

# GOC response to our consultation on draft guidance on speaking up

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**October 2021**

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**General Optical Council**

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# Introduction

## About the General Optical Council and our role

1. The General Optical Council (GOC) is the regulator for the optical professions in the UK. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses. We are one of 13 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals.
2. One of our roles is to set standards of conduct, behaviour and ethics for the optical professions to ensure they are fit to practise and provide care to the public. These take the form of our [Standards of Practice for Optometrists and Dispensing Opticians](#), [Standards for Optical Students](#) and [Standards for Optical Businesses](#).
3. It is important for the Standards to make our expectations clear and so they are designed to be as self-contained as possible. We recognise, however, that there will be some situations where registrants need further information to help them meet the standards expected of them. Our [Standards Framework](#) sets out the circumstances in which we may produce additional guidance to support the Standards. This report relates to public consultation on a piece of draft guidance created in line with that framework.

## Our approach to consultation

4. We believe it is important that the people affected by our work have a say in how we operate. We believe it is vital that we consult with all the groups with an interest in the GOC: patients, the public, our registrants, optical organisations, healthcare organisations, employers, other regulators, staff and other stakeholders. As such, we conduct a full public consultation when all stakeholders could be affected by a change we're planning – as we have in this instance.
5. Our [Consultation Framework](#) sets out the principles we adhere to when we consult.

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## Background and rationale

6. Within the GOC's Standards of Practice for Optometrists and Dispensing Opticians there is a requirement at standard 11 to protect and safeguard patients, colleagues and others from harm. This includes expectations to raise concerns about patient/public safety, act on them (if within the individual's remit) or escalate them if they remain unresolved. There are similar expectations on business registrants under the Standards for Optical Businesses (standard 1.1) and students under the Standards for Optical Students (standard 10). We call 'raising concerns' in this way 'speaking up'. You may have also heard the term 'whistleblowing' used to describe it.
7. We know that there are difficulties with healthcare professionals being able to speak up about patient/public safety and have their concerns listened to and dealt with appropriately. The majority of recent inquiries into wrongdoing within NHS trusts show that staff had concerns about what was happening at an early stage, but they were either blocked from raising them or not taken seriously. The Mid Staffordshire NHS Foundation Trust Public Inquiry in 2013, tasked with looking at a series of failings at Mid Staffordshire NHS Foundation Trust, recommended the formation of the National Guardian's Office to champion speaking up by staff and that regulators incorporate a duty of candour into their professional standards. A number of more recent inquiries, including the Paterson Inquiry and the Gosport Independent Panel, have also highlighted incidences of concerns being raised by staff but not appropriately actioned.

## Methodology

8. We ran a public consultation survey on the draft speaking up guidance document, which was hosted online on our GOC consultation hub and open for responses from 17 December 2020 until 10 March 2021. All respondents were asked to answer the same questions. Quantitative and qualitative analysis of the data collected as part of the survey was undertaken and the main feedback in relation to each question is detailed in the main body of the report. Where appropriate, quotes have been included to illustrate the views expressed and, where respondents have provided consent to publish their identity alongside their response, the quotes have been attributed to them.
9. All percentages shown in this report have been rounded up to the nearest whole number, meaning that sometimes totals may slightly exceed 100%.
10. For expediency, data analysis and authorship of this report has been undertaken in-house by GOC staff with the requisite skills and expertise.

11. There were a number of comments that addressed the GOC's role and response to the COVID-19 pandemic. We have not included these comments within the consultation as they were not directly relevant to the speaking up guidance. We reviewed every comment received, including those which were not directly relevant to the questions asked. We are unable to include individual responses to all of these comments within this report, but have responded where we felt it was appropriate to do so. We will continue to use this feedback to improve our communications and overall performance going forward.

## Demographics

12. We received 72 unique responses to the consultation survey, with the majority being from optometrists (50). The remaining responses were split between dispensing opticians (8), contact lens opticians (4), therapeutic prescribers (2) and organisations (8). Due to the relatively small number of responses, we have grouped respondent types where appropriate to allow for ease of analysis and reporting, although where there are significant disparities between different categories of registrants, these have been highlighted.

Group	Category of respondent	Responses
Individual registrants	Optometrist (including optometric contractors)	50
	Dispensing optician	8
	Specialist (therapeutic prescribers and contact lens opticians)	6
Organisations	Business registrant	1
	Optical professional body	2
	Optical defence/representative organisation	1
	Healthcare regulator	1
	Other optical organisation	3

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## Summary of findings

13. There were mixed views from respondents on the draft guidance, revealing general support for the guidance in principle but a great deal of hesitance and nervousness around speaking up about potential harm which was only partly allayed by the guidance.

*“It’s not easy to use because as most optometrists know, you whistleblow and you will inevitably be bullied out of your job and it will make it hard to get a job elsewhere.”*  
Optometrist

14. Whilst a small majority (52%) thought that the draft guidance would give them more confidence in knowing what to do if they had a patient safety concern, only 38% thought that the draft guidance would give them confidence to speak up about those concerns. Reasons given were varied, though with two particular reoccurring themes: one being a perception that the GOC favours its business registrants so that speaking up is unlikely to have an effect other than detriment to the individual, and the second being that anonymous speaking up should be permissible.

*“It needs to be much easier and clearer for practice staff to approach the GOC whilst protecting their identity. For example with a cast iron assurance of anonymity if requested.”*  
Optometrist

15. 56% of respondents thought the draft guidance was presented in a way that was clear, accessible and easy to use, with a number of these stating that there was a clear pathway to follow for those speaking up. Where there was disagreement on this point, it came in the form of a desire for more visual aids (such as flowcharts) or for the guidance to be much shorter and in bullet-point format.
16. When asked whether the draft guidance was sufficiently flexible to cover all four nations of the UK, most respondents (39%) thought that it was, with dissenters raising that the National Guardian’s Office recommendations (and a number of sources of further advice given in the draft guidance) were applicable to England only.
17. 46% of respondents answered in the affirmative when asked whether anything was missing, incorrect or unclear in the guidance. Reasons given for this answer were an imbalance in the guidance between the duties incumbent upon individuals (on whom the burden was perceived to be greater) and the duties of businesses to foster an open and honest culture.



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*“The guidance should include more emphasis on the role of the business registrant to both facilitate a culture of openness and provide clarity on how to escalate concerns internally. This would improve the understanding of how to raise a concern internally and increase the confidence in speaking up amongst registrants.”* The College of Optometrists

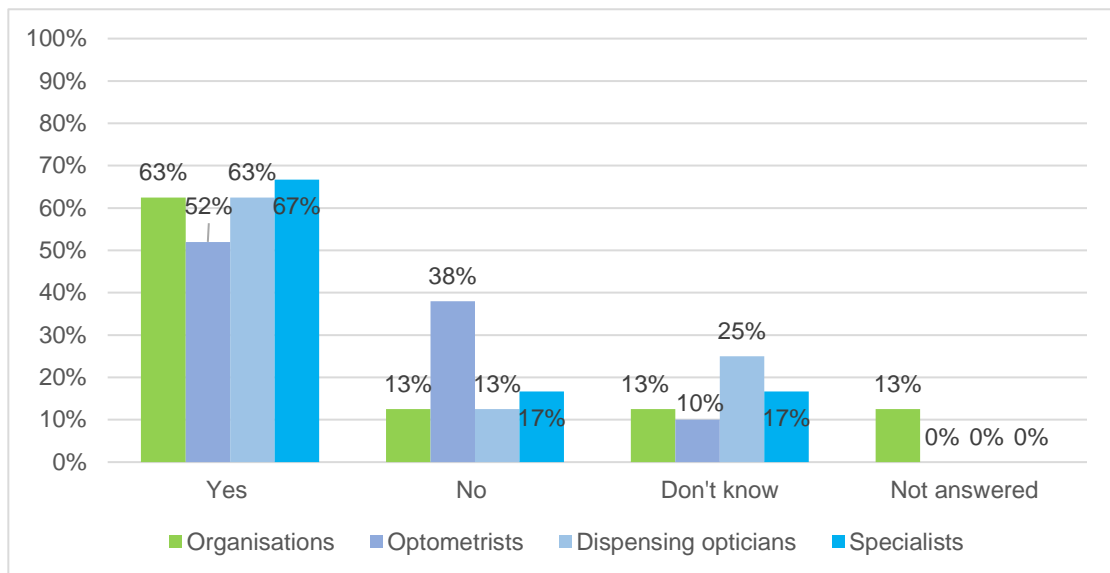
18. In relation to whether any aspects of the draft guidance could have an adverse impact on patients and the public, individual registrants, businesses or others, 34% of respondents said that there would be an adverse impact: namely to individual registrants for speaking up, and perceived negative consequences arising from that. No other adverse impacts were identified by respondents.
  
