General Optical Council:
Research on public perceptions of the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students

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Research respondents reported high expectations for the way in which optical professionals and students conducted themselves.

The General Optical Council's standards were felt to be comprehensive, with few areas of refinement suggested.

Executive summary

This research aimed to support the General Optical Council (GOC) in better understanding patient and public views on the GOC's Standards of Practice for Optometrists and Dispensing Opticians, as well as their Standards for Optical Students.

Focus groups and interviews were conducted with patients and the wider public across the UK to gather insights on the standards overall, as well as four key topic areas.

Overall, the standards were seen to be important for ensuring patients received trusted, safe and skilled care.

Appropriate online conduct and behaviour on social media was felt to be necessary in public professions such as optical care.
It was felt to be important for optical professionals to be mindful of their online behaviour and of what they posted on social media.

Respondents expected compassionate, friendly and respectful service, but with appropriate boundaries for patient wellbeing.
Maintaining different types of boundaries was seen to be relevant, both during appointments and outside of these.

Technology in eye care was viewed positively.
Potential changes to how technology is used in eye care were welcomed, with many benefits perceived, but human interactions were still seen as important.

Respondents were comfortable with delegation, but had mixed views on supervision – particularly if remote.
Delegation of optical activities was seen as time-saving and appropriate, but it was felt the nature of supervision depended on the skill level of those being supervised.

Section 1: Background and methodology

Background to the research

As the regulator for the optical professions in the UK, the GOC has responsibility for setting standards for optometrists, dispensing opticians, optical students and optical businesses.

The GOC is committed to ensuring the standards remain fit for purpose, reflect the current context in which optometrists and dispensing opticians practise and students are trained, and offer continued public protection.

This research explored public perceptions of the Standards of Practice for Optometrists and Dispensing Opticians and the Standards for Optical Students. Further details about these two sets of standards can be found in Appendix A. Exploring the standards for optical businesses was not within the scope of this research.

In April 2023, the GOC launched a Standards Review. Early scoping research identified the key topic areas that this research considers, which includes the expectations of optical professionals around: online conduct and use of social media; professional boundaries; use of technology; and delegation and supervision. As demonstrated in the report, thematic interdependencies have been explored where they emerged, such as the use of social media and maintaining professional boundaries, and the use of technology and remote supervision.

Note that optometrists, dispensing opticians and optical students are collectively referred to as 'optical professionals' in this report, while the Standards of Practice for Optometrists and Dispensing Opticians and the Standards for Optical Students are collectively referred to as the 'standards'.

Research objectives

1. What are public views of the areas covered by the GOC's existing standards?

2. What are public views on how optometrists, dispensing opticians and optical students should use social media, for professional and personal purposes? What is the impact, if any, of their online conduct?

3. What are the public views on how optometrists, dispensing opticians and optical students should maintain appropriate professional and sexual boundaries, in relation to both patients and their colleagues? What is the impact, if any, of failing to maintain appropriate professional and sexual boundaries?

4. What are public views on how optometrists, dispensing opticians and optical students should use technology to provide care? What is the actual or perceived impact on patient care?

5. What are public views on the supervision and delegation of activities to other members of the optical team (including both registered and non-registered staff)? Do the public feel supervision needs to be on-site?

6. What are public views on the suitability of the standards in relation to the four topic areas discussed?

7. Are there any other topics not currently covered within the standards which should be covered in the future?

Methodology and sample

The **research methodology** involved:
- 6 focus groups, split by age bands, with a total of 45 respondents.
- 10 interviews conducted with vulnerable service users, defined as those who have domiciliary care, to ensure their experiences were appropriately explored within this research.

The research tools used can be found in [Appendix C](#).

The **research sample** was designed to represent key demographic areas, with data collected on age, gender, ethnicity, location, disability status, weekly household income, last visit to an optometrist or dispensing optician, and eye condition. The sample was broadly representative of the UK population, with some increases to statistically smaller groups, including those representing ethnic minorities and devolved regions. Further details on the sample can be found in [Appendix B](#).

Data analysis involved interviews and focus groups transcribed verbatim and analysed using computer-assisted qualitative data analysis software Atlas.ti. For the purpose of this research, 'patient' refers to a respondent who had visited an optometrist or dispensing optician in the last two years.

A potential **research limitation** was the impracticality of exploring a large volume of standards across the sample. To mitigate this we discussed standards in relation to key topic areas and split these evenly across groups and interviews, so all age groups discussed all areas. We also provided a pre-read document detailing the standards and examples for each topic area to minimise the time covering this in groups and interviews.
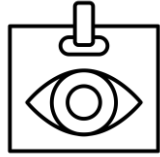
Section 2: Views of the areas covered by the GOC's standards

Respondents could see the GOC's standards being important for ensuring patients receive trusted, safe and skilled care.

The standards of practice were seen to protect patients

Respondents' thoughts on the purpose of the standards of practice centred around four key themes.

Consistency

- Respondents viewed the standards as ensuring all providers, whether independent practices or chains, provided the same level of care and service that patients could trust.
- If they didn't exist, respondents imagined there would be a lack of consistency across providers.

Protection

- Respondents felt that the purpose of the standards was to ensure patients felt safe, and that professionals had a level of accountability.
- It was felt that they helped maintain appropriate professional boundaries – this was particularly noted by vulnerable service users and young respondents.
- It was also felt to protect both patients and professionals.

Wellbeing

- Respondents felt the standards existed to ensure patients were treated appropriately.
- Respondents discussed the attributes of respect, fairness and trust.
- Key here was being able to trust optical professionals, which was particularly noted by vulnerable service users.

Guidance

- Another perceived purpose was ensuring optical professionals met a certain level of competence.
- Respondents described the standards as 'guidelines' or 'rules'.
- Some felt it let them know their 'rights' or what to expect.
- In addition, they were also felt to ensure legal compliance.

Respondents highlighted a few areas of importance

When asked whether they felt some of the standards were more important than others, although some respondents felt all the standards interlinked and were equally important, the research suggested they placed importance on four key aspects.

Communication

It was felt that listening to patients' interests and communicating effectively were 'central' to the standards. This was particularly noted by vulnerable service users and older respondents.

Wellbeing

Standards related to patient wellbeing were seen as highly important. This included ensuring appropriate boundaries and being treated fairly and with respect.

Trust

Respondents considered honesty and trust to be important, particularly with regards to their health, and when working with personal information. This was particularly noted by vulnerable service users.

Competence

It was felt that professional competence, compliance and accountability were important parts of the standards, including responding to complaints efficiently.

"Patient care for me should be central to the standards. Confidentiality and privacy, showing respect and fairness, they're the sort of things that people would find most important when visiting."

Patient, Female, 16-39, England

Respondents saw no difference in the responsibility of optometrists or dispensing opticians and optical students around adherence to the standards – suggesting students should 'start off as you mean to go on'.

Respondents saw opportunities for refinement

Some respondents had concerns or suggestions for refinement to the overall standards, which centred around their structure and interpretation.

The structure of the standards:

- Some felt the sequencing of the standards seemed unclear, and that it would be challenging to look for a particular area.
- In addition, respondents perceived that some standards overlapped or covered the 'same sort of message'.

The interpretation of the standards:

- While appreciating the intention of the standards to be broad, there were some concerns about them being open to interpretation, which led some to query how adherence to the standards would be measured.
- For example, one respondent discussed how the definition of the term 'appropriate boundaries' might differ between individuals.
- Respondents discussed how, in some cases, specific definitions or examples might be helpful to aid with meeting the standards.

Section 3: Views on online conduct and the use of social media

Respondents reported that good online conduct was particularly necessary in public-facing professions for which trust is essential. For social media, it was considered important for optical professionals to think about the type of content posted, as well as language and boundaries.

Paid advertising on social media was front of mind

When asked what came to mind when considering the use of social media in the optical professions, respondents raised associations with paid promotion and advertising – either from what they had actually seen or imagined being used in this context. No respondents indicated following optical professionals or their optical practice on social media.

Paid-for advertising
Respondents reported seeing – or could imagine seeing – adverts promoting optical practices or chains on platforms such as YouTube, Instagram and Facebook.

Online providers
Respondents, particularly those who were younger, also reported seeing advertisements from online providers offering affordable frames or lenses.

Social media content
A less frequently mentioned experience was coming across social media accounts offering optical advice.

"I just thought of paid advertising. I recently got Instagram… I understand that the algorithm is based on what I look for. If I was looking for practices near me, I would expect to receive paid advertisements by practices…"

Patient, Male, 16-39, England

There were clear expectations around online conduct

Respondents felt that appropriate online behaviour was particularly necessary in public professions requiring public trust, with good online conduct seen as essential for protecting the reputation of optical professionals and their practices. Many felt there should be a clear separation between what is posted on personal and professional social media accounts.

- Overall, it was felt that seeing inappropriate online conduct would create a negative impression, make them uncomfortable, damage trust, and even prompt them to make a complaint.

- Younger respondents expressed how their expectations around the online conduct of optical professionals were largely the same regardless of whether it was in a personal or professional capacity – particularly due to how easy it might be to link them. Respondents discussed how professionals could easily be found online, as well as the idea that 'the internet is forever'. This meant they considered it important for optical professionals to be careful about what they posted online, which many felt should include personal social media accounts.

- However, some middle-aged and older respondents were less concerned about online conduct on personal accounts, feeling that professionals should be able to post what they liked.

- It was recognised that the degree of privacy of different platforms mattered here, with posting to a more public platform, such as Twitter, being seen as markedly different to private messages on a service like WhatsApp.

