**Second meeting in 2022 of the Council held in PUBLIC**
**on Wednesday 29 June 2022 at 10:00am via Microsoft Teams**

**AGENDA**

| Item no. | Item | Reference | Lead | Page No. | Finish time |
|---|---|---|---|---|---|
| **1.** | **Welcome and Apologies** | Oral | Chair | - | 10:05am (5 mins) |
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| **2.** | **Declaration of Interests** | C15(22) | Chair | 3 – 5 | |
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| **3.** | **Minutes, Actions and Matters Arising** | | Chair | | 10:15am (10 mins) |
| | **3.1** **Minutes – 16 March 2022** For approval | C16(22) | | 6 – 12 | |
| | **3.2** **Updated Actions** For noting | C17(22) | | 13 | |
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| **FOR DECISION** | | | | | |
| **4.** | **Illegal Practice Strategy** For approval | C18(22) | Director of Regulatory Operations | 14 – 184 | 10:55am (40 mins) |
| **5.** | **Members Fees Policy and Review for 2022/23** For approval | C19(22) | Head of Governance | 185 – 206 | 11:10am (15 mins) |
| **11:10am – 11:25am BREAK (15 mins)** | | | | | |
| **6.** | **Council's Committees and Advisory Panel Terms of Reference** For approval | C20(22) | Chief Executive and Registrar | 207 - 226 | 11:35am (10 mins) |
| **7.** | **Council Member Committee Appointments and Recruitment Update** For approval | C21(22) | Chair | 227 - 258 | 11:50am (15 mins) |
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| **FOR NOTING** | | | | | |
| **8.** | **Chair's report** For noting | C22(22) | Chair | 259 – 260 | 12 noon (10 mins) |
| **9.** | **Chief Executive and Registrar's report** For noting | C23(22) | Chief Executive and Registrar | 261 – 309 | 12:30pm (30 mins) |

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| **12:30pm - 1:15pm LUNCH (45 minutes)** | | | | | |
| **10.** | **Optical Consumer Complaints Service (OCCS) Annual Report 2022/2023 -**<br>For noting | C24(22) | Director of Regulatory Operations | 310 – 354 | 1:45pm<br>(30 mins) |
| **11.** | **Education Assurance and Quality Assurance Annual Monitoring and Reporting Sector Report 2021/2022**<br>For noting | C25(22) | Director of Regulatory Strategy | 355 – 397 | 1:55pm<br>(10 mins) |
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| **FOR ASSURANCE (Council Members are asked to advise the Chair in advance if they wish to discuss any of these items)** | | | | | |
| **12.** | **PSA Performance Review**<br>For noting | C26(22) | Director of Regulatory Strategy | 398 – 422 | 2:05<br>(10 mins) |
| **13.** | **Balanced Scorecard**<br>For noting | C27(22) | Head of Governance | 423 – 424 | 2:10<br>(5 mins) |
| **14.** | **Finance performance report for the period ending 31 March 2022 and Q1 Forecast of 2022/23**<br>For noting | C28(22) | Director of Corporate Services | 425 – 438 | 2:15pm<br>(5 mins) |
| **2:15pm – 2:30pm BREAK (15 mins)** | | | | | |
| **15.** | **Business Plan Q4 2021-2022 Report**<br>For noting | C29(22) | Head of Governance | 439 – 442 | 2:35pm<br>(5 mins) |
| **16.** | **Advisory Panel minutes**<br>For noting<br><br>Includes:<br>Companies Committee<br>Education Committee<br>Registration<br>Standards | C30(22) | Chief Executive and Registrar | 443 - 460 | 2:40pm<br>(5 mins) |
| **17.** | **Council Forward Plan**<br>For noting | C32(22) | Head of Governance | 461 | 2:45pm<br>(5 mins) |
| **18.** | **Any Other Business**<br>(Items must be notified to the Chair 24 hours before the meeting) | C33(22) | Chair | | 2:50pm<br>(5 mins) |
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| **Meeting Close - 2:50pm** | | | | | |
| **Date of next meeting – Wednesday 21 September 2022** | | | | | |