19. Looking more broadly than just the draft guidance, 74% of respondents thought that there was more the GOC could do to promote speaking up and a culture of openness and honesty within optics. There were a variety of suggestions put forward, though the vast majority (31%) centred around the perception that the GOC favours business registrants over individuals, claiming that remedying this imbalance would instil confidence in individuals to speak up. Mandatory training/CPD for all registrants on speaking up and an awareness campaign to promote the guidance were also popular suggestions from respondents.

# 1. Clarity and accessibility

- **56%** of respondents thought that the draft guidance was presented in a way that was clear, accessible and easy to use
- **40%** of respondents answered that the draft guidance was sufficiently flexible to accommodate differences in policy and practice across the UK
- **67%** thought that there were specific issues or barriers which might prevent registrants from using the guidance
- **47%** considered that there were missing, incorrect or unclear parts of the draft guidance

## Presentation of the guidance

Figure 1: “Is the guidance presented in a way that is clear, accessible and easy to use?”



20. A small majority of respondents thought the guidance was presented in a way that was clear, accessible and easy to use. Optometrists had the highest levels of disagreement (38%) but a majority (52%) still agreed with the statement.

*“Clear process to follow.”* Contact lens optician

*“Logically laid out.”* Optometrist



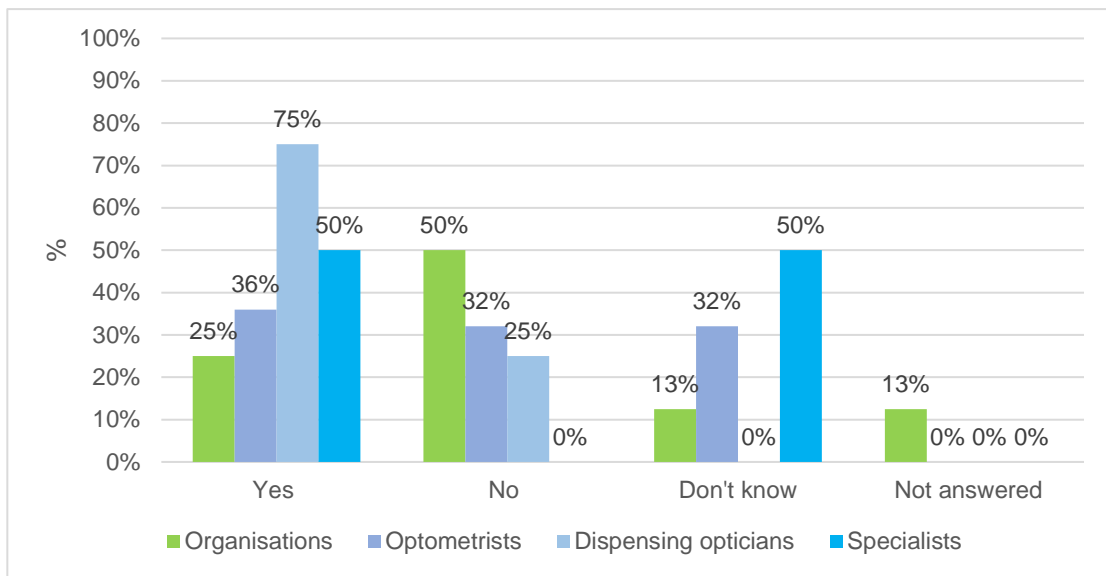
21. There was no significant difference between responses from individuals and organisations. Comments were split between those saying it was easy to understand and follow, and those criticising the length of the guidance.
22. The most frequent suggestion for change was to include a summary of the guidance for ease of reference.

*“Should give a ‘key facts’ statement and use less jargon.” Optometrist*

*“There isn’t a summary of what the actual guidance is, and it appears to be a lot of waffle. It needs to be precise and to the point.” Optometrist*

## Accommodating differences in practice

Figure 2: “Is the guidance sufficiently flexible to accommodate differences in policy and practice across the nations of the UK?”



23. There were a range of responses to whether the guidance was flexible enough to account for differences between the nations of the UK. Individuals broadly agreed but there was a large spread, with dispensing opticians and specialists being more in agreement than optometrists.

*“No. The term “speaking up” is used in England but not in the other UK nations. The guidance needs to make that clear in paragraph 4 and to include the relevant terminology for the other nations. It also needs to be made clear that the National Guardian’s Office only covers England.” Association of Optometrists*

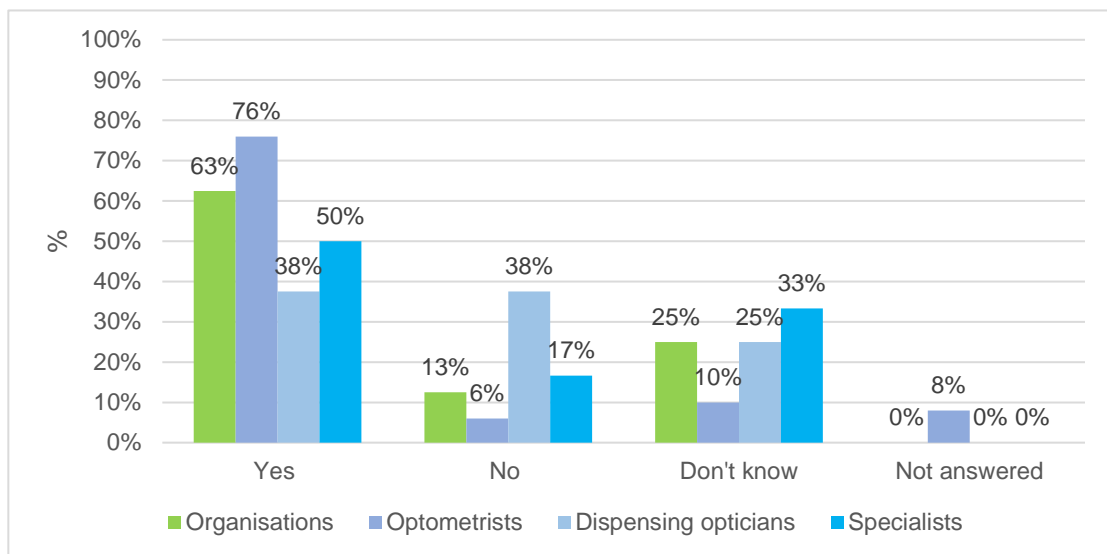
*“For patient and public safety the aim should be for common UK-wide approach to raising concerns and whistle blowing... most the content would be flexible enough to accommodate*

*other differences... However ... greater balance might be helpful in making the guidance resonate with registrants in all parts of the UK.” Federation of (Ophthalmic and Dispensing) Opticians*

24. Organisations were less likely to agree, with half disagreeing. Some pointed out that we had missed out sources of information from certain nations, that the National Guardian’s Office’s work on speaking up currently only applies in England, or that different nations use different terminology. Others thought the guidance appears to be broadly applicable across the UK despite its focus on England, but greater balance might help it resonate with registrants in all parts of the UK.
25. The percentage of ‘don’t know’ responses from individuals (30%) was higher than for the other questions and the relatively low number of written comments suggests registrants did not feel as knowledgeable about the legal situation in nations other than their own.

## Barriers to using the guidance

Figure 3: “Are there any specific issues or barriers which might prevent registrants from using the guidance?”



26. Respondents highlighted a number of barriers which might prevent registrants from using the guidance with the majority of respondents reporting this. These barriers ranged from those that affect all or most registrants, like the fear of losing one’s employment or a lack of training in the sector, to more specific concerns affecting minorities who could be even more reluctant to speak up. One particularly concerning view was the perception that the GOC does not investigate business registrants for fitness to practise concerns. While this is not true, it is a perspective that could restrict speaking up and one we need to take seriously.