Examples of unsuitable online conduct were shared

Respondents cited various examples of what they deemed inappropriate online conduct. It was felt that optical professionals should be careful about the type of content shared, the language used, and not crossing professional boundaries.

Examples of what respondents considered inappropriate online conduct

- Writing negatively about a patient or revealing patient details. Older respondents were particularly concerned about derogatory comments based on patient age, ethnicity or background.

- Writing negatively about their optical practice.

- Posting 'false or dangerous' claims about eye care.

- Crossing professional boundaries, e.g. messaging patients privately or via social media.

- Sharing extreme views, such as around political beliefs.

- Inappropriate language or content, such as using bad language or posting something hateful or discriminatory.

- Reposting negative posts.

- Posting unprofessional images, such as showing themselves intoxicated.

Some felt social media could be used to spread positive messages

Respondents also had ideas for how social media could be used beneficially in a professional capacity, which could help to create a good impression of the optical professions.

Some discussed how posting about advancements in the professions could be valuable:

"I would appreciate if they shared any research that they have been part of, especially if it has been a breakthrough that helps everyone. That increases the reputability and my feeling of confidence towards the health professional" Patient, Male, 16-39, England

Others felt that showing evidence of good customer service was an example of using social media positively:

"Where [optical practices are] showing good customer service or good Trustpilot reviews… that indicates it is a good business, it is a good workplace, giving you confidence in the products and the people involved with it." Non-patient, Male, 40-59, England

Taking care of eye health was another example shared:

"There is not a lot about children's eye health, how to take care of your eyes… a child realising their sight is very important… even TikTok itself, or something like that to make the children a lot more aware of their sight." Patient, Male, 60+, England

There were mixed views on the use of WhatsApp

Respondent feedback was sought around using WhatsApp for professional purposes – specifically relating to the example of optical professionals sharing retinal images* (with patient details removed) in groups with other professionals.

The majority felt WhatsApp was an unprofessional platform for this purpose, particularly as it would be via a mobile device. A practice's own system or email were considered more professional and secure.
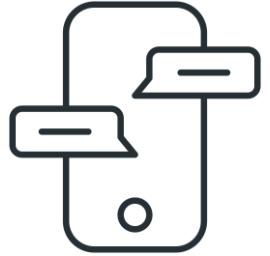
Concerns included:

Patient confidentiality	Security and data breaches	Storage concerns and limited control of where images could go

However, some respondents – particularly older – expressed little or no concern, citing key benefits as:

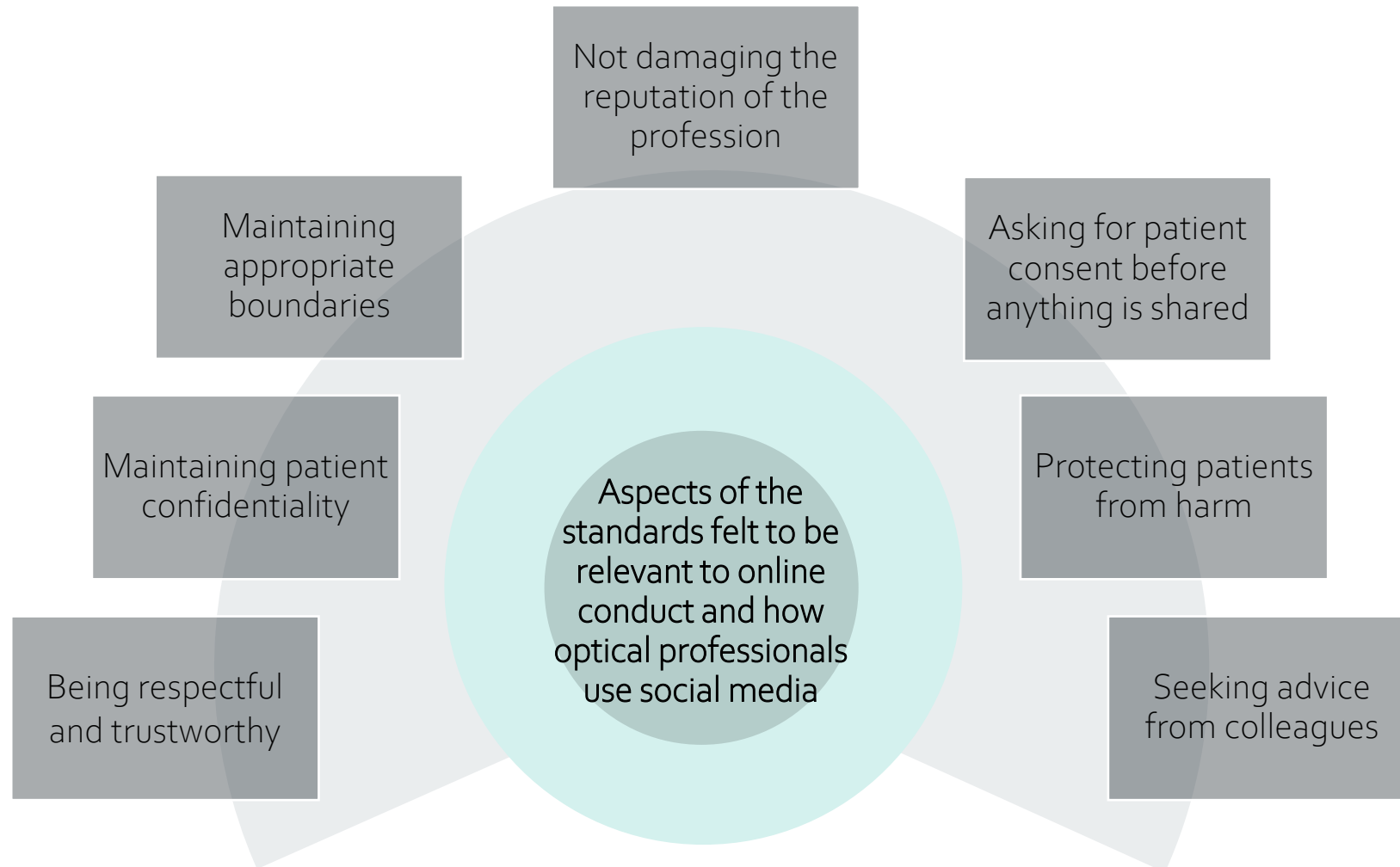| It supports patient care, and allows speedy second opinions	It supports professional learning	It's encrypted and have seen it used professionally in other situations

Key insights

- Respondents largely felt patient consent should be obtained, to ensure they have a say. This was particularly key for those with eye conditions and vulnerable service users.

- There were mixed perceptions of whether this activity involved identifying information. Some felt that if the retinal image didn't have other personal details, this was not identifying, whereas others felt the retinal image itself could be identifying**.

* Digital pictures of the back of the eye.
**Younger respondents were more likely to consider a retinal image as identifying, whereas older respondents raised few concerns.

Perceptions of the standards around online conduct and the use of social media

Respondents identified various aspects of the standards that they felt addressed the topic of appropriate professional online conduct and use of social media.

Not damaging the reputation of the profession

Maintaining appropriate boundaries

Asking for patient consent before anything is shared

Maintaining patient confidentiality

Aspects of the standards felt to be relevant to online conduct and how optical professionals use social media

Protecting patients from harm

Being respectful and trustworthy

Seeking advice from colleagues

Are any new standards required?

No, the research suggests that respondents felt the existing standards adequately addressed this area.

Section 4: Views on appropriate professional and sexual boundaries

This research suggests that the close and intimate nature of eye care may require particular sensitivity around maintaining appropriate boundaries. Respondents discussed how a compassionate, friendly and respectful nature contributed towards a positive and less stressful experience, but that maintaining appropriate boundaries – both during and outside of appointments – was still key for patient wellbeing.

Respondents said how they would like to be treated

Some referenced the experience of visiting an optometrist or dispensing optician as comparable to visiting the dentist or GP, expecting similar levels of professionalism. This research suggests that the close and intimate nature of eye care may require particular sensitivity around maintaining appropriate boundaries. In addition, the research suggests that some may find checking their eye health an anxious experience. Respondents discussed how a compassionate, friendly and respectful nature contributed towards a positive and less stressful experience and made them feel valued. However, appropriate boundaries were still key – both as the relationship is for medical and professional reasons, and due to the nature of eye care.

Showing compassion and communicating clearly
It was felt that having a gentle, caring, engaged and patient manner and showing empathy was expected. Respondents felt this could be demonstrated by listening to patients, ensuring privacy, providing clear explanations and being compassionate when sharing bad news.

Being friendly
Respondents valued when optical professionals were polite, approachable and welcoming, and felt this could be demonstrated by greeting patients, smiling and introducing themselves. It was felt that some small talk is acceptable but, as discussed on the next page, it is important that boundaries are not crossed.
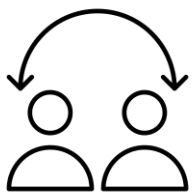
Being respectful
Treating patients with consideration was felt to be key, including being punctual, not rushing appointments, pronouncing patient names correctly, ensuring adequate waiting room space, and ensuring privacy where appropriate.

Professional boundaries were seen as essential

Discussions of expectations and prompted examples indicated that professional boundaries were important both during and outside of their visit to an optometrist or dispensing optician. Some boundaries (physical, sexual or sensitive, and with colleagues) were seen as non negotiable. However others (conversation, relationship and commercial) were perhaps more flexible depending on the context and relationship with an optical professional. Insights are demonstrated here using a patient's typical journey, and are further explored on the next two pages.