# GENERAL OPTICAL COUNCIL – REGISTER OF INTEREST 2022/23 (UPDATED 17 June 2022)

| | Own interests | | | | Connected Persons interests |
|---|---|---|---|---|---|
| | **Current interests** | **Professional memberships** | **Previous interests** | **GOC committee memberships** | |
| Sinead **BURNS**<br>Lay Member | • Registered Psychologist: Health and Care Professions Council<br>• Registrant Member: Fitness to Practice Panel, Health and Care Professions Council | • Registered Fellow: Chartered Institute of Personnel and Development | • Former Vice President Pharmaceutical Society Northern Ireland | • Lay Member: Council<br>• Chair: Companies Committee<br>• Member: Audit and Risk Committee<br>• Member: Investment Committee | • None |
| Dr Josie **FORTE**<br>Registrant - OO | • Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills)<br>• Consultant: Specsavers Optical Superstores<br>• Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University<br>• Lecturer (occasional, visiting): Plymouth University<br>• Vice chair (acting): Devon Local Eye Health Network<br>• Vice chair (acting): Cornwall Local Eye Health Network<br>• Board member: Federation of Ophthalmic and Dispensing Opticians<br>• VisionForte Ltd (50% shareholding) | • Member: College of Optometrists<br>• Registered with the Optometrists and Dispensing Opticians Board of New Zealand<br>• Freeman: Worshipful Company of Spectacle Makers | • Member: Devon Local Optical Committee (end May 2017)<br>• Optometrist: Specsavers Torquay (end Apr 2014)<br>• Optometrist: Lascelles Opticians Plymouth (end Jun 2006)<br>• Specsavers Plymouth Cornwall Street Ltd (ended April 2020)<br>• Specsavers Saltash Ltd (ended April 2020)<br>• Specsavers Devon2 Domiciliary (ended January 2020)<br>• Board trustee: Inspiring Schools Partnership, Plymouth<br>• Member: AOP[6] | • Member: Standards Committee (Chair)<br>• Member: Companies Committee | • None |
| Mike **GALVIN**<br>Lay Member | • Non-executive Director: Martello Technologies Group Inc<br>• Non-executive Director: ThinkRF | • Member: Institution of Engineering and Technology<br>• Fellow: Institute of Telecom Professionals. | • None | • Lay member: Council<br>• Chair: Education<br>• Member: Audit and Risk Committee | • None |
| Lisa **GERSON**<br>Registrant (OO) member | • Employee: Ronald Brown Group<br>• Employee: Boots Optician<br>• Primary Care Supervisor: Cardiff University | • Member of AOP<br>• Member of College of Optometry | • Chair: Optometry Wales<br>• Member: GOC Hearings Panel<br>• Member/Acting Chair: GOC Investigation Panel<br>• Member: GOC Education Visitor Panel<br>• College Counsellor: | • None | • None |

| | Own interests | | | | Connected Persons interests |
|---|---|---|---|---|---|
| | **Current interests** | **Professional memberships** | **Previous interests** | **GOC committee memberships** | |
| | | | College of Optometrists<br>• Trustee: College of Optometrists<br>• Trustee: AOP | | |
| Rosie **GLAZEBROOK**<br>Lay Member | • Chair of Research Ethics Committee, (Camden and Kings Cross) - Health Research Authority.<br>• Member, Standards Policy and Strategy Committee - BSI | • None | • None | • Lay Member: Council<br>• Chair: Registration<br>• Member: Nominations | • None |
| Clare **MINCHINGTON**<br>Lay Member | • None | • Fellow: Association of Chartered Certified Accountants<br>• Fellow: Institute of Chartered Accountants of England and Wales | • None | • Lay Member: Council<br>• Chair: Audit and Risk Committee | • None |
| Frank **MUNRO**<br>Registrant - OO | • Director Munro Eyecare Limited (T/A Munro Optometrists)<br>• Professional Clinical Advisor, Optometry Scotland<br>• Acting Optometric Advisor, NHS Lanarkshire<br>• Lead Optometrist, Glasgow City(South) Health & Social care Partnership<br>• Visiting Lecturer, Glasgow Caledonian University<br>• Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme) | • Member of the College of Optometrists<br>• Member NHS Greater Glasgow & Clyde Prescribing Review Group | | • Member: Council | • None |