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*“Fear of repercussions from their employer.” Optometrist*

*“You [the GOC] rarely challenge the multiples, only the individual registrants.” Optometrist*

*“No-one likes to speak out when they know they are putting their own livelihoods in danger. The current climate of difficult trading and redundancies will make this even more difficult. However, the guidance is clear and explains the duty in the standards of practice well. The guidance itself will not be enough to change attitudes and practices. Some training in the standard and awareness of what to do and where to get support will be important.”*

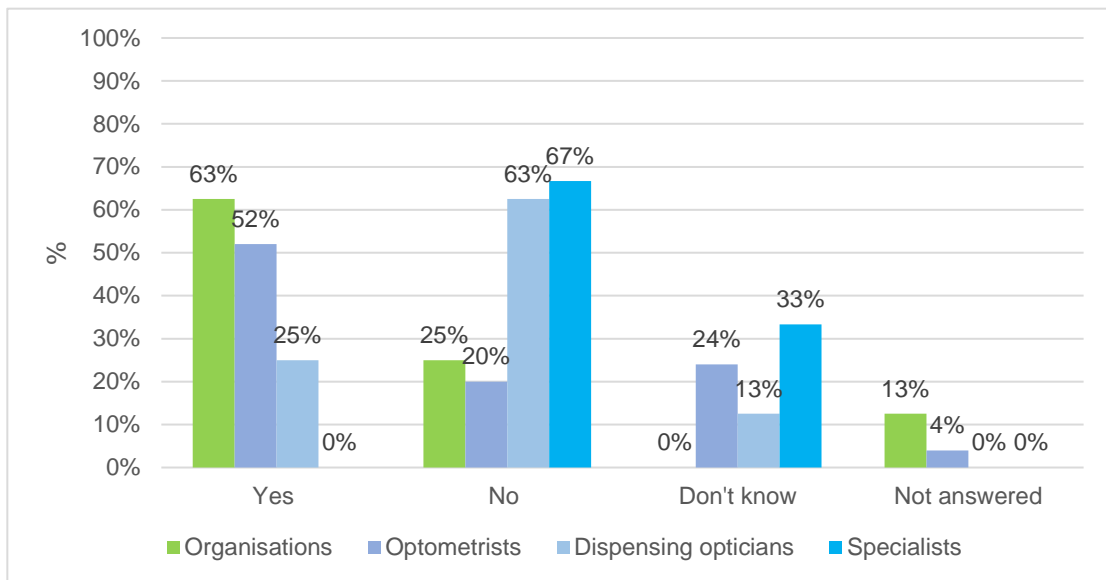
*Optometrist*

27. Organisations who responded to this question mirrored the concerns of individual registrants.
28. These concerns are particular to this topic and do not reflect general concerns about implementing GOC guidance. For comparison, we asked the same question in our consultation on the guidance for disclosing confidential information about patients, where only 28% of registrants agreed there were specific issues or barriers, as opposed to 69% on this occasion. As a prescribed person, the GOC is in a position to remove some of these barriers, by working with other organisations to encourage CPD on this topic and publicising our work investigating complaints against body corporates where possible.

*“As discussed above, people’s confidence in using the guidance will depend largely on how supported they feel in speaking up. Most registrants understandably do not think of the GOC as primarily there to support them. This fact could prevent them from using the guidance or even from speaking up. It will be important for other sector bodies to offer their members guidance alongside the GOC’s, and provide support on speaking up and related issues.” Association of Optometrists*

## Missing elements from the guidance

Figure 4: “Is anything missing, incorrect or unclear in the guidance?”



29. Most organisations (63%) and optometrists (52%) thought there was something missing, incorrect or unclear. Dispensing opticians and specialists were much more likely to disagree (63% and 67% respectively) and thought nothing was missing, incorrect or unclear.
30. There were many separate suggestions for additional elements to the guidance which can be broken down into four categories.
31. The most frequent comment were respondents who asked for guidance on specific situations or how registrants who speak up can be protected from retaliation. This included concerns about being subject to fitness to practise complaints from their employer.

*“The guidance should set out:*

*1. the threshold which should be met to raise a concern i.e. does it compromise the health/safety of the registrant/colleague or member of the public. This could be set out as a series of questions against each standard of practice which they allege has been broken and would filter out inappropriate issues such employment contract aspects.*

*2. Clear reassurance that the GOC will keep their identity confidential.”* Optometrist

*“There is little that explains the consequence of speaking up about a business to the regulator. For example, would that individual be protected from vexatious (but emotionally damaging) FTP referrals by their employers?”* Optometrist

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*"I would say maybe unclear as to how I will be protected as a registrant and not judged, especially as a locum"* Optometrist

32. The next most common category was a request for information from other organisations, including sources of support and legal advice. Both organisations and individuals made this request and highlighted the role of trades unions and local optical committees.

*"Direction to representative bodies legal helplines, as well as the option to seek independent legal advice should be included."* Association of British Dispensing Opticians  
*"Providing a list of sources of advice and support specific to registrants would be useful."*  
Optometrist

*"One point that could be added is that there is a Trade Union that can be contacted."*  
Optometrist

33. The third category concerned the definitions of speaking up and whistleblowing and was put forward primarily by organisations.

*"There needs to be a recognition that raising concerns/whistleblowing and speaking up are not entirely coterminous."* Local Optical Committee Support Unit

*"Raising concerns"/"whistleblowing" and "speaking up" are related but not identical concepts. However, this is not as clear as it should be from the guidance which will therefore risk confusing registrants and the public."* Federation of (Ophthalmic and Dispensing) Opticians

34. The final category were comments on the balance between guidance for employers and individuals. These also came from individuals and organisations.

*"We also think that the guidance is unbalanced between the material aimed at employers and the material aimed at employees, not just in terms of the amount of guidance but also the type of guidance."* Association of Optometrists

*"It is missing a strong message to controlling companies and their directors."* Optometrist

## 2. Impacts and applying the guidance

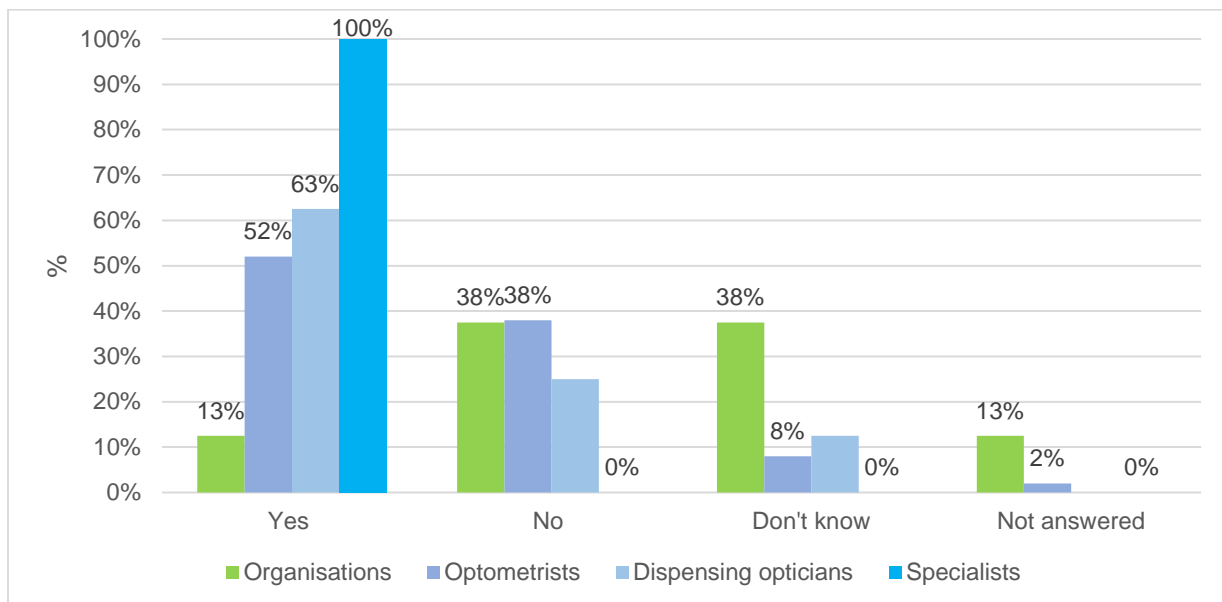
- **52%** of respondents thought that the guidance would give them more confidence in knowing what to do if they encountered a patient/public safety concern, but **only 38% said they would have more confidence in actually speaking up**
- **48%** said that the guidance **would help to protect patient and public safety**; **34%** disagreed
- When asked if any aspects of the guidance could have **negative impacts on stakeholders**, **34%** said yes; **32%** said no; and **30%** didn't know
- **52%** of respondents thought that overall, the **guidance would have either a positive impact or a very positive impact**
- More respondents thought that the guidance would have a negative or very negative impact on individual registrants (**27%**) than on optical businesses (**13%**)

### Registrant confidence and understanding

35. We asked respondents if the draft guidance would give them more confidence in knowing what to do if they encountered a patient/public safety concern.

Figure 5: “Would the guidance give you more confidence in knowing what to do if you encounter a patient/public safety concern?”

Base: Individuals (64), organisations (8)



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36. Specialists were much more confident than other types of respondent, with 100% advising that the guidance would give them more confidence in knowing what to do. Dispensing opticians also advised the guidance would give them more confidence, with 63% answering in the affirmative. Reasons for more confidence were given as the guidance having a clear process to follow, helpful suggestions of how to manage patient/public safety situations and being able to contact the GOC for no-obligation advice.