Type of boundary

Conversation: Some level of small talk was seen as appropriate, but overly personal topics should be avoided.

Physical: This was felt to be important due to the fairly intimate nature of eye examinations.

Relationship: Anything that may lead to treating a patient preferentially or inappropriately could cross a boundary.

Sexual or sensitive: There was strong feeling that unwelcome personal interactions, in person or otherwise, crossed a boundary.

Colleagues: Respondents felt strongly about showing respect to colleagues.

Commercial vs. patient care: Some discussed the balance between the functions of patient care and sales.

Points in the patient's journey when respondents suggested these boundaries should be considered:

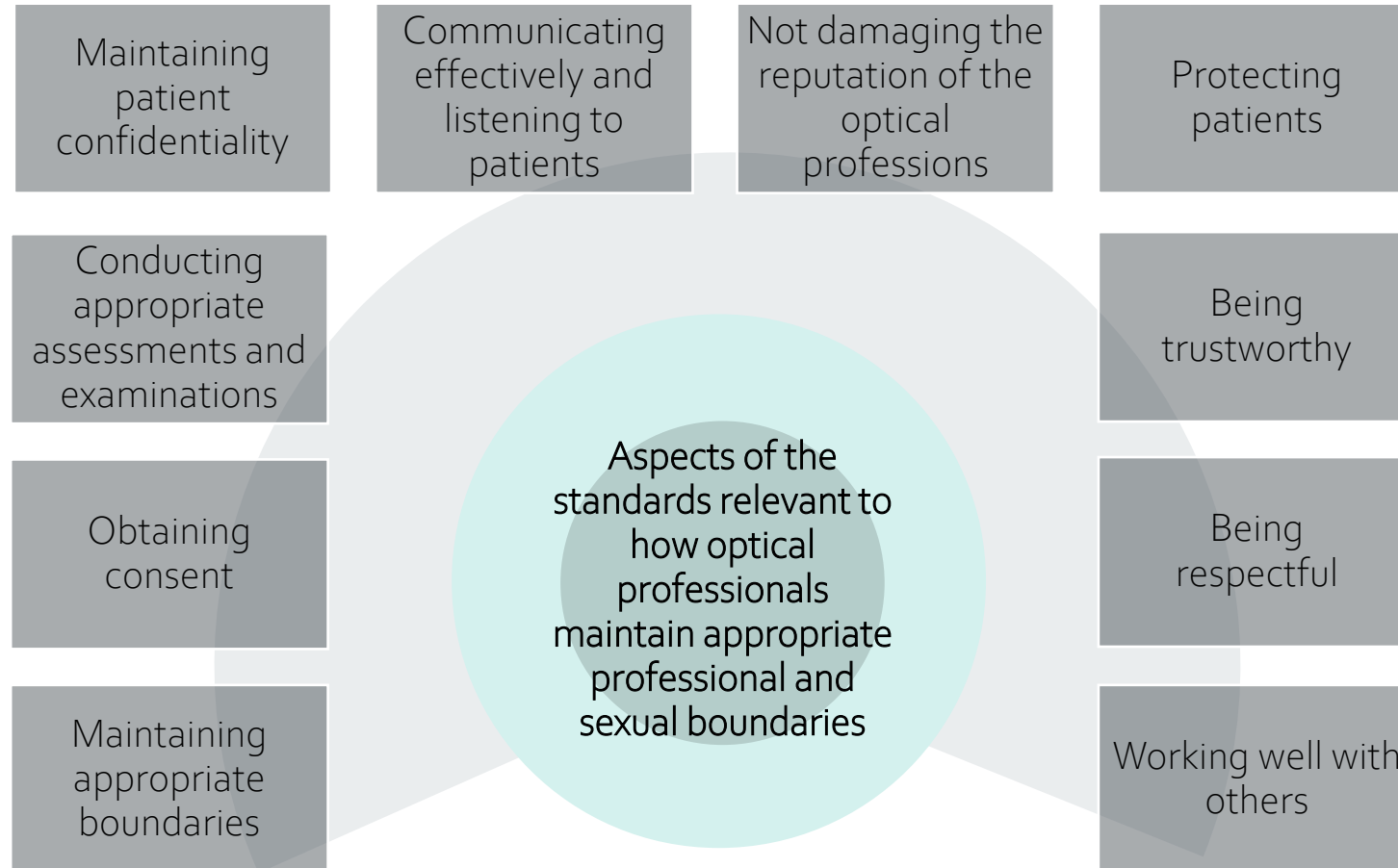| Before a visit	Arrival and waiting	During an appointment	After a visit

Some boundaries were felt to be non-negotiable

Type of boundary	Why are they important?	Is there any flexibility?
Sexual and other sensitive boundaries: It was seen as vital that no sexual boundaries were crossed and optical professionals were not instigating personal interactions, e.g. messaging patients directly. Respondents felt all communications should be professional, whether in person or otherwise.	Respondents felt overstepping these boundaries suggested an optical professional had abused their power and put patients in a vulnerable position.	No, professionalism and adherence was expected in all interactions by respondents.
Physical boundaries: As a minimum, it was felt that patients should be told before optical professionals entered their personal space or touched their face, i.e. stating what they were about to do and why. This was of particular concern to younger respondents and vulnerable service users. However, older respondents felt it was expected due to the nature of the visit.	This boundary was felt to be important due to the fairly intimate nature of eye examinations, and due to patients having different levels of comfort.	Differing levels of patient comfort suggest that informed consent around physical boundaries is necessary.
Professional boundaries with colleagues: Showing respect to colleagues was also seen as important, particularly between senior and junior staff, and included not speaking derogatively towards them. This was also referenced in regard to social media, on which respondents would not expect optical professionals to speak badly about their optical practice..	Respondents felt witnessing an optical professional overstepping these boundaries would make them feel uncomfortable, compelled to speak up and perhaps avoid the optical practice in future.	No, demonstrating respect for colleagues was considered hugely important.

Whereas other boundaries depended on context

Type of boundary	Why are they important?	Is there any flexibility?
Conversation boundaries: While some level of small talk was seen as appropriate to put patients at ease, it was felt that asking personal questions or oversharing strong beliefs (e.g. religious or political) was not.	Depending on the topic, it was felt that those not sharing the same views may feel discriminated against, judged or uncomfortable.	Yes, in some cases, respondents felt personal topics may be suitable, e.g. if a patient had a friendly long-standing relationship with their optical professional or felt comfortable talking about more personal topics.
Relationship boundaries: Anything that might lead to treating a patient preferentially or inappropriately due to the nature of the relationship was felt to be crossing boundaries, such as accepting certain gifts if this suggested a more personal and potentially inappropriate relationship. There were also thought to be boundaries to consider around using social media to contact patients.	Some felt that crossing these boundaries could mean one patient was treated favourably compared to another, which could be viewed as unfair.	Yes, while some questioned if gifts should be declared, others felt accepting gifts depended on the monetary value, the intention and how well a patient knew the optical professional. For example, accepting Christmas chocolates for the practice may be appropriate – it was of low monetary value and not directly for an individual professional.
Commercial-patient care balance: Some respondents indicated concerns with the balance between the commercial objective and the patient care objective of optical practices. Older respondents in particular described instances of 'upselling'.	It was felt that a perceived focus on the commercial objective could detract from the primary healthcare purpose of a visit.	This area could be explored further. Respondents did often describe themselves as customers, therefore some level of commercial activity was deemed acceptable, but not if it was felt to be a priority over patient care.

Perceptions of the standards around maintaining boundaries

Due to the number of relevant boundaries, respondents identified several ways in which the standards applied to the topic of maintaining appropriate professional boundaries. Although some relevant standards were identified, the area respondents felt was covered less directly was the balance between commercial and patient-care functions.

Maintaining patient confidentiality

Communicating effectively and listening to patients

Not damaging the reputation of the optical professions

Protecting patients

Conducting appropriate assessments and examinations

Being trustworthy

Obtaining consent

Aspects of the standards relevant to how optical professionals maintain appropriate professional and sexual boundaries

Being respectful

Maintaining appropriate boundaries

Working well with others

Are any new standards required?

An area that may be worth exploring is the balance between the commercial and patient-care functions of the optical professions.

Section 5: Views on the use of technology to provide care

Changes to how technology is used in healthcare may have many impacts on the way patients receive eye care. In the research, three key potential developments were prompted on and discussed – online consultations, use of artificial intelligence (AI) and greater use of machines. Respondents were positive about the benefits of technology in eye care, but wanted to ensure human interactions were not lost.

There were mixed views on online consultations

Some respondents, including vulnerable service users, did not view online consultations favourably, as the higher-stakes nature of their health conditions meant that personal interactions in healthcare settings made them feel more comfortable. However, respondents also noted some potential benefits to online consultation.

Perceived benefits

- Respondents felt that introducing online consultations might mean quicker access to appointments.
- They suggested the time saved by fitting more appointments in online might mean that more patients could be seen.
- There were also benefits seen in online consultations being more accessible for those with mobility issues.

Concerns

- Respondents were unclear how an online consultation would work for eye care such as examinations, but other uses (i.e. discussions around frames, initial consultation or after care) were more acceptable.
- Some suggested that internet connectivity may impact the quality of the conversation.
- Respondents noted that older and less digitally literate individuals may have accessibility concerns.