| | Own interests | | | | Connected Persons interests |
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| | **Current interests** | **Professional memberships** | **Previous interests** | **GOC committee memberships** | |
| Dr David **PARKINS**<br>Registrant - OO | • Trustee: Spectacle Makers Charity<br>• Chair: London Eye Health Network (NHS England)<br>• Member: London Clinical Senate Council<br>• Director: BP Eyecare Ltd | • Fellow: College of Optometrists<br>• Fellow, European Academy of Optometry and Optics<br>• Life Member: Vision Aid Overseas<br>• Liveryman: Worshipful Company of Spectacle Makers | • President: College of Optometrists (end Mar 2016)<br>• Board Trustee: College of Optometrists (end Mar 2018)<br>• Previous CET provider (ended 2015)<br>• Vice Chair: Clinical Council for Eye Health Commissioning | • Member: Council<br>• Member: Audit and Risk Committee | • Close Relative: General Optical Council Case Examiner<br>• Close Relative: Member, College of Optometrists<br>• Spouse: Director - BP Eyecare Ltd |
| Tim **PARKINSON**<br>Lay member | • None | • Fellow: Chartered Management Institute | • None | • Lay member: Council<br>• Chair: Investment Committee<br>• Member: Remuneration Committee | • None |
| Roshni **SAMRA**<br>Registrant - OO | • Locum optometrist (occasional): various high street or independent practices<br>• Professional Clinic Manager: City Sight, City University<br>• Student: City University (MSc in Clinical Optometry) | • None | • None | • Member: Council<br>• Member: Registration Committee | • Works with a current General Optical Council Case Examiner |
| Glenn **TOMISON**<br>Registrant - DO | • Lead director (for individual members): Federation of Ophthalmic Dispensing Opticians<br>• Self-employed: dispensing optician<br>• Senior clinical instructor: University of Manchester | • Fellow: Association of British Dispensing Opticians<br>• Liveryman: Worshipful Company of Spectacle Makers | • Chair: Federation of Ophthalmic and Dispensing Opticians (ended December 2014) | • Member: Council<br>• Chair: Remuneration Committee<br>• Member: Nominations Committee<br>• Member: Investment Committee | • None |
| Dr Anne **WRIGHT** CBE<br>Lay Chair | • Unremunerated elected Director: Circa Residents Management Company Ltd. | • None | | • Chair: Council<br>• Chair: Nominations Committee | • None |

General Optical Council

# GENERAL OPTICAL COUNCIL

## DRAFT minutes of the Council held in public on Wednesday 16 March 2022 at 10:00am via Microsoft Teams

**Present:** Dr Anne Wright CBE (Chair), Sinead Burns, Josie Forte, Mike Galvin, Lisa Gerson, Rosie Glazebrook, Clare Minchington, David Parkins, Tim Parkinson, Roshni Samra and Glenn Tomison.

**GOC Attendees:** Rukiaya Anwar (Council Associate) *(paragraphs 6 to end)*, Marcus Dye (Interim Director of Regulatory Strategy), Yeslin Gearty (Director of Corporate Services), Philipsia Greenway (Director of Change), Sarah Martyn (Interim Head of Secretariat), Leonie Milliner (Chief Executive and Registrar) and Dionne Spence (Director of Regulator Operations) and Harry Singh (Council Associate).