*“Asking whether the concern is something I could resolve myself is a good first step, whilst keeping colleagues informed of reasons why I feel the matter needs addressing.”*

Optometrist

*“I do like the idea of being able to perhaps talk to someone at the GOC in confidence and/or for further advice.”*

Optometrist

*“Providing details of organisations to contact is very useful.”*

Dispensing optician

37. Where respondents answered that the guidance did not give them confidence in knowing what to do, most attributed this to fear of reprisals without a guarantee of anonymity when speaking up.
38. Organisations gave differing reasons for a potential lack of confidence in knowing what to do when faced with a potential patient/public safety issue, identifying a need to ensure the guidance is applicable to and understood by registrants working in all nations of the UK, as well as a lack of confidence by some registrants in the GOC’s willingness to take action.

*“Needs to show more support especially for anonymous whistleblowing which will perhaps uncover the most serious issues.”*

Optometrist

*“I still wouldn’t feel protected reporting an issue. There should be a way to anonymously report things.”*

Optometrist

*“I am afraid that the businesses I work for would penalise me and make my life difficult.”*

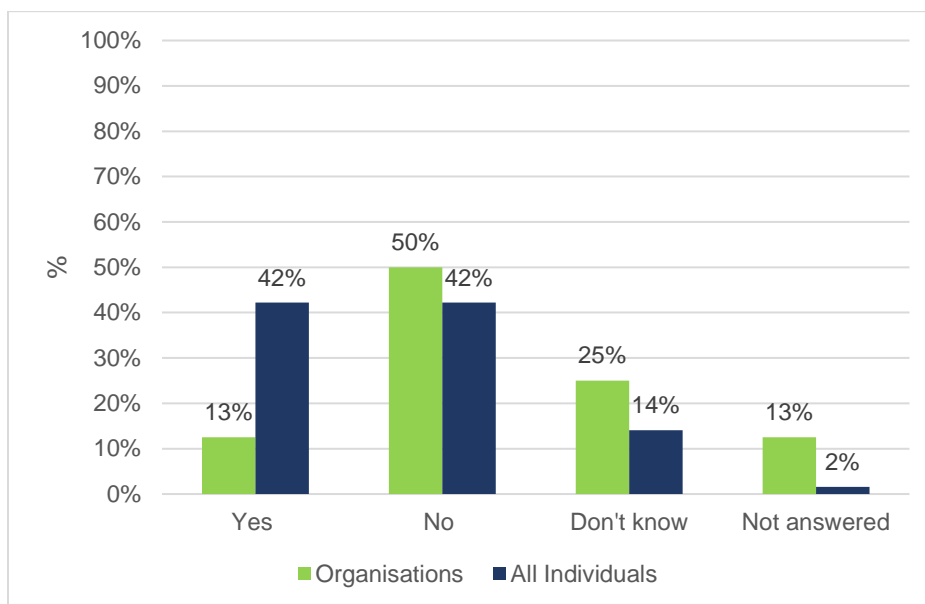
Optometrist

39. Despite a majority stating that the draft guidance would give them more confidence in knowing what to do when faced with a patient/public safety issue, this did not translate into respondents having more confidence to actually speak up about such issues, where there was a great deal more caution.



Figure 6: “Would the guidance give you confidence to speak up if you identify patient safety concerns?”

Base: Individuals (64), organisations (8)



40. There was an even split between individuals who thought that they would have more confidence in speaking up as a result of the guidance, and those who did not (42% of each). When broken down into registrant types, we saw that – similarly to the previous question – specialists had much more confidence, with 82% answering that they would feel confident in speaking up, followed by dispensing opticians (50%) and with optometrists having much less confidence in doing so (36%). Reasons given for having more confidence were the guidance providing reinforcement that speaking up is the ‘right thing to do’ and giving advice on how to do so in practice. Some respondents were more cautious, however, advising that confidence may be dependent on a cultural shift amongst optical businesses.

*“The guidance allows advice to be sought about speaking up and also where to turn if you are negatively impacted by doing so.” Dispensing optician*

*“Explains that employers should welcome feedback and that patients are not in a position to speak up themselves.” Optometrist*

*“Yes, you know it’s the right thing to do, but guidance confirms this.” Optometrist*

*“I would hope so, unfortunately working for a small independent, change can be viewed negatively and it is often difficult to have concerns taken seriously.” Optometrist*

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41. This need for a cultural shift amongst optical businesses was also highlighted as a reason for the draft guidance not providing respondents with more confidence, with 30% of respondents answering 'no' or 'don't know' giving this as a reason.

*“Although the guidance for speaking up is great in an ideal world, I do not feel that it will provide any confidence for individuals to speak up. I am aware of individuals who have received no support from those to whom concerns have been raised, and who have been belittled and threatened for speaking up.”* Optometrist

*“There are several concerns at the moment, (for example, about inadequate testing times, even more so now with COVID). Speaking up against the pressure we face as optometrists from our employers puts us at risk from being reprimanded not only by these employers, but also by the GOC for not “protecting” the public/patients.”* Optometrist

42. The fear of reprisals for speaking up also remained strong, with 50% giving this as a reason for the draft guidance failing to instil confidence in speaking up. Other reasons given were a perception that the GOC favours business registrants over individual registrants, and as such would be unlikely to take action against anyone who spoke up about unsafe business practices.

*“Whilst my top priority is patient safety, there is always the worry of the outcome – be it losing my work, future work, getting references etc.”* Optometrist

*“I work for a multiple. It is very hard to speak up for fear of repercussion despite it being annotated on the guidance that there won't be [any repercussions]”* Optometrist

*“I would still feel that it may be detrimental to my treatment at work.”* Dispensing optician

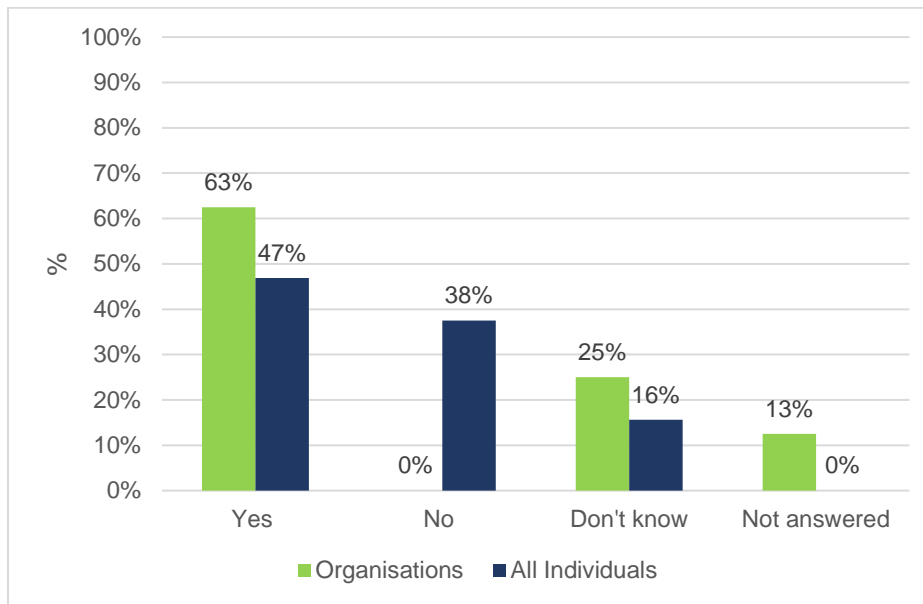
*“The guidance doesn't give any confidence that the worker, especially the locum worker, will be protected as workers are penalised for any form of speaking up.”* Optometrist

## Potential impacts

43. We asked respondents a number of questions about potential impacts of the draft guidance on various stakeholders. Firstly, we asked whether the guidance would overall help to protect patient and public safety.

Figure 7: “Do you think the guidance will help to protect patient and public safety?”

Base: Individuals (64), organisations (8)



44. Despite some reluctance around speaking up in practice, there was some support for the draft guidance helping to protect patient and public safety, with organisations (63%) more positive about this than individuals (47%). Where individuals disagreed that the guidance would help to protect patient and public safety, this was due to scepticism around the guidance being read by all registrants, as well as the perceived lack of protections for those who speak up.