Considerations

- Respondents across the sample felt that human contact and social interaction was an important part of making a healthcare setting more comfortable – they felt there was the potential to lose this in an online consultation.
- It was felt that there should be choice around whether they were accessing consultations online or in person – this would make them feel more listened to.

Respondents were highly positive about the use of AI

There was a positive response to any technological advancement that would improve the quality of their care and increase the speed and accuracy of diagnosis. They had high expectations of what AI could achieve and few concerns.

Perceived benefits

- Respondents felt AI could make eye care proactive rather than reactive, hopefully creating opportunities to prevent eye conditions from emerging.
- This was particularly flagged as an important benefit of AI usage by older respondents, those with eye conditions and those with other health conditions.

Concerns

- A small number of older respondents were concerned about data breaches – particularly if the use of AI involved large amounts of health information stored alongside personal data.

Considerations

- Respondents questioned the implications of AI usage for training and proficiency in the optical professions. They noted that this may prompt the need for updated training.
- Respondents wanted additional assurances that their data would be safe.

They also welcomed increased machine usage

Respondents were also extremely positive about the use of machines in eye care – in some cases indicating that they might be more consistent than human optical professionals. However, human contact was still considered important.

Perceived benefits

- Respondents felt greater use of machines could improve the quality of the care they received. This was especially true for those aged 60+ and vulnerable service users, who were more likely to have eye conditions.
- Respondents felt that machines 'never have a bad day' and that outcomes would be consistent.
- They also felt advances in technology could increase the likelihood of a quicker and more accurate diagnosis.

Concerns

- Respondents noted that machines could break or become faulty.

Considerations

- Respondents emphasised the importance of not losing the human component of healthcare.
- They had high expectations for optical professionals being able to step in if machines broke – not to fix them, but to offer patients a similar standard of care without relying on the machine.
- Respondents noted an expectation for training to be updated so optical professionals stayed knowledgeable.

Perceptions of the standards around use of technology

Respondents identified various ways in which the standards addressed the use of technology to provide care, but also flagged that there might be scope for more direct and specific mention of technology use cases.

Obtaining valid consent

Protecting patients from harm

Communicating effectively

Ensuring a safe environment

Aspects of the standards relevant to the use of technology to provide care

Listening to patients

Keeping knowledge and skills up to date
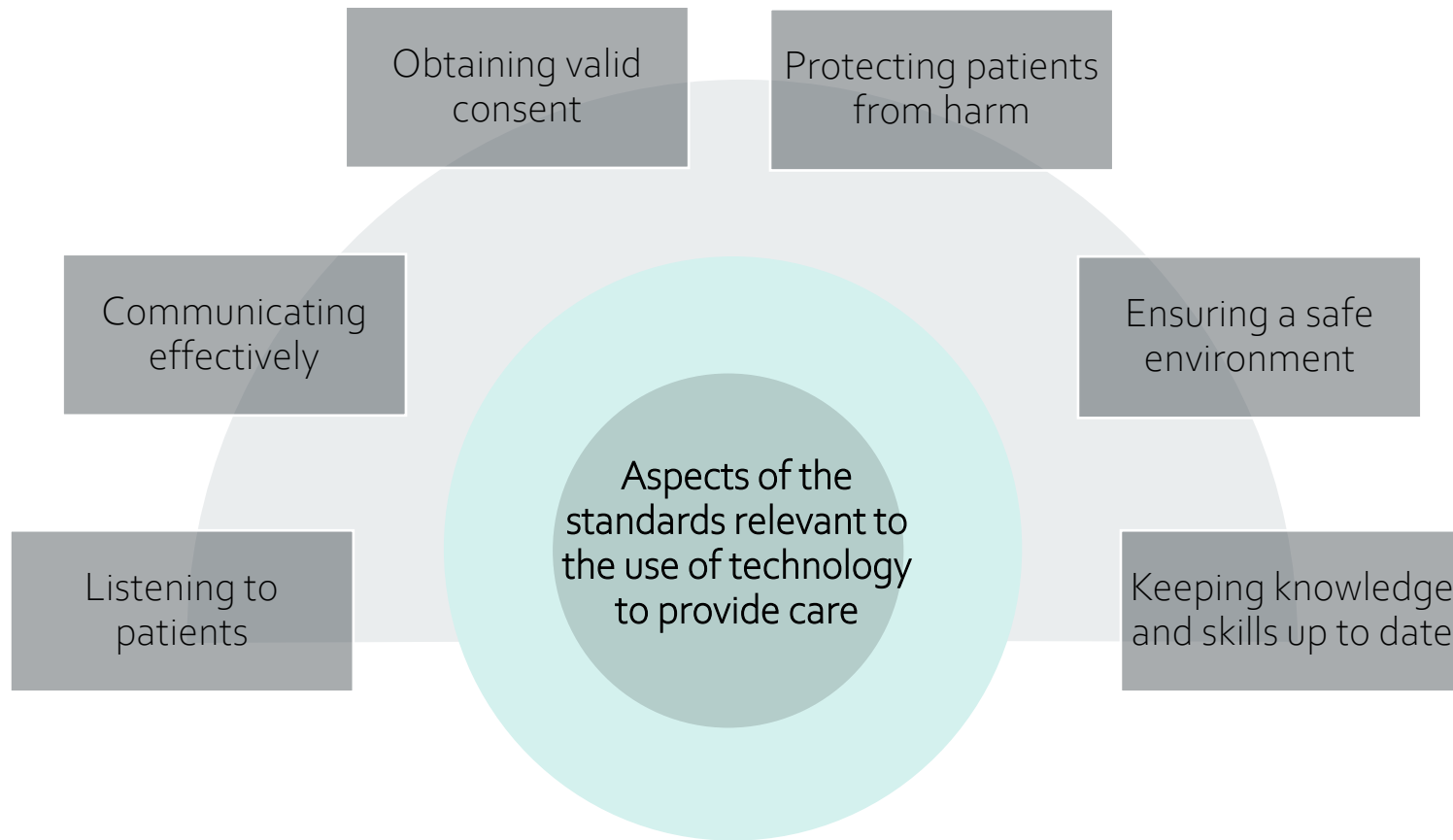
Are any new standards required?

Potentially – while respondents didn't suggest new standards, they did feel that current standards needed to be expanded to explicitly cover technology.

Other areas less frequently mentioned by respondents in relation to technology included confidentiality, appropriate assessments, upholding professional reputation and recognising and working within limits of competence.

Section 6: Views on supervision and delegation

Respondents were comfortable with delegation – it was seen as time-saving, appropriate and helping to keep the optical practice running smoothly for themselves and optical professionals. However, they had mixed expectations around supervision, and were particularly wary of remote supervision.

Respondents were largely comfortable with delegation

Delegation was defined here as 'assigning an activity to another person'.* Respondents were happy with delegation and recognised its necessity, especially as the standards indicated that all delegated activities would be completed by somebody with the knowledge and skills to do so.

Perceived benefits of delegation

- It was felt that sharing responsibilities freed up time for optical professionals to prioritise key tasks.
- Respondents felt that delegation saved time for optical professionals and patients alike, which allowed for a smoother process when visiting an optometrist or dispensing optician.

Minor concerns

Identified risks revolved around the task being completed poorly or not properly briefed, but respondents felt that this concern was addressed in the standards.

*The full definition of delegation and the example shown to respondents can be found in the [pre-read section of the appendix]().

There were more conflicted views around supervision

Respondents had high expectations for supervision* – expecting the supervisor to always be in the room or on the premises. An example was discussed of an optometrist supervising a student in carrying out eye examinations on patients.

- Respondents agreed that supervision was appropriate in some scenarios – for example, optical students carrying out supervised eye examinations, as with the example discussed. Older respondents in particular felt this was an appropriate way to learn.

- Respondents felt the supervisor's presence in the room or on the premises would make them feel comfortable and secure that the eye examination was being conducted properly, and that the supervisor would be on hand to step in physically if needed, which made them feel safe.

- In the scenario discussed, it was felt that the student's level of experience impacted the level of supervision needed. It was noted that the more experience a student had with conducting eye examinations, the less supervision they would need. However, even in the case of more experienced students, respondents across all ages still expected supervisors to be on the premises.
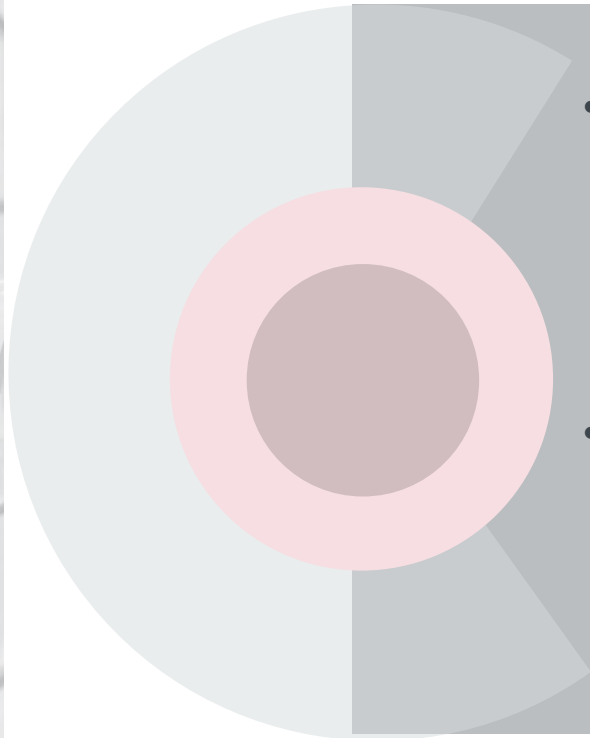
"If it is the first few times, the supervisor would be there, present in the room. If it's the case that the student has done it a few times, and was competent in previous examinations... so long as the student can get hold of the optometrist, they wouldn't need to be in the room."