**External Attendees:** Matt Thurman (Eventure Research)

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| | **Welcome and Apologies** |
| 1. | The Chair opened the meeting with a statement on impact of the Russian invasion of Ukraine, which Council welcomed. The Chair then welcomed external attendees and staff to the meeting. |
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| 2. | Apologies were received from Frank Munro. |
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| | **Declaration of Interests** C01(22) |
| 3. | There were no new declarations and Council noted the register of interest. |
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| 4. | Glenn Tomison, Josie Forte and Roshni Samra may have an interest in item 6 *Education Strategic Review – Post-Registration Speciality Qualifications.* |
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| 5. | All registrant Council members have a declaration of interest in item 12 *Member Fees Policy and Review for 2022/2023.* |
| | *10:06am – Rukiaya Anwar entered the meeting.* |
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| | **Minutes of Previous Meetings** C02(22) |
| 6. | Council **approved** the minutes of the meeting held on 8 December 2021 as an accurate record of the meeting. |
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| | **Updated Actions** C03(22) |
| 7. | Council noted progress on the actions since the last meeting. |
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| | **Matters Arising** |
| 8. | There were no matters arising. |
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| | **Chair's Report** C04(22) |
| 9. | The Chair opened the meeting by thanking GOC colleagues who ran or contributed to staff networks. The Chair reminded Council members that if they wished to attend a staff network event they would be warmly welcomed, and commended the team on the organisation of most recent staff network event, a screening of the BAFTA winner, *Black Cop,* chaired by a member of staff. |
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| 10. | Council **noted** the report. |
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| | **Chief Executive and Registrar's report** C05(22) |
| 11. | The Chief Executive and Registrar provided an update to her report as follows:<br>• The Chief Executive and Registrar extended her thanks to Chair of Council, Council and stakeholders, senior management team and GOC staff for their support in her first two months in post.<br>• The final embargoed Professional Standards Authority (PSA) performance review was expected on 23 March and would be circulated to Council. Factual corrections had been provided to the PSA on the draft report by the senior management team. It was reported to Council that in the recently published PSA Board papers it had been reported that *'As well as the significant recent reductions in its end-to-end timeframe, the GOC is the only regulator to have reduced its open caseload of older cases since the start of the pandemic. The GOC has decreased its open old caseload significantly – by over 50%'.*<br>• Steve Brooker had been appointed as the Director for Regulatory Strategy, the final appointment to the reshaped senior management team. Steve would take up his post on 23 May 2022. The Chief Executive and Registrar thanked Marcus Dye, interim Director for Regulatory Strategy, for managing the Directorate during the transitional period.<br>• The introductory meeting with the Scottish Minister for Public Health, Women and Inequalities in mid-January 2022 had been very informative, with a wide-ranging discussion including the Education Strategic Review, prescribing and service delivery in Scotland.<br>• A workshop for providers of GOC approved qualifications had taken place on 26 January 2022 |
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| 12. | In response to a question about arrangements for staff using the office, the Chief Executive and Registrar advised that staff were being encouraged to utilise the office to facilitate collaborative activity within and between teams, to support new staff induction and to provide quiet space for team members to work in as an alternative to working from home. A necessarily cautious approach was being taken to infection control; and the Chief Executive and Registrar advised Council that following a Covid taskforce meeting scheduled for the next week staff and visitors would be informed of the revised infection controls, with the emphasis on keeping staff and visitors to the office safe. |
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| 13. | A question was asked as to the connection to the GOC in a meeting that the previous Chief Executive and Registrar had held with a senior civil servant at DEFRA. The Chief Executive and Registrar advised that this was likely to have been a networking meeting. |
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| 14. | Council welcomed the reduction in open caseload of older cases and end-to-end timeframes, and congratulations were offered to the team on this success, particularly given that it had been delivered during the lockdown. |
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| 15. | The Chief Executive and Registrar was asked about providers' progress in adapting GOC approved qualifications to meet the new education and training requirements and if any problems or difficulties being encountered. The Chief Executive and Registrar advised Council that information regarding providers' plans for adaptation had submitted as part of the GOC Annual Monitoring and Review (AMR) which provided a comprehensive overview of the likely date by which providers are intending to recruit students into their adapted programmes. The education team were meeting with providers to understand further each provider's schedule of internal validation and associated internal approval deadlines. |
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| | *10:24am - Matt Thurman (Eventure Research) joined the meeting.* |
| 16. | With regard to paragraph 9, it was noted that in England there would shortly be 42 commissioners which would make engagement in England more complicated than in Wales, Northern Ireland and Scotland in relation to alignment of service delivery across the four nations. The Chief Executive and Registrar advised that Health Education England was aware of the potential benefits of a single policy lead for the optical sector and that the sector was aware of the leadership and policy opportunities that existed as a result of the merger of Health Education England and NHSE/I. |
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| 17. | The Chief Executive and Registrar was asked about the significance of the appointment of a new role of Head of Communications (paragraph 27). The Chief Executive and Registrar responded by highlighting the enhanced capacity this appointment was intended to bring in relation to realising |