*“In theory it should do - in practice, I fear that the formality of requiring the reporters details may put many off. Despite legal protections, in practice, staff will still be in fear of being 'managed out' or sacked in the case of the self employed.”* Optometrist

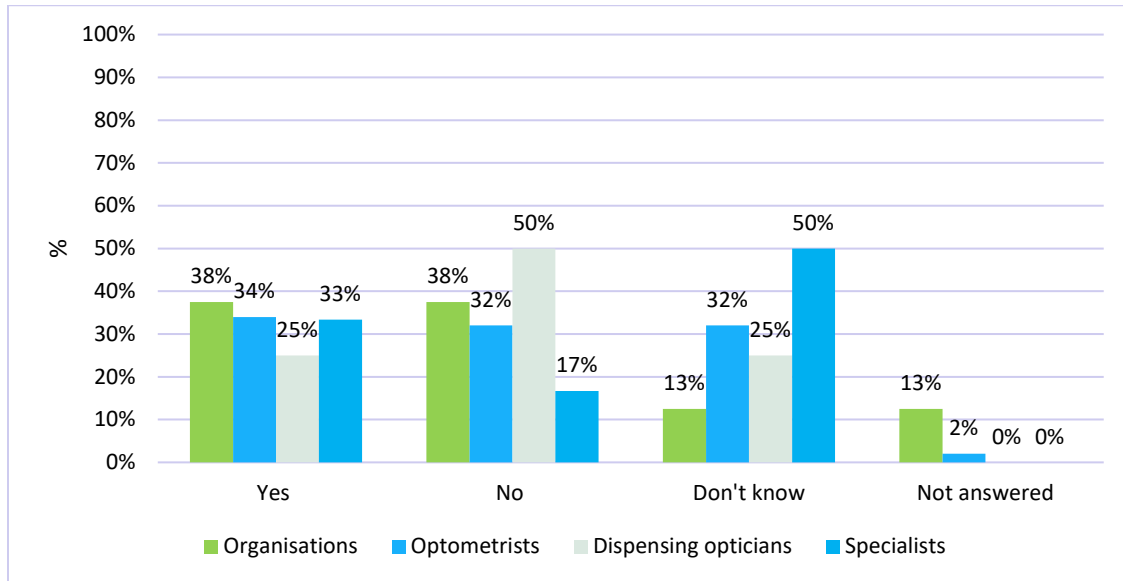
*“I would really like to think so. In an ideal world, surely that is the aim. I am just not sure if it will - firstly I think the GOC will have to ensure that each and every one of us on the register know that it exists!, has read it, and knows what to do.”* Optometrist

## Adverse effects

45. We then asked if any aspects of the guidance could have an adverse effect on patients or others.

Figure 8: “Are there any aspects of the guidance that could have an adverse or negative impact on patients and the public, individual registrants, businesses or others?”

Base: individuals: (64), organisations (8)



46. The results were fairly similar across all groups, with dispensing opticians foreseeing the fewest adverse impacts (50%). The majority of adverse effects identified by individuals related to registrants’ subsequent treatment by employers. This concern could cause a lack of confidence in speaking up which would lead to negative effects for patients.

*“I think this guidance can only help to ensure the safety and well-being of our patients. However it may be difficult for individual registrants to put this into practice if business owners are not receptive and may face (wrongly) concerns over negative ramifications.”*

Optometrist

*“Much of it relies on employer being sympathetic to your concerns and address it.”* Contact lens optician

47. Responses from organisations were split evenly with 38% agreeing and 38% disagreeing. Once again, the main concern was the effect on registrants’ confidence on protection from employers. They also highlighted an additional burden on employers to implement the guidance, but that there would be a net benefit to the public and the professions.

*“If the guidance does not build confidence in speaking up, as we suggest, then this could have a negative effect on patients.” Association of Optometrists*

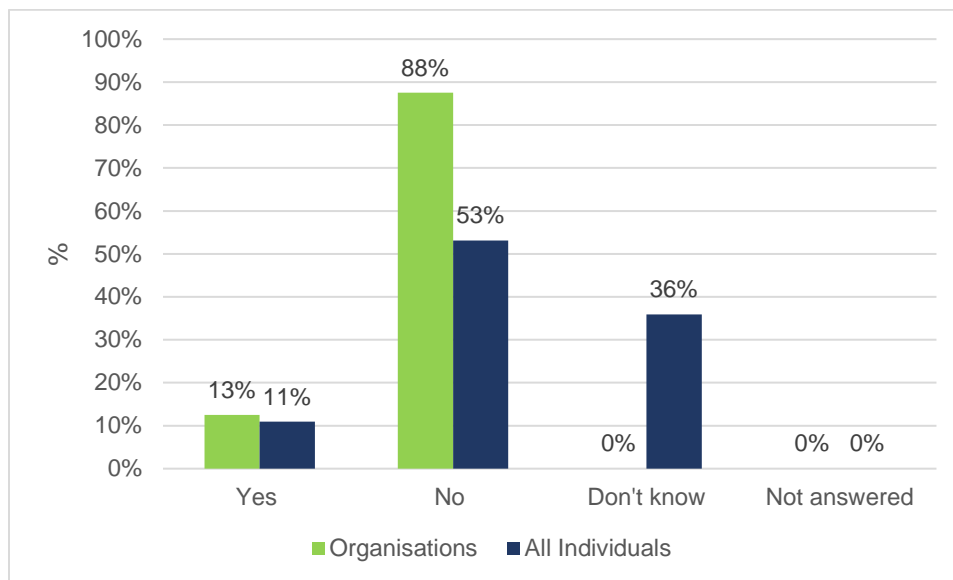
*“We recognise that full implementation of this guidance will add some additional burden to practice owners and business registrants, however, it is our view that promoting a culture of openness will not only benefit the public and reduce business reputational risk but also improve workplace relations and help ensure the public trust in the sector and professions of optometry and dispensing.” The College of Optometrists*

## Discrimination

48. We were interested to find out if there were any aspects of the guidance that could discriminate against stakeholders with specific characteristics.

Figure 9: “Are there any aspects of the guidance that could discriminate against stakeholders with specific characteristics?”

Base: individuals (64), organisations (8)



49. There were very few respondents who thought that the guidance could discriminate against stakeholders with specific characteristics, with little difference between organisations (13%) and individuals (11%). However, two respondents highlighted an important factor that we had not fully addressed in the draft guidance. This is the issue of structural inequalities, and the impact that these have on the willingness of individuals from certain backgrounds to raise concerns. One way this might manifest is if they are already feeling discriminated against, they are less likely to feel comfortable raising concerns about this or other issues. Race was highlighted as a characteristic of particular concern.

*“Racism is just one of the many forms of discrimination which occur in optical practices. The current GOC guidance does not sufficiently address the immense amount of workplace discrimination in optical practices.” Optometrist*

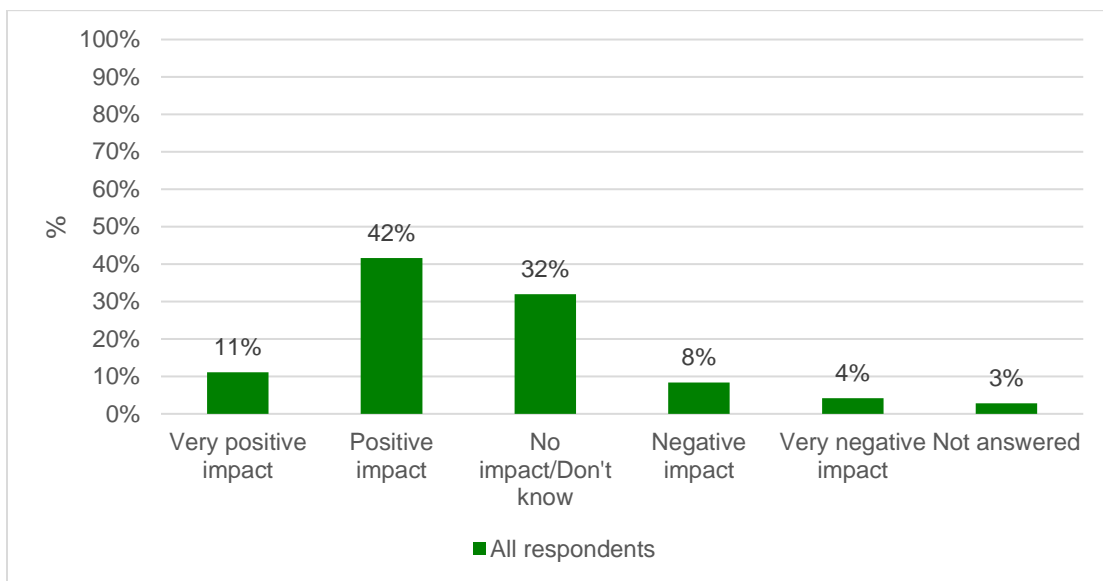
## Expected positive impact

50. The final question we asked registrants in relation to impact was on any expected positive impacts and how it would affect four groups: patients and the public, individual registrants, businesses, and others. There was broad agreement between the different types of respondent, so the charts will be presented with the responses combined for clarity. Dispensing opticians had a more favourable view than other groups and this will be addressed in the final paragraph of this section. We did not ask for comments for this question.

### Patients and the public

Figure 10: “Overall, do you expect that the guidance will have a positive impact on: patients and the public?”