Patient, Male, 40-59, England

*The full definition of supervision and the example shown to respondents can be found in the pre-read section of the appendix.

Respondents were therefore wary of remote supervision

In general, respondents were unable to imagine how remote supervision could be conducted effectively. They became particularly uncomfortable when considering the scenario of a student optometrist being supervised remotely.

- Many respondents questioned the quality of remote supervision and were also unclear of the practicalities behind remote supervision. Questions posed included:
  - Would the supervisor be watching the examination closely?
  - How would the supervisor be able to see what the student was seeing?
  - How would they step in if needed?

- In particular, respondents felt they wouldn't be comfortable being examined by a student optometrist if their supervisor was remote. It was felt by some to be potentially unsafe. Some suggested that supervisors may be less vigilant if they were supervising from outside the practice or not on the premises.

"You can't do that through a screen. It's convenient for the optician, but it's not convenient for the patient. It leaves too much room for error."

Patient, Female, 16-39, Scotland

# Perceptions of the standards around delegation and supervision

Respondents were largely reassured by the standard addressing supervision and delegation, and any concerns they had about the quality of delegation and supervision seemed clearly mitigated by this. However, respondents noted that they often weren't aware of which job roles were undertaking different tasks at their appointments. Some felt that knowing this (perhaps through name and role badges) would make them feel more comfortable and they mentioned discomfort with the thought of interacting with a student and not being made aware of this.

Protecting patients from harm

Conducting appropriate assessments

Ensuring a safe environment

Communicating effectively

Aspects of the standards relevant to delegation and supervision

Working collaboratively

Supervision undertaken appropriately

Being honest and trustworthy

Are any new standards required?

Respondents suggested that the standards didn't cover remote supervision, but were fine with this as they felt remote supervision wouldn't be appropriate.

Section 7: Conclusion
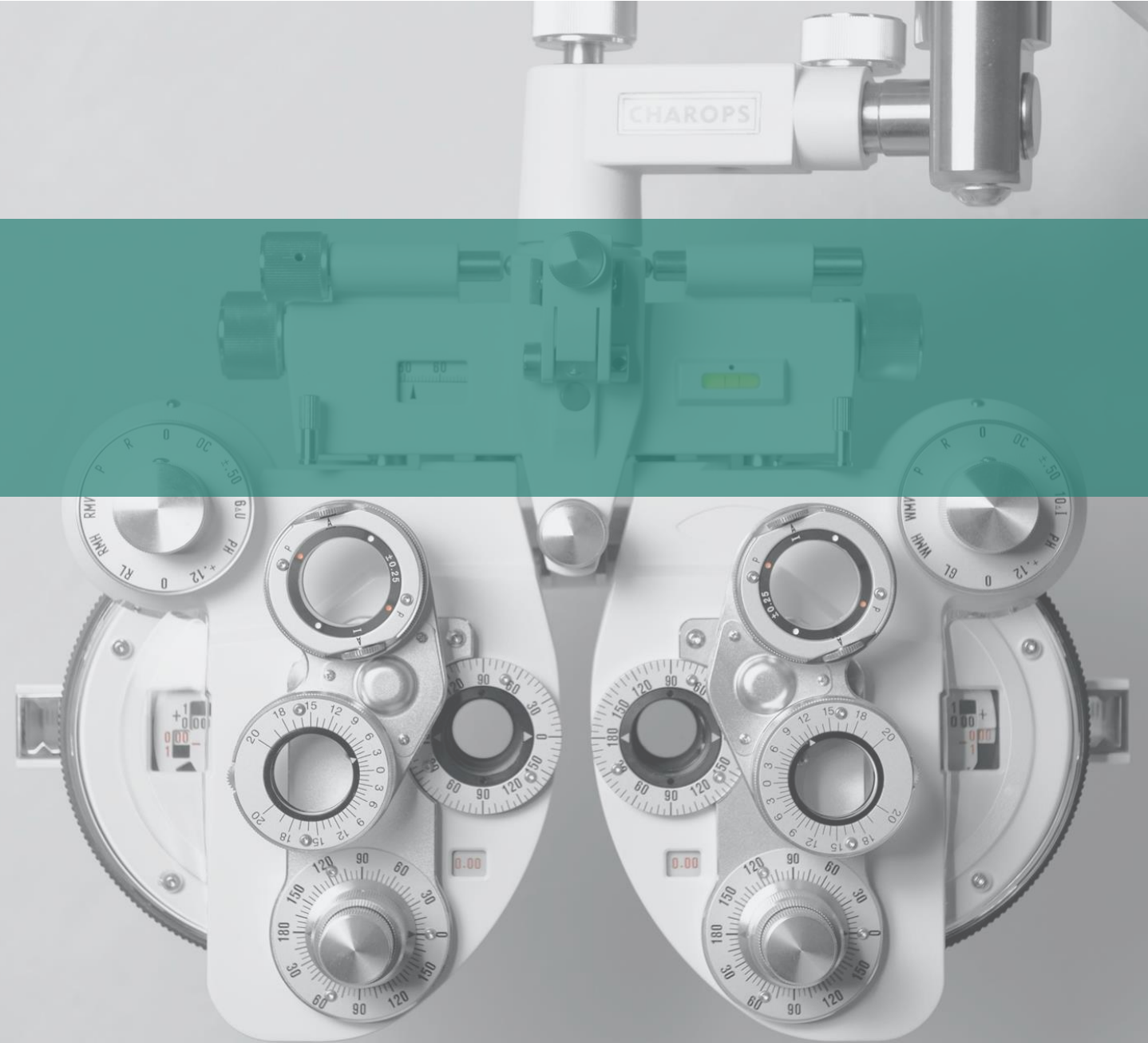
Research respondents reported high expectations for the way in which optical professionals conducted themselves. The General Optical Council's standards were felt to be comprehensive, with few areas of refinement suggested.

Research objective	Key findings
Views of the areas covered by the GOC's existing standards	• The perceived purpose of the standards was around ensuring consistency across providers, protecting patients and professionals, ensuring patient wellbeing and providing guidelines for care. • The standards were largely viewed as comprehensive and it was felt that those related to communication, wellbeing, trust and competence were particularly important. • However, some respondents felt their structure could be clearer and others suggested refinements to support their interpretation, which was also a key concern.
Perceived topics not currently covered within the standards that should be covered in the future	• As the standards were largely considered comprehensive, many respondents had no suggestions for additional areas they felt needed to be covered. • However, the research did reveal areas that may require further consideration – namely, how the standards might need adapting to take into account future technology use or remote consultations/supervision, and considerations around the balance between the commercial and patient-care functions, as some felt the standards didn't address this.

Research objective	Key findings
Views on how optometrists, dispensing opticians and optical students should behave online and use social media, for professional and personal purposes, and the impact of their online conduct	• Good online conduct was seen as key for protecting the reputation of optical professionals and practices, and particularly necessary in professions requiring public trust, such as optical care. • The perceived impact of seeing inappropriate online conduct was that it would create a negative impression, make people feel uncomfortable and damage trust. • Many discussed that there should be a clear separation between personal and professional social media accounts, and that optical professionals should be mindful of the type of content posted, as well as considering language and boundaries. • Younger respondents in particular expressed similar expectations of personal or professional online conduct and social media use, due to the ease of linking them. • When considering the use of social media, paid advertising seemed front of mind, but suggested examples of positive use were also noted, such as sharing evidence of good customer service, promoting good eye health and posting about advancements. • The research suggests respondents felt the existing standards adequately addressed the topic of appropriate online conduct and use of social media.

Research objective	Key findings
Views on how optometrists, dispensing opticians and optical students should maintain appropriate professional and sexual boundaries, in relation to both patients, and their colleagues, and the impact of failing to maintain these boundaries	• This research suggests the close and intimate nature of eye care may require particular sensitivity around maintaining appropriate boundaries. • For some, having their eye health checked could be a worrying experience, and respondents discussed how optical professionals having a compassionate, friendly and respectful manner contributed towards a positive and less stressful experience. • However, appropriate boundaries were still seen as key for patient wellbeing during and outside of their appointments. • Some boundaries (physical, sexual or sensitive, and with colleagues) were seen as non-negotiable, but others (conversation, relationship and commercial vs. patient care) were perhaps more flexible depending on the context and relationship with an optical professional. • There was concern around the balance between the commercial and patient-care functions of eye care. While some commercial activity was deemed acceptable, respondents felt it should not be a priority over patient care. • Respondents identified many ways in which the standards applied to this topic – only indicating that the commercial and patient-care balance was less directly covered.

Key findings – Page 4 of 5 (technology use)

Research objective	Key findings
Views on how optometrists and dispensing opticians should use technology to provide care, and the actual or perceived impact on patient care	• In the research, three key potential developments in how technology might be used for eye care were discussed – online consultations, use of artificial intelligence (AI) and greater use of machines. • Respondents were positive about the use of technology in eye care, feeling it could help improve the quality of their care and increase the speed and accuracy of diagnosis. • However, it was felt that human interactions were still important and should not be compromised, while optical professionals should remain competent and stay up-to-date. • Only online consultations were viewed less favourably, as respondents were unclear how they would work, and felt patient choice was key. • Respondents did not suggest new standards were required, but did feel that current standards might need to be expanded to explicitly cover technology.