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| | the GOC's refreshed communications strategy, supporting Registrants' engagement with CPD and with the launch of the new website, developing and implementing GOC's suite of communication assets to ensure both Registrants and the general public better understood the GOC's role. It was suggested that the new Head of Communications, once appointed, should be invited to lead a session on the GOC's communications strategy at a forthcoming Council Strategy day. |
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| 18. | The Chief Executive and Registrar was asked about serious concerns reviews (SCR) (paragraph 15). It was noted the team had a well-defined process in place for managing risks in relation to SCRs and enhanced engagement with providers provided assurance that progress was being tracked and managed appropriately. |
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| 19. | Council noted that it planned to engage with colleagues from Welsh government at a catch-up session later in the year to provide a update on changes to contracting and service delivery arrangements in Wales. |
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| 20. | Council noted the report. |
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| | **STRATEGIC** |
| | **Education Strategic Review – Post-Registration Specialty Qualifications** C06(22) |
| 21. | Council thanked the Education team for an excellent set of comprehensive papers describing the proposals to update the GOC's requirements for approved qualifications leading to specialty registration as a Contact Lens Optician and minor changes to the indicators contained within the Clinical Practice category of Outcomes for Dispensing Optics and Optometry recommended by the Sector Partnership for Optical Knowledge and Education (SPOKE). The Interim Director of Regulatory Strategy introduced the proposals to update the GOC's requirements for approved qualifications leading to specialty registration as a Contact Lens Optician and described the extensive process of engagement that had informed the development of the proposals. |
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| 22. | Eventure Research then introduced their report and key findings from the consultation. Council noted:<br>• 79% of respondents felt that the proposed outcomes would have a positive impact on the expected knowledge, skills and behaviours of future contact lens opticians; and 72% of respondents felt that the proposed standards would have a positive impact on the expected knowledge, skills and behaviours of future contact lens opticians.<br>• On the whole, positive feedback was received on:<br>- replacing the quality assurance handbook and related policies;<br>- approved qualifications must be either an academic award or a regulated qualification;<br>- removing the current highly specific requirements for clinical experience;<br>- feedback from stakeholders must inform programme delivery and assessment;<br>- use of an outcome based approach to specify expected knowledge, skills and behaviours;<br>- providers would be responsible for recruiting trainees and recognition of prior learning.<br>• The majority of the survey respondents reported no positive or negative impacts of the proposals on certain individuals or groups. |
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| 23. | Council made the following comments:<br>• The papers were comprehensive, however it would have been helpful to have had a summary sheet explaining how the proposals had changed as a result of feedback from consultation.<br>• Education and Standards Committee had provided comments on the proposals to inform Council's decision. It was noted that the Committees' had advised Council that the proposed, updated requirements were well considered and there had been a robust approach to developing and testing the proposed standards, outcomes and assurance method.<br>• It was noted that a significant portion of the contact lens optician (CLO) population was over the age of 45 and it was felt likely that these proposals would help encourage younger people to address the forthcoming gap.<br>• There was a need to look at the alignment of roles for dispensing opticians (DO) and optometrists in relation to contact lens practice as well as thought given to the development for optometrists as independent prescribers in the management of eye disease. |

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| | • Thought needed to be given to as whether indicative guidance was required to show how the number of hours of clinical experience required would be implemented and monitored, particularly given some of the work that needed doing with specialised contact lenses in the hospital setting.<br>• It was noted that CLOs were an integral part of multi-disciplinary teams (MDT) and the proposed Standards for Approved Qualifications as a CLO encouraged trainees to be include in MDT and inter-professional learning which contributed to the delivery of enhanced services.<br>• The requirements within the Standards for Approved Qualifications made it clear that clinical experience must be patient-facing, and the shift from input-orientated to outcomes focused regulatory requirements would be positive change for the profession.<br>• It was noted that the Expert Advisory Group (EAG) had discussed at length the wording around the hours of clinical experience trainees would be required to undertake, and whether this should be an approximate guide or a required number. It was noted by Council that proposed Standards for Approved Qualifications included in S3.13 a requirement for 'minimum' of 225 hours of clinical experience. Council noted that the the intention was for the number of hours of clinical experience (225) to be approximate rather than set as a minimum, and that the variety and quality of clinical experience and purpose of the learning gained in practice was to assist trainees meet the proposed outcomes for specialty registration, rather than being an outcome in itself. Council therefore agreed that the number of hours of clinical experience trainees would be required to undertake (225) should be approximate and that the proposed Quality Assurance and Enhancement Method, including the requirement to seek feedback from stakeholders on the selection of outcomes to be taught and/or assessed during periods of learning and experience in practice and the design of assessment items, provided an level of appropriate control and assurance if the outcomes were assessed as met in a shorter period of time.<br>• The proposed minimum RQF level 6 (or equivalent) for approved qualifications in CLO was welcomed. It was noted that this was a minimum requirement and would allow flexibility for providers to offer a CLO qualification alongside an approved qualification in dispensing optics. If providers wished, the CLO approved qualification could be offered at RQF level 7 (or equivalent)<br>• That consideration needed to be given to the CLO outcome O5.14 and its cross-reference to the DO outcome O3.5.a (iv), and the College of Optometrists' clinical management guidelines. The interim Director of Regulatory Strategy agreed that the EAG would be asked to review CLO outcome O5.14 and if drafting changes were recommended by the EAG, Council would be asked to consider those changes after seeking the advice of Education and Standards Committee.<br>• Implementation assurance was discussed by Council and it was suggested that the commissioning of an indicative document to support the implementation of the proposed CLO outcomes would be helpful, to provide more detail on the indicators and variety of clinical experience expected, particularly in relation to complex / specialist lenses and hospital case mix, and mitigate concerns around regarding approximately number of clinical hours of patent-facing experience and implementation |
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| 24. | Council:<br>• received advice from Education Committee and Standards Committee on the proposals to update GOC requirements for approved qualifications leading to specialist entry to the GOC register as a Contact Lens Optician;<br>• noted the outcome of the public consultation (Enventure Research consultation report); EDI impact assessment (Fraser Consulting); the impact assessment screening; and the outcome of the Delphi verification of the proposed outcomes (by the University of Hertfordshire);<br>• approved the amendments to the indicators (proposed by the Sector Partnership for Optical Knowledge and Education (SPOKE) and described in annex seven) in the Clinical Practice category of the Outcomes for Dispensing Optics and Optometry; one section of the GOC's "Requirements for Approved Qualifications in Optometry and Dispensing Optics".<br>• approved the proposed, updated requirements for approved qualifications leading to specialist entry to the GOC register as a Contact Lens Optician (full copies attached at annex one) subject to the amendments described above in paragraph 23:<br>- outcomes for approved Qualifications for Specialist Entry to the GOC Register;<br>- standards for approved Qualifications for Specialist Entry to the GOC Register;<br>- quality assurance and Enhancement Method for Specialist Entry to the GOC Register |