Base: individuals (64), organisations (8)

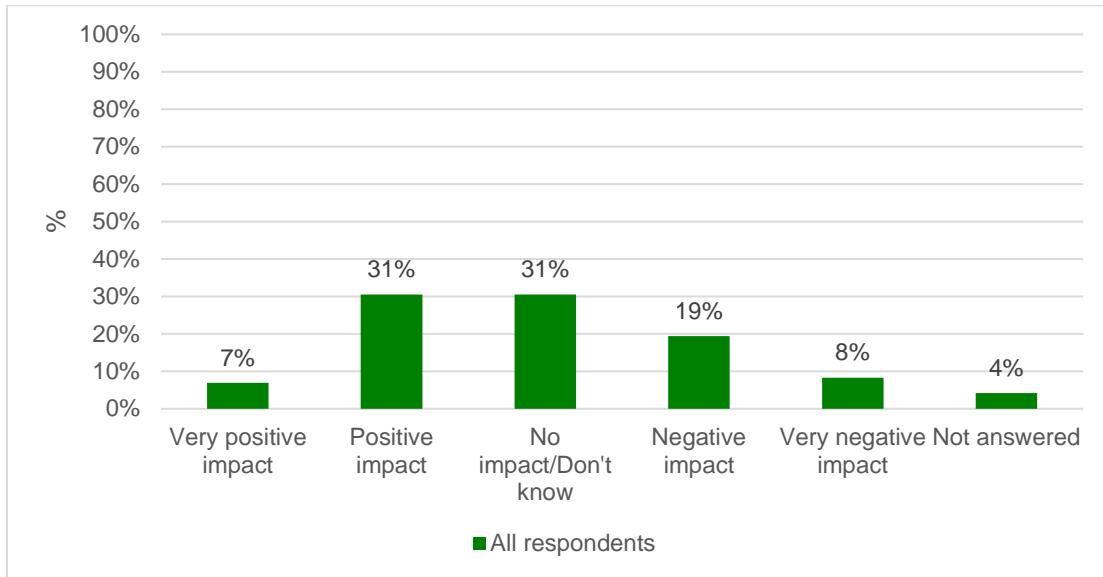


51. The majority of respondents (53%) thought that the guidance will have a positive impact on patients and the public. This compares very favourably with the (12%) who thought it would have a negative or very negative impact.

## Individual registrants

Figure 11: “Overall, do you expect that the guidance will have a positive impact on: individual registrants?”

Base: individuals (64), organisations (8)

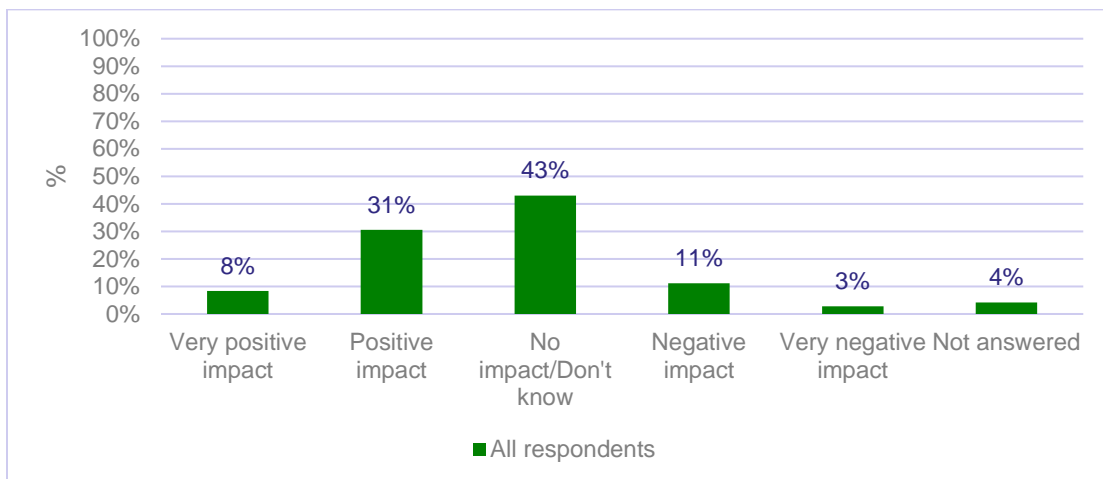


52. The response regarding the impact on individual registrants was more balanced. Relatively few respondents thought the guidance would have a very positive (7%) or very negative (8%) impact with almost a third thinking there would be no impact or that they did not know (31%). However, there were slightly more who thought it would have a positive than negative impact (31% to 19%).

## Optical businesses

Figure 12: “Overall, do you expect that the guidance will have a positive impact on: businesses?”

Base: individuals (64), organisations (8)

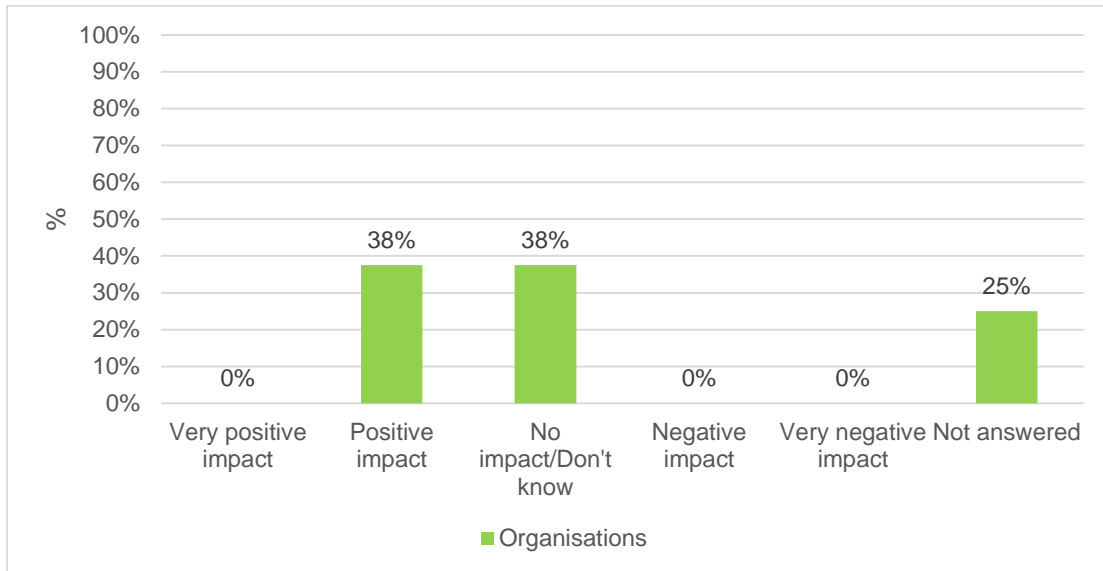




53. Once again, the impact on optical businesses was thought to be balanced or slightly positive, with 43% saying it would have no overall impact or that they did not know.

Figure 13: "Overall, do you expect that the guidance will have a positive impact on: businesses?"

Base: organisations (8)

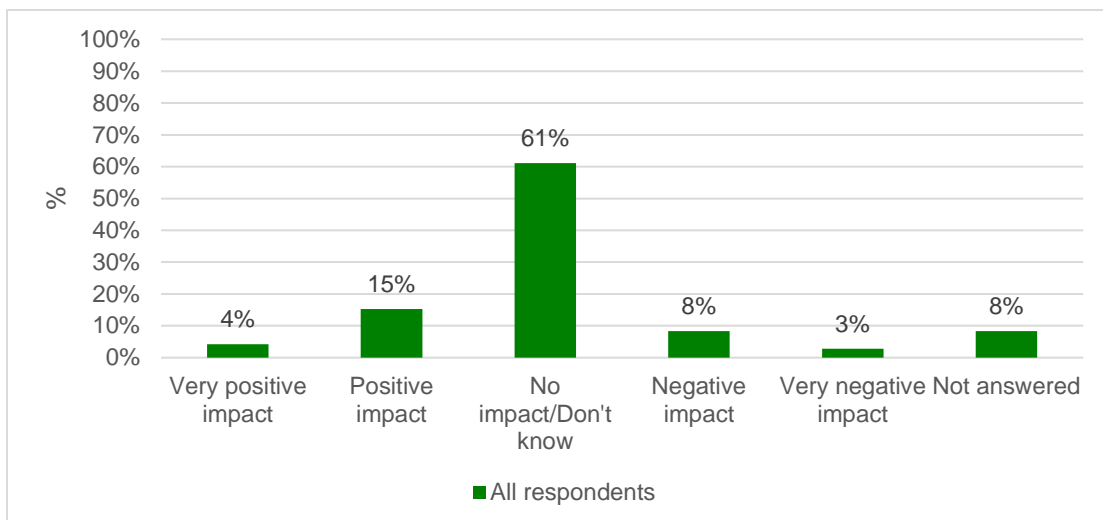


54. Organisations who responded were evenly split between there being no overall impact or there being a positive one (both 38%).