Key findings – Page 5 of 5 (supervision and delegation)

Research objective	Key findings
Views on the supervision and delegation of activities to other members of the optical team, and views on whether supervision needs to be on site	• Respondents were comfortable with delegation (defined as 'assigning an activity to another person') of optical activities, and acknowledged its necessity – especially as the standards indicated all delegated activities would be completed by somebody with the knowledge and skills to do so. • However, they had high expectations for supervision – expecting supervisors to be in the room or on the premises at all times, to make them feel comfortable. • This meant respondents were wary of remote supervision and unable to imagine how this could be conducted effectively and safely. • Similarly to findings in relation to technology, respondents noted that the standards did not cover remote supervision, but some felt this was adequate because they did not feel it would be appropriate anyway.

Appendices

Appendix A: The GOC's standards

The GOC's standards

There are 19 standards of practice that registered optometrists and dispensing opticians must meet. Optical students must meet the same standards as other registrants, except for standard 5. The full standards, including further details of how to apply them, can be found on the GOC website for <u>optometrists and dispensing opticians,</u> and <u>optical students</u>.

|				
1.	Listen to patients and ensure that they are at the heart of the decisions made about their care	11.	Protect and safeguard patients, colleagues and others from harm
2.	Communicate effectively with your patients	12.	Ensure a safe environment for your patients
3.	Obtain valid consent	13.	Show respect and fairness to others and do not discriminate
4.	Show care and compassion for your patients	14.	Maintain confidentiality and respect your patients' privacy
5.	Keep your knowledge and skills up to date	15.	Maintain appropriate boundaries with others
6.	Recognise, and work within, your limits of competence	16.	Be honest and trustworthy
7.	Conduct appropriate assessments, examinations, treatments and referrals	17.	Do not damage the reputation of your profession through your conduct
8.	Maintain adequate patient records	18.	Respond to complaints effectively
9.	Ensure that supervision is undertaken appropriately and complies with the law	19.	Be candid when things have gone wrong
10.	Work collaboratively with colleagues in the interests of patients		

Appendix B: Further details of the sample

Profile of respondents – Page 1 of 2

Gender

- Male: 25
- Female: 30

Ethnicity

Ethnicity	Count
Other	1
Mixed	4
Black	10
Asian	9
White	31
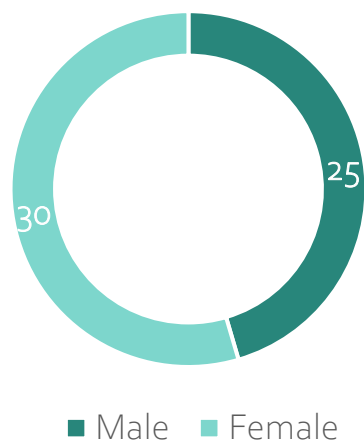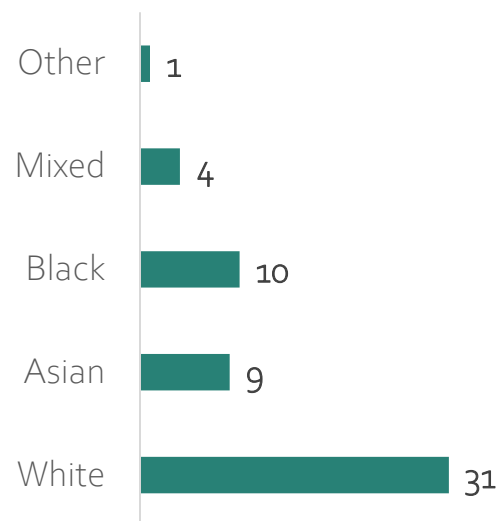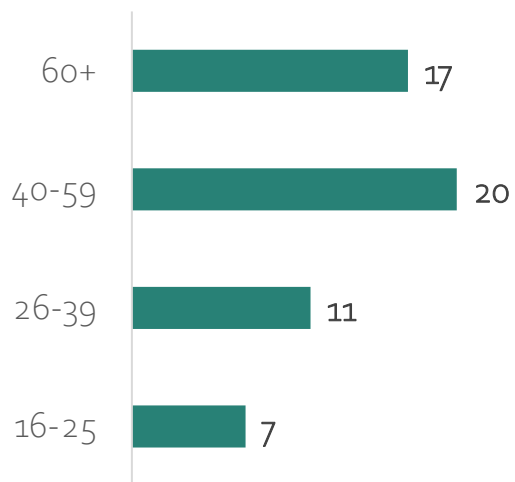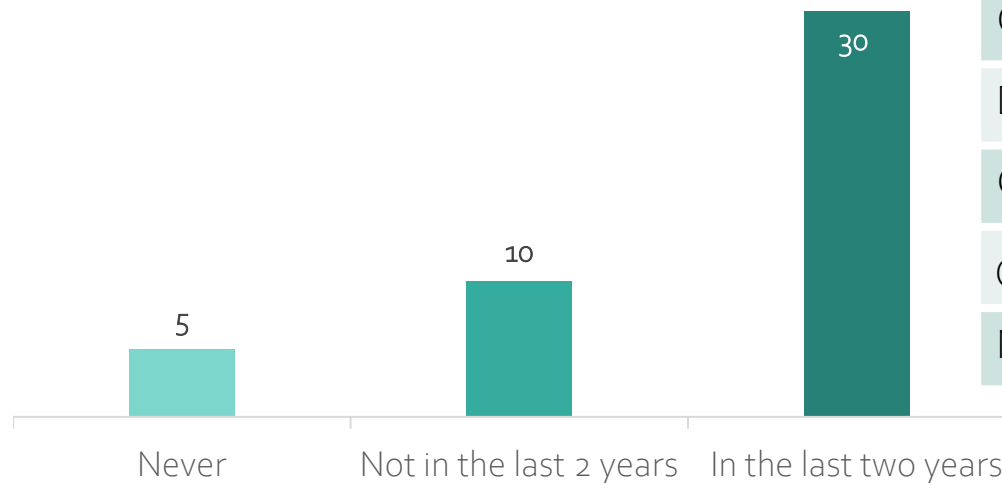
Disability

Disability	
Behavioural or emotional	2
Sensory Impaired Disorders	3
Physical	8
Developmental	2
None	40

Age

Age	Count
60+	17
40-59	20
26-39	11
16-25	7

Eye test status

Eye test status	Count
Never	5
Not in the last 2 years	10
In the last two years	30

Eye condition

Eye condition	
Cataracts	4
Diabetic Retinopathy	1
Glaucoma	2
Other	5
None	43

Profile of respondents – Page 2 of 2

Weekly household income (pre-tax)

Income band	Value
£2000+ a week	6
£1000-£1999 a week	14
£600-£999 a week	9
£400-£599 a week	12
Under £400 a week	14

Region

- Scotland: 12
- Northern Ireland: 5
- North East: 4
- North West: 8
- Yorkshire & the Humber: 2
- East Midlands: 4
- West Midlands: 2
- East of England: 0
- Wales: 6
- London: 7
- South East: 1
- South West: 4

Home setting

Suburban	26	Inner city	11	Town	10	Village	8
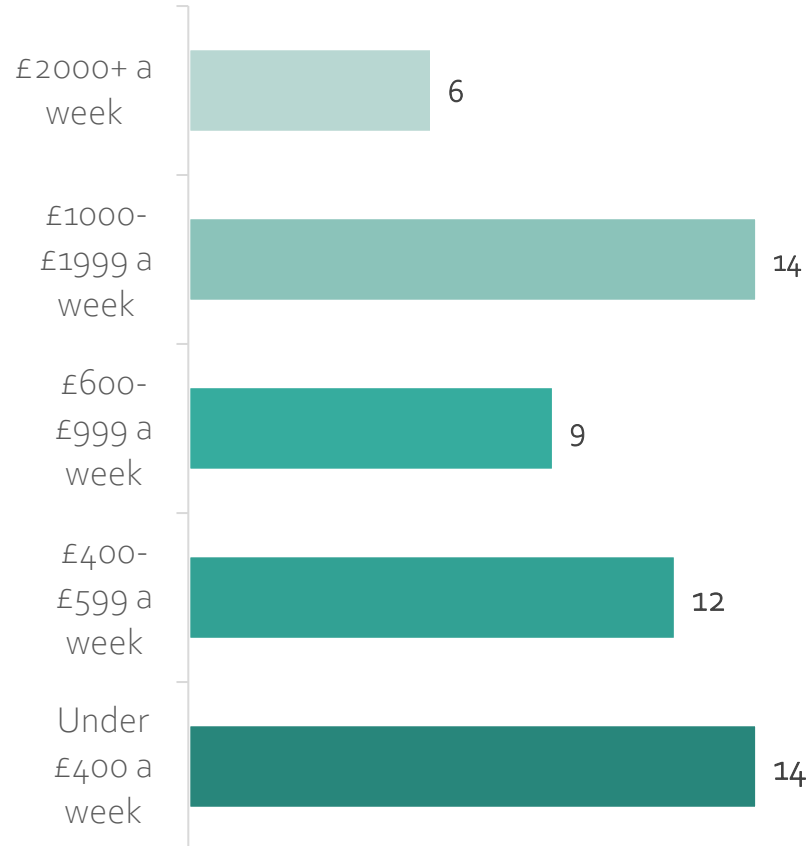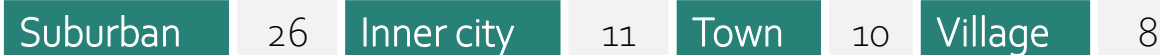
Appendix C: Research tools

The following text was provided in a pre-read document for respondents to look through ahead of the interviews and focus groups. This was supplied to ensure they had sufficient background about the GOC's standards and the topic areas to be discussed. The pre-read also included some examples to help put particular concepts into context. Note that the font size has been reduced here for report brevity, but was larger in the pre-read for accessibility.

