types of concerns that are relevant for taking a legal claim.

Remove comment at 7.5 that evidence of criminal wrongdoing/malpractice would be helpful. An individual should not be encouraged to gather evidence about a concern as this may result in them engaging in conduct that is inappropriate and in some cases breach confidentiality, this risk is greater in potentially criminal situations. It is enough to state that it is helpful for the individual to give as much information as they can, but they are not expected to have firm evidence.

Remove information at 7.6 as information about confidentiality will have already been highlighted. See question 7 for our substantive comments on this.

We would suggest adding wording to 9.1 that makes clear that the GOC will discuss any outcome the individual raising their concern has in mind but also making clear that whilst it may not be able to guarantee this outcome it is helpful to have a discussion about this at the outset. This can allow the individual's expectations to be managed if their proposed outcome is inappropriate or unrealistic. On the other hand the individual may have a simple and effective solution for how the matter could be resolved.

Wording at 11.2 changed to reflect that the main aim of obtaining independent advice on making a wider disclosure is to gain a better understanding of how this may affect their position and explore their options as opposed to solely focussing on the law.

Making a distinction between help and advice for individuals and alternative external reporting options for raising a concern. The former are able to provide independent advice and guidance or individuals on raising a concern (e.g. the various advice lines referred to), the latter to include a list of key health regulators (e.g. the Care Quality Commission etc) that individuals may wish to approach to report.

in line with legislation, the GOC should accept reports made in the Welsh language.

See response to Q8.

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk).

As part of our work we:

Oversee nine health and care professional regulators and report annually to Parliament on their performance

Conduct research and advise the four UK governments on improvements in regulation

Promote right touch regulation and publish papers on regulatory policy and practice.

1.3 We welcome the opportunity to respond to the General Optical Council (GOC) consultation about raising concerns (whistleblowing). We offer a number of general comments, but have not responded directly to the consultation questions.

## 2. General comments

2.1 We welcome the GOC's draft guidance which aims to support its registrants to better raise concerns. In the absence of an effective whistleblowing policy:

practice may continue for longer than necessary  St

less well. Whistleblowing: Guidance for providers who are registered with the Care Quality Commission,

Pg.4 [https://www.cqc.org.uk/sites/default/files/documents/20131107\\_100495\\_v5\\_00\\_whistleblowing\\_guidance\\_for\\_providers\\_registered\\_with\\_cqc.pdf](https://www.cqc.org.uk/sites/default/files/documents/20131107_100495_v5_00_whistleblowing_guidance_for_providers_registered_with_cqc.pdf)

All these scenarios put patients at risk unnecessarily. In order to prevent this, it is necessary to create the mechanisms for staff to raise any problems which could affect patients or other members of staff.

2.2 Sir Robert Francis identified in a recent report the need for a 'shared culture of openness and honesty' in such an industry where safety is paramount. Freedom to Speak Up, Pg.

9 [http://webarchive.nationalarchives.gov.uk/20150218150343/https://freedomtospesakup.org.uk/wp-content/uploads/2014/07/F2SU\\_web.pdf](http://webarchive.nationalarchives.gov.uk/20150218150343/https://freedomtospesakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf)

Developing and maintaining a culture of openness about concerns in the workplace is an important step in improving operation and protecting patients. Also, in our report Candour, disclosure and openness: Learning from academic research to support advice to the Secretary of State, we discuss the need for a 'joined-up approach' between regulators, employers and other stakeholders to create an environment conducive to an open culture.

We also highlight factors that can stand in the way of professionals' raising concerns, such as conflicted loyalties, and the bystander effect.

Comments on the Consultation

2.3 We recognise that the majority of people reading the guidance will be potential whistleblowers. Optical professionals work, for the most part, for businesses, and some of their colleagues, particularly those in management, may not be GOC registrants. These colleagues may be approached by employees with concerns but may not have the skills to resolve them.

2.4 We have argued in our paper Right Touch Regulation that problems are best solved as close to the problem as possible.

It might be helpful for the GOC to work with stakeholders in the optical sector to ensure that whistleblowing guidance is made available to all staff, and not just those that are GOC registrants. This could also reduce the workload for the GOC, as some concerns would be addressed locally instead of being immediately referred to the GOC. Although not specifically targeted at optical enterprises, the NHS Social Partnership Forum and Public Concern at Work created a document in 2010 which can help organisations to create a robust whistleblowing structure and support those receiving concerns from whistleblowers.

2.5 We note the large range of organisations listed which can assist whistleblowers on pages 26 and 27 of this consultation. Our only suggestion would be to add trade union bodies to the list who can provide support to employees in these circumstances.