## Others

Figure 14: "Overall, do you expect that the guidance will have a positive impact on: others?"

Base: individuals (64), organisations (8)



- 
55. The trend in the previous charts continued on the impact on other groups, with a clear majority of respondents (61%) saying they thought there would be no impact or they did not know.
  56. Dispensing opticians were more optimistic than other groups with 25% believing the guidance would have a very positive impact on patients, the public, individual registrants and others, and 38% believing it would have a very positive impact on optical businesses. However, it is important to note that only eight dispensing opticians (not including specialists) answered the consultation so these numbers may not be representative of the profession as a whole.

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### 3. Promoting the wider issue

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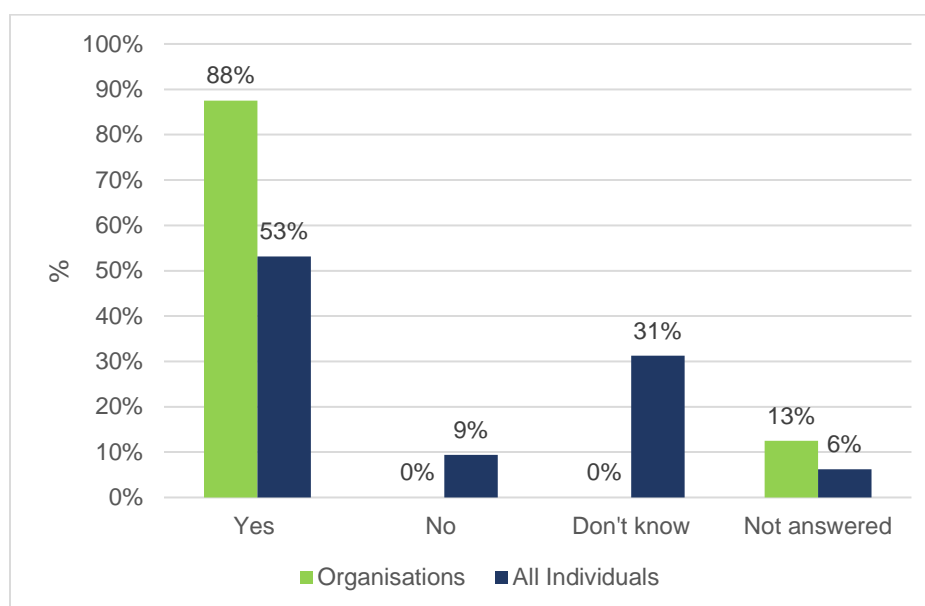
- 62% of respondents thought that specific supporting activities would be helpful to registrants in implementing the guidance, with **an awareness campaign, mandatory CET and an anonymous GOC advice line** being popular suggestions
  - Of the 8% who disagreed, reasons given were that the guidance was sufficiently clear to not require further reinforcement
  - 74% thought that there was more that the GOC could do to promote speaking up and a culture of openness, with 32% of those stating that **more action should be taken against body corporate registrants**
  - Other suggestions made were **allaying fears of regulation, allowing wholly anonymous complaints** and **greater reporting to stakeholders**
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#### Specific supporting activities

57. We asked respondents whether any specific supporting activities would be useful in helping registrants to implement the draft guidance.

Figure 15: “Would any specific supporting activities be beneficial to registrants in implementing the guidance?”

Base: individuals (64), organisations (8)



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58. Both individuals (53%) and organisations (88%) considered that further activities would be of benefit in helping registrants to put the guidance into practice. Many potential activities were suggested by respondents and reasons given for the suggestions tended to be around allaying fears of speaking up and providing reassurances, rather than further clarity around expectations being required. A particular theme in responses was that supporting activities should be aimed at all those involved in practice (including business owners and lay staff).

*“I would be grateful if mandatory training could be issued for this. Possibly not just for registrants but other practice staff, who I am sure you would agree, have an important role in the safety of patients.*

*I would be concerned that without it being mandatory, no changes would be implemented in my practice.”* Optometrist

*“This policy needs to be forcefully and clearly communicated to optical practices and business owners. They need to be aware of it.”* Dispensing optician

*“Make it obligatory for companies to train their staff and managers on upholding and maintaining good practice.”* Optometrist

59. Others took the view that there were issues external to the guidance that would need to be resolved before registrants would feel in a position to implement the guidance. Some of these related to the GOC’s complaints and investigation processes.

*“The GOC clearly demonstrating that they are prepared to REALLY hold employers to account. Almost all GOC cases are against individuals and we all know that in many many cases the employer is at least partly to blame for the problem.”* Optometrist

*“Don’t penalise registrants for reporting problems after some time rather than immediately.”*  
Optometrist

*“An anonymous, one-to-one support resource (such as the AOP Peer Support Line) in which registrants can discuss their concerns with others.”* Optometrist

60. The most common suggestion for a supporting activity, however, was an awareness campaign (suggested in 12% of responses to this question) to ensure that all knew of the guidance and what it contained. This was also supported by organisations, who called for the communications as part of such a campaign to be joined up with the messaging of professional bodies and representative associations.

*“An awareness/training campaign to support the release of this document will create discussion and help people to understand their responsibilities and where to get support/advice.”* Optometrist

*“Perhaps workshops to help enable understanding of the guidance & a 'how to' approach common themes.” Dispensing optician*

*“Engagement with optical sector bodies to cover all angles of raising concerns/speaking up.” Local Optical Committee Support Unit*

*“Yes - I think we need some CET showing how positive speaking up can lead to great business environments. How can we get young optoms and DOs to build meaningful conversations with their seniors. We need to teach them the language and approach to do this safely and hold onto their jobs. We should learn from the airline and tech industries on this.” Optometrist*

61. Some respondents were concerned that there was a punitive culture in optical practice which prioritised commercial prosperity at the expense of patient safety but they were either unable to speak up about it without recrimination or, if they had already tried to speak up about it, their concerns were not resolved. This was echoed strongly when respondents were asked for general comments on the promotion of speaking up.
62. Of the 88% of organisations who thought that supporting activities alongside the guidance would be beneficial, 75% of those supported an awareness campaign and production of continuing education and training (CET) / other learning. Greater signposting to other sources of advice was also highlighted by 37.5% of organisation respondents.

*“Regular reporting of the number of concerns that have been raised with the GOC and resulted in investigation or action would be helpful to provide sector reassurance.” The College of Optometrists*

*“CPD and annual reporting from the GOC on advice sought and cases raised.” Association of British Dispensing Opticians*

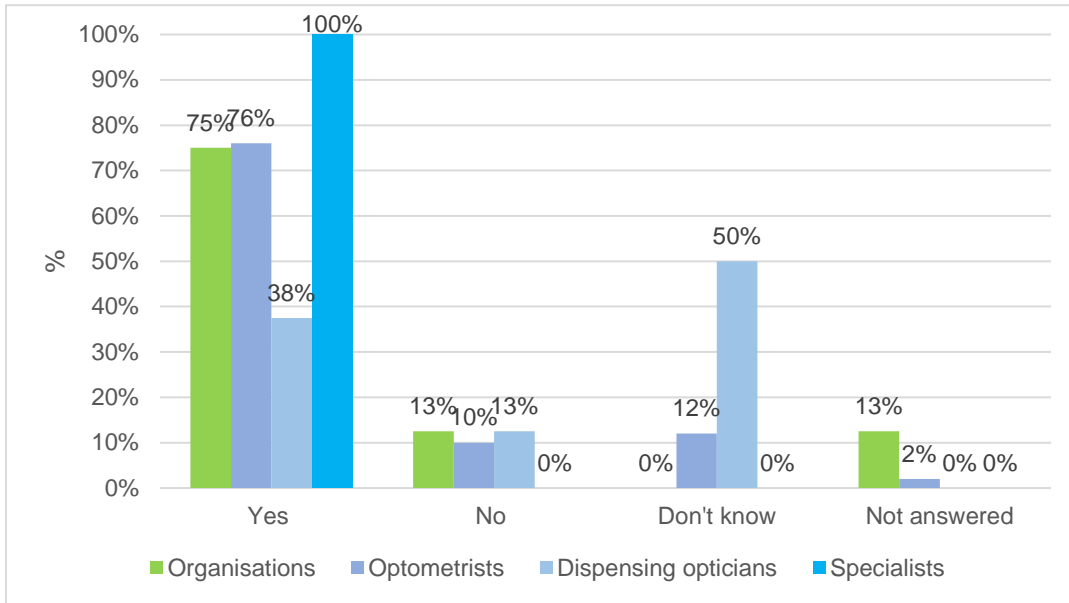
*Case examples are sometimes a useful way to help...a pledge from employers in the sector would be beneficial.” Ophthalmic Trade Union*

## Promoting speaking up and openness in the sector

63. Respondents were asked whether there was anything additional that the GOC could do to promote speaking up and a culture of openness and honesty within optical care. Organisations and individuals responded similarly to this question in the main, with 75% of the former and 73% of the latter responding that the GOC could do more. There was, however, some disparity between types of individuals' responses, with dispensing opticians much less likely to think more could be done (38%) than optometrists (76%) and specialists (100%).