INTRODUCTION

About the research: Thank you for taking part in our research – your feedback will be extremely valuable. We are carrying out this research for the General Optical Council, who would like to understand how you feel registered optical professionals should behave and treat patients.

About the General Optical Council (GOC): The GOC are the UK regulator for the optical professions. Their role as a regulator includes:

- Keeping a register of individuals and businesses who are fit to provide optical care or services. All individuals and businesses registered with the GOC are known as **registrants**.
- Approving the qualifications which lead to registration.
- Setting the standards of practice that registrants must meet.
- Investigating and taking action when registrants don't meet the standards of practice.

About the GOC's standards of practice: Registered optical professionals have a responsibility to deliver safe and effective care to their patients and the public they support, and in doing so, they must uphold standards of practice. This research aims to understand your thoughts on these standards of practice.

About optical professionals: When you visit an optical practice, for example an opticians or an optometrist practice, you might be helped by one or more people in the roles below. Who helps you will depend on the reason for your visit. The following three roles must be registered with the GOC to practise in the UK, and must follow the GOC's standards of practice:

- An **optometrist** examines eyes, tests eyesight, and prescribes and fits spectacles (glasses) or contact lenses for those who need them. They also give advice about visual problems and identify vision issues, eye diseases or conditions. Optometrists may also oversee both other roles mentioned next in this list.
- A **dispensing optician** advises on, fits and supplies suitable spectacles (glasses) or contact lenses for those who need them. They consider a patient's lifestyle and needs when providing advice.
- An **optical student** is training to be an optometrist or dispensing optician.

During a visit, you may also interact with an **optical assistant**. This is a customer service role – they help patients choose glasses or lenses. You may also meet a **receptionist**, who welcomes you into the practice. These roles are not involved with assessing eye health and they do not need to be on the GOC's register or follow the GOC's standards of practice.

About this pre-read document: This pre-read document tells you about the GOC's standards of practice, and the topic areas that our discussion will cover. In the discussion we have scheduled with you, we will ask your opinions on these topic areas. Don't worry if there are some areas you may not understand – we are looking for your honest thoughts and we'll be happy to explain anything which may not be clear.

THE GOC'S STANDARDS OF PRACTICE

In total, there are 19 standards of practice that registrants must meet. Optical students must meet the same standards as other registrants, except for standard 5. Please note you do not need to understand each standard in detail. The list is provided so you have an overview of what the standards cover.

Each standard of practice has a set of statements which explain how to apply the standard. We have not provided this full detail here – but anything you do need to know to take part in the discussion will be noted in the rest of this pre-read document. The GOC's standards of practice are: [the document listed the 19 standards]

HOW REGISTERED OPTICAL PROFESSIONALS BEHAVE ONLINE AND USE SOCIAL MEDIA

About this topic: The way registered optical professionals behave online refers to how they conduct themselves online, talk to or interact with others. This might be on websites, social media platforms, such as Facebook or Twitter, or messaging platforms like WhatsApp. This might be either professionally or personally, and may involve either personal online accounts or public online accounts (such as the social media account of the optical practice they work in).

Example: Please see below for an example of an optometrist using social media to ask for advice. We will ask you what you think about this in our discussion.

Maya is a practising optometrist. She has carried out a patient examination, which involved taking a digital picture of the back of the eye. This helps to check the health of the eye and identify certain diseases. Maya wants a second opinion on the digital picture. She is part of a WhatsApp group with other registered optical professionals. She sends the digital picture to the WhatsApp group to ask what they think. She does not share any patient details such as their name.

Relevant standards of practice: A number of areas within the GOC's standards of practice relate to this topic. We don't expect you to learn or remember these, but we'll be showing them to you again in our discussion and asking you about whether you think they are appropriate.

Standards related to online behaviour: Areas in standards of practice 4, 13, 14, 15 and 17 are related to online behaviour. In summary:

- When conducting themselves online, registered optical professionals must show care and compassion for their patients, show respect and fairness to others, and ensure they are behaving appropriately with patients.
- They must keep patient confidentiality when communicating or writing online, which means not revealing personal details about a patient, for example.
- They must make sure their behaviour online doesn't damage their, or the profession's, reputation.

Standards related to patient consent and social media: Areas in standards 3 and 7 are related to patient consent and social media. In summary:

- Registered optical professionals must have valid consent from patients before examining them, providing treatment or involving them in teaching or research activities. This means patients must agree to these activities before taking part.
- They are required to consult with other professionals about patient care for advice when needed, but to bear in mind patient confidentiality when doing so.

HOW TECHNOLOGY MIGHT AFFECT THE PROVISION OF EYE CARE

About this topic: Changes to how technology is used in healthcare may mean some changes to the way patients will receive eye care. For example:

- Online consultations rather than in person.
- Greater use of machines to test eye sight or help diagnose eye conditions. An example of this is an OCT scan, which takes a 3D picture of the back of a patient's eye.
- Use of artificial intelligence (AI) – AI in eye care could be used to help optical professionals diagnose eye conditions or identify whether a patient might suffer from the condition in the future. AI can be used to analyse large numbers of patient records, identify symptoms of disease and then use that to predict whether a patient might suffer from the same disease.

Example: Please see below for an example of how technology might influence the type of care a patient may receive. We will ask you what you think about this in our discussion.

Due to health conditions, Lara has to stay at home and has a carer who looks after her. She is unable to visit her optical practice in person, so they have suggested carrying out an online consultation instead. This means Lara would speak with an optometrist online from her home.

Relevant standards of practice: A number of areas within the GOC's standards of practice relate to this topic, specifically areas in standards of practice 1, 2, 5 and 7. We don't expect you to learn or remember these, but we'll be showing them to you again in our discussion and asking you about whether you think they are appropriate. In summary:

- Registered optical professionals must listen to patients and ensure they have a say about any decisions made about their care. They need to ensure that patients know in advance what to expect from any consultations, and have the chance to ask questions or change their mind before going ahead.
- They must carry out appropriate assessments, examinations, treatments and referrals.
- They must keep their knowledge and skills up to date. This means they must be competent in all aspects of their work.

THE RELATIONSHIP BETWEEN REGISTERED OPTICAL PROFESSIONALS AND THEIR PATIENTS OR COLLEAGUES

About this topic: Professional boundaries are the limits to the relationship between someone in a professional role and the person in their care, the patient, or their fellow professionals. It refers to the line between a professional relationship and a personal relationship. Registered optical professionals have a responsibility to ensure appropriate boundaries with their patients and colleagues.

Examples: Please see below for some examples of actions that could be taken by registered optical professionals which may or may not be suitable when interacting with patients or colleagues. We will ask you what you think about these in our discussion.

- After a visit, Sarah was contacted by her dispensing optician on WhatsApp, who suggested they go to the cinema together.
- When he arrived for an appointment, Rishi's optometrist accepted a gift and an offer of coffee from him.
- During a visit, Tessa felt her dispensing optician was discussing their own religious beliefs quite strongly.
- During a visit, Jamie noticed that his optometrist didn't ask permission before getting close to him to examine his eyes, or to touch his face.
- Daniel is an optical assistant. When helping a patient, he made a mistake in suggesting contact lenses which would not be suitable for the patient. His supervisor loudly criticised his mistake in front of everyone and made a remark about Daniel being lazy, which made Daniel feel bad about himself.

Relevant standards of practice: A number of areas within the GOC's standards of practice relate to this topic, specifically areas in standards of practice 3, 4, 11, 13, 15, 16 and 17. We don't expect you to learn or remember these, but we'll be showing them to you again in our discussion and asking you about whether you think they are appropriate. In summary:

- When they practise, registered optical professionals must treat others with dignity, show care and compassion, be honest and trustworthy, show respect and fairness and not discriminate. They must also protect patients and colleagues from harm.
- They must have appropriate boundaries with patients and others they come into contact with when they practise, and take special care when working with vulnerable people. They must never take advantage of their position – politically, financially, sexually or by any other means.
- In terms of their relationships with patients, they must have valid consent (agreement) from patients before examining them, providing treatment or involving them in teaching or research activities.
- They must make sure their behaviour doesn't damage their, or the profession's, reputation.

HOW ACTIVITIES ARE DELEGATED OR SUPERVISED IN AN OPTICAL PRACTICE

About this topic

- **Delegation** refers to assigning an activity to a person. An optometrist or dispensing optician may delegate a task to a colleague to carry out. They must make sure the colleague they delegate the task to is qualified and has the skills to do so.
- **Supervision** refers to overseeing an activity or person. An optometrist or dispensing optician may be required to supervise an optical student or an unregistered colleague carrying out an activity, making sure it is carried out correctly and safely. Both the optometrist or dispensing optician, and the optical student or the unregistered colleague carrying out the activity have a responsibility to ensure safe care for the patient. At the moment, optometrists and dispensing opticians are required to supervise tasks in person at the optical practice, ready to intervene if required.

Examples: Please see below for an example of how an optometrist might **delegate** an activity to an optical assistant. We will ask you what you think about this in our discussion.

An optometrist assigns the task of taking a patient through a pre-screening questionnaire to an optical assistant. The pre-screening questionnaire asks the reason for the visit, the patient's health status including whether they take any medication, and whether the patient regularly uses a computer screen. The optometrist is not carrying out this activity themselves, but they still have the responsibility for ensuring that it is carried out correctly, by an appropriately trained, and competent optical assistant.

Please see below an example of how an optometrist might **supervise** an activity. We will ask you what you think about this in our discussion.

An optometrist supervises a student optometrist at their optical practice, who is carrying out eye examinations on patients.

Relevant standards of practice: A number of areas within the GOC's standards of practice relate to this topic, specifically areas in standards of practice 9, 10 and 13. We don't expect you to learn or remember these, but we'll be showing them to you again in our discussion and asking you about whether you think they are appropriate. In summary:

- Registered optical professionals in supervisor roles must make sure that any activities they supervise are carried out suitably and lawfully.
- They must make sure that they are delegating activities to people who have the correct knowledge or skills.
- All registered optical professionals should work well with their colleagues to benefit their patients, and they should respect their colleagues' skills and input.

Below is the qualitative guide used for this research, which corresponds to the pre-read document. Please note that certain adaptations were made where required depending on format (interview or focus group), topic or respondent, and revisions were made to the guide during fieldwork to enhance research insights – the guide below is the final version. To adequately cover the topic areas in depth, half of the interviews and focus groups followed Route A and the other half Route B.

Question	Suggested prompts
About you	
(If visited before) I understand that you [screener: eye test frequency]. Could you tell me a little more about your last visit?	*When was it? What was it for? How about any other visits in the past year?*
[Share pre-read – about optical professionals] (If not mentioned) Which of these roles do you think helped you in your last visit?	*Or any other visits in the past year?*
(If never visited) I understand that you have never visited an optical practice. Could you tell me a little more about why that is?	*No prompts.*
About the standards	
What do you think the purpose of the standards of practice is?	*How important do you think it is for optical professionals to meet these standards of practice?*
Are some standards of practice more important than others?	*Which? Why is that?*
What might happen if the standards of practice didn't exist?	*Why is that?*
Would you expect the same of optometrists / dispensing opticians and of students?	*No prompts.*
Route A: Use of social media and online conduct	
Briefly, what comes to mind when you think of the use of social media in the optical professions?	*Why did that come to mind?*
The pre-read document discussed [share pre-read – about this topic]. What might be inappropriate or unsuitable online behaviour from a registered optical professional? This might be when using their own personal accounts or any professional accounts.	*Why is that? What would bad behaviour on social media look like from a registered optical professional? With patients? About patients? On personal accounts? On professional accounts?*
If you came across or heard about [note an example of inappropriate behaviour the respondent mentioned in previous question] what would your thoughts be?	*How would it make you feel? About the individual? About the optical professions overall?*

Question	Suggested prompts
What might 'good' online behaviour from a registered optical professional look like? This might be when using their own personal accounts or any professional accounts.	*Why is that? How would you expect registered optical professionals or other medical professionals to behave online? How would you expect them to behave with patients, if at all? Or talk about patients, if at all? On personal accounts? On professional accounts?*
Do you have any other concerns about how registered optical professionals behave online? If so, what are they?	*Why is that concern?*
Questions to explore the standards in relation to this topic area **[Show slide of 19 standards of practice]** Thinking about what we have discussed, I'd like you to imagine that you personally experienced some inappropriate behaviour from a registered optical professional, such as **[interviewer to use examples discussed in the group related to the topic area]**. I'd like you to imagine you wanted to make a complaint to the GOC about this registered optical professional's conduct. • In terms of what you would say to the GOC, which standards would you say the professional was not meeting, if any? • **[If respondents identified some relevant standards from the list, interviewer to show respondent the statements under that standard]** Do you think this adequately covers all of your concerns regarding this behaviour? • Is there a completely new standard that is needed here to protect patients from this sort of behaviour?	 • *Which of the existing standards protects patients from this sort of behaviour? Why is that?* • *How would any of this need to change, if at all, to protect patients from this sort of behaviour?* • *What would you expect this standard to look like? What would you expect it to cover?*
We'll now move on to the next area of our discussion on this topic. As explained in the pre-read **[share pre-read – example of retinal scan being shared via WhatsApp]**. How would you feel if it was a digital picture of the back of your eye being shared?	*Is there anything that worries you about this? Do you think this is a suitable way to share information to get advice? Why or why not? If getting consent from patients is mentioned: Why is that important?*
How would you feel if it was a digital picture of the back of the eye of a family member being shared in this case?	*Which family member? Is there anything that worries you about this? If getting consent from patients is mentioned: Why is that important?*
What other ways do you think this sort of information should be shared, if at all?	*No prompts.*

Question	Suggested prompts
Do you have any other concerns about how registered optical professionals use social media? If so, what are they?	*Why is that concern?*
Questions to explore the standards in relation to this topic area As shown on 'Qualitative guide – Page 2 of 5'	*No prompts.*
Route A: Use of technology	
[Refer to pre-read] What do you think the benefits of using technology in eye care are, if any? Interviewer to prompt on: • Online consultations • Greater use of machines • Use of AI	*For you or other patients? Why is that?*
[Refer to pre-read] What do you think the risks or disadvantages of using technology in eye care are, if any? Interviewer to prompt on: • Online consultations • Greater use of machines • Use of AI	*For you or other patients? Why is that?*
Is there anything that registered optical professionals need to consider when using technology to provide care?	*How might it impact the way they practise? How might it impact the way they treat patients?*
Do you have any other concerns about the use of technology to provide eye care? If so, what are they?	*Why is that concern?*
Having considered the use of technology to provide eye care, do you think it is a good idea?	*Which areas do you think are a good idea? How might this impact the standards that optical professionals must follow? Why is that?*
Questions to explore the standards in relation to this topic area As shown on 'Qualitative guide – Page 2 of 5'	

Question	Suggested prompts
Route B: Appropriate professional boundaries	
I'd like you to imagine you are visiting an optical practice and **[reference example given in 'About you' section by respondent about last visit].** How would you expect them to treat you? *Alternative question: How would you expect medical professionals to treat you?*	*Why is that? To what extent is that important to you? Why?*
Has there ever been a time where you felt like you weren't treated well by a registered optical professional? Just to remind you, here we are talking about a dispensing optician or an optometrist, rather than an optical assistant or receptionist. Here I mean how they might have behaved with you or interacted with you that you felt wasn't appropriate and potentially crossed a boundary, rather than other things such as that you had to wait a long time for the appointment. Briefly, could you tell me what happened?	*How did that make you feel? Why do you feel it wasn't appropriate?* *Alternative: Have you heard of any situations from others where they felt they weren't treated well? What might be some examples of not being treated well?*
(Alternative question if required) Has there ever been a time where you felt like you weren't treated well by a healthcare professional at a healthcare appointment? Here I mean how they might have behaved with you or interacted with you that you felt wasn't appropriate and potentially crossed a boundary, rather than other things such as that you had to wait a long time for the appointment. Briefly, could you tell me what happened?	*How did that make you feel? Why do you feel it wasn't appropriate?* *Alternative: What might be some examples of not being treated well?*
I'd like you to consider the following scenarios which were noted in the pre-read document **[share pre-read – professional boundaries examples].** We'll take them one by one, and I'd like to understand from you if you feel it is an appropriate way for a registered optical professional to conduct themselves. • If yes: Why is that? • If no: Why not? How would it make you feel? What sorts of situations might it be suitable, if at all?	*Do you think this is an appropriate way for a registered optical professional to behave with a patient (or colleague)? Why or why not?*

Question	Suggested prompts
Do you have any other concerns about how registered optical professionals behave with patients or colleagues? If so, what are they?	*Why is that concern?*
Questions to explore the standards in relation to this topic area As shown on 'Qualitative guide – page 2 of 5'	
Route B: Delegation and supervision	
As shown in the example in the pre-read **[share pre-read – delegation example].** Would you be comfortable with this?	*Why or why not? What are the benefits of this, if any? What are the risks of this, if any? What would make you more comfortable?*
Do you think patients should be explicitly told which professional is carrying out the activity? Do you think it should be recorded in patient notes?	
As shown in the example in the pre-read **[share pre-read – supervision example].** How would you expect this activity to be supervised, if at all?	*Why is that? Would you expect this activity to be supervised at the time, in person? If not, are there other times when you would expect this?*
At the moment, all supervised activities require optometrists or dispensing opticians to be present at the optical practice, ready to intervene if required. What are your thoughts on activities such as **[supervision example]** being supervised remotely, meaning the registrants would instead be online supervising from another location?	*Why is that? What would you expect this to look like? In what situations might this be suitable? What concerns do you have about remote supervision, if any?*
Do you think patients should be explicitly told which professional is carrying out the activity? Do you think it should be recorded in patient notes?	
Do you have any other concerns about how activities in an optical practice are delegated or supervised? If so, what are they?	*Why is that concern?*
Questions to explore the standards in relation to this topic area As shown on 'Qualitative guide – page 2 of 5'	
Conclusion	
Thinking about what we have discussed today, and looking at the GOC's standards of practice again **[share pre-read – the GOC's standards]**, do you feel there is anything missing?	*Why is that? How important is that to you?*
Do you have anything else you'd like to say about what we have spoken about today?	

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SUSTAINABILITY

SHIFT
MEMBERSHIP