Figure 16: “Is there anything further we could do to promote speaking up and a culture of openness and honesty within optical care?”

Base: Individuals (64), organisations (8)



64. The responses given to this question were very varied, but the themes seen aligned strongly with those present throughout the consultation. Particularly prominent were requests for action to be taken against bodies corporate on the basis of anonymous allegations, and a need to allay fears of the GOC and of corporate culture more generally before registrants will feel comfortable speaking up.

*“Banning the practice of ghost clinics and having testing times of 30 minutes plus. Listen to forum comments even if they are anonymous, their numbers should give you confidence that they are real concerns and not vindictive against particular multiples.”* Optometrist

*“Allow people to do it anonymously. No matter what you may think there is absolutely no way there wouldn’t be some comeback from whistleblowing against your employer! You have to protect the whistleblower’s identity.”* Optometrist

*“Perhaps - I think generally all registrants are in fear of the GOC. We need to know that you are approachable, on our side and here to listen to us.”* Optometrist

65. As organisations advocated in response to the previous question, there was a keenness for the GOC to be ‘leading by example’ and being more open with information about its processes and outcomes, which they thought would inspire confidence in registrants to be more open in turn, and to see the value in speaking up.

*“The GOC has the ability to hold registrants accountable in ways which do not necessarily have to be drawn out over months. By placing emphasis on additional training, receiving a complaint becomes an opportunity to improve and grow as healthcare professionals rather than something to fear.”* Optometrist

*“Publish all actions taken or raised against corporates.”* Optometrist

*“Please review current processes to speed up investigation and action should the case indicate. Taking prompt action and being seen to will in turn encourage others to speak up.”*  
Optometrist

*“Ensure that in the David and Goliath battles of individual registrants vs. large multiple corporations, the Goliath businesses' interests in the GOC do not provide them with any advantages (as is the perception of many individual registrants).”* Optometrist

66. Other respondents said that they would like to hear more from the GOC generally, and suggested an increase in communication channels would be of benefit.

*“Communicating with members with surveys.”* Optometrist

*“Regular and extensive communications.”* Optometrist

*“More open forums and access to speaking out such as questionnaires.”* Optometrist

67. Organisations also identified further activities that the GOC could partake in, or processes that it could introduce, to promote speaking up and ensure all involved in optical care were in a position to do so safely and efficiently. It was also suggested that cross-professional learning could be of benefit to demonstrate to registrants that speaking up can have positive outcomes.

*“The GOC could publish case studies alongside the guidance, showing how speaking up can benefit patient care, and that it does not involve negative consequences for the person who spoke up.”* Association of Optometrists

*“There needs to be an external mechanism by which individuals can escalate concerns regarding micro businesses / sole traders. Where the organisation is so small, there may be not sufficient members of staff for escalation or independent consideration.”* The College of Optometrists

*“Regular reminders/direction to guidance where appropriate and show the profession they are supported and encouraged to use the process.”* Association of British Dispensing Opticians



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## 4. Conclusions and actions

68. Based on our analysis of the feedback from the consultation, we note the overall support for the principles of the guidance, as well as the barriers and challenges in implementing it.
69. We have considered all of the feedback and will make the following changes to the guidance:
- We acknowledge that the terms “speaking up”, “whistleblowing” and “raising concerns” are not the same. We have given more information about what these terms mean and have more clearly explained the link between them.
  - We recognise that the guidance did not clearly explain our reasoning for using the term speaking up, which is the term used in England. We will clarify this in the guidance and note that that term is not normally used in other UK nations. We will explain that we use the term speaking up because we feel that it more clearly aligns with the recommendations of the Francis inquiry<sup>1</sup> and covers all the issues/concerns that someone might have about patient care.
  - We considered combining the guidance on candour and speaking up but do not think it would be appropriate to do so because they are different, but we will more clearly explain the difference between the two and how they link together.
  - We will outline the professional requirement to speak up when patient or public safety may be at risk, or when a registrant has concerns about propriety, such as when they observe something that appears seriously wrong or not in accordance with accepted standards.
  - We recognise the importance of registrants seeking advice from professional/representative bodies, trade unions and/or speaking up guardians in local optical committees or employers, and will emphasise this in appropriate places in the guidance.
  - We will add a new paragraph on barriers to speaking up, which addresses the impact of structural inequalities (particularly with regard to those registrants with protected characteristics under the Equality Act 2010). We will also emphasise this in the business section and make it clear that businesses should do all they can to create an appropriate culture and that we will investigate instances of victimisation and discrimination.
  - We will emphasise that a public/patient safety concern could potentially arise from a

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<sup>1</sup> <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>

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lack of action.

- We will amend ‘at source’ to ‘at local level’ and make it clear that most issues can be resolved at local level rather than immediately escalating to another organisation such as the GOC.
- We will emphasise that registrants should use appropriate channels to speak up and that they should always document their concerns and any attempts they have made to speak up.
- We will update the ‘escalating your concerns’ section to emphasise protected disclosures and when you might not be protected e.g. when going public with concerns. We will add more information about what this means and why it might not be helpful to do so.
- We will add in reference to locums (including self-employed locums) as workers, as this was not included in the previous version of the guidance.
- We will amend the guidance to confirm that we would take very seriously and have the power to take action against any individual or business registrant who discourages anyone from speaking up or treats anyone unfairly because of speaking up.
- We will add to the list of sources of advice, including professional bodies, health services in other nations and the Health and Safety Executive. We will also add references to e-learning resources developed by the National Guardian’s Office and Health Education England.
- We note the comments that the guidance appears imbalanced between individuals and businesses. We think that this is in part necessary because of the more detailed guidance that we need to give to individuals for them to consider whether they should speak up. We will amend the guidance to make it clear in the section for businesses that they also need to read the guidance for individuals and will add to the guidance for businesses to more clearly set out our expectations, including the kind of environment they must create in order for people to feel comfortable speaking up, and being more aware of barriers to speaking up.
- We recognise that some registrants have the impression that we do not investigate business registrants. Our [annual report for 2019/20](#) shows that nine per cent of the investigations we opened were into business registrants – this is in line with expectations because business registrants make up nine per cent of our total registrant numbers. We will emphasise in the speaking up guidance that businesses should ensure that anyone speaking up, or considering speaking up, is not victimised or discriminated against. We will set out the consequences of discouraging anyone from speaking up or treating anyone unfairly because of speaking up. We will explore how we can better communicate the outcomes of

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fitness to practise cases including against business registrants in the future.

- We acknowledge that the guidance would have benefitted from a flowchart and more bullet points. We will include a flowchart and add more bullet points in the text where it is possible to do so, including summarising the process to follow at the beginning of the 'how to speak up' section.

## Considerations for implementation of the guidance

70. We recognise that there are barriers to speaking up and we recognise the role that the professional/representative and other optical sector bodies will play in supporting registrants to feel comfortable to speak up. We will encourage registrants to undertake continuing professional development (CPD) in this area.
71. One of the barriers to speaking up is fear of the GOC. We recognise that this fear exists and have been working to break down these barriers. One of the ways we have done that in the last year is to introduce a [learning bulletin](#) for registrants on the fitness to practise process. This aims to give insight into the types of concerns we receive and how we assess them at every stage of the investigation.
72. We also note the concerns from some around giving their identity when speaking up for fear of action taken against them by their employer. We understand that speaking up anonymously can feel safer and we feel that the guidance makes clear this can be done. However, there are limitations with this because we need to gather specific evidence before taking action, which may not be possible to do if we cannot contact the individual who has spoken up. In addition, it is often the case that these requests will identify individuals, even if their names are withheld. We would like to reiterate that individuals are entitled to report their concerns anonymously, but, as we have outlined in the guidance, doing so may limit our ability to take action in response to concerns. As outlined earlier in the conclusions, we will update the guidance to make it clear that businesses must comply with the law and must not victimise or discriminate against a person who has spoken up or is considering speaking up.
73. We note the suggestions that there should be mandatory training on this guidance. It is not within our remit to provide mandatory training, but as we have outlined above, we will work with CPD providers and businesses to encourage training in this area through our new CPD scheme.
74. We will continue to work with professional/representative bodies and other organisations in the optical sector to publicise this guidance, encourage registrants to speak up and help them to feel supported when doing so.