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| | *11:41am - Matt Thurman (Eventure Research) left the meeting. The Head of Finance joined the meeting.* |
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| | **ASSURANCE** |
| | **Budget and Business Plan for 2022/2023** C07(21 |
| 25. | The Chief Executive and Registrar and Director of Corporate Services introduced the budget and business plan for 2022/2023, which represented an ambitious programme of work aligned to the Council's five-year strategic plan 'Fit for the Future.' The budget and business plan had been developed by the senior management team and reviewed by the Audit, Risk and Finance Committee at its last meeting. The approach to the budget had been conservative with no planned increase in registrant fees for 2022/23. The business-as-usual budget was planned to break even, alongside a significant investment of reserves in planned strategic projects, most of which were ongoing, such as the ESR, CET/CPD and MyGOC projects, with a small number of new projects proposed, dependent on the development of business cases for authority to proceed. It was noted that an additional risk around Ukraine would be added to the corporate risk register. |
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| 26. | In response to questions raised about the development and approval of business cases for new projects to be funded from reserves, Council noted that processes for assessing the affordability, phasing, scope and merit of new projects will be further developed as part of the GOC Refresh programme, and that Audit, Risk and Finance Committee at its last meeting had discussed the development of business case approval processes aligned with the financial scheme of delegation. |
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| 27. | A question was raised as to what the GOC was doing to assess the impact of the Russia's invasion of Ukraine. Council noted that Brewin Dolphin, the GOC investment advisors, advised that currently there were limited implications in terms of the exposure of GOC investments. Internally, work was on-going to ensure that staff were suitably supported, and contracts/ suppliers checked for exposure to Russian, Ukrainian and Belarusian accounts. It was noted that there maybe a risk of higher than normal cyber-attacks and that the senior management team were exploring the potential impact of refugees on GOC documentary requirements for international registration. |
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| 28. | The proposed adjustments to the quarterly balanced scorecard for the 2022/23 business planning year were welcomed. It was suggested that an additional key performance indicator for equality, diversity and inclusion and programme and project activity should be considered. |
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| 29. | Council approved the:<br>• budget for 12 months to 31 March 2022 (Annex 1); and<br>• 2022-2023 business plan (Annex 2). |
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| | **Balanced Scorecard** C08(22) |
| 30. | Council **noted** the balanced scorecard for Q3 of the 2021/22 business planning year |
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| | **Business Plan Assurance Report Q3** C09(22) |
| 31. | Council **noted** the Q3 progress report for the internal operational business plan 2021/2022. |
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| | **Finance Performance reports for the period ending 31 December 2021 and Quarter 3 Forecast of 2021/2022** C10(22) |
| 32. | Council noted the:<br>• financial performance for the nine months ending 31 December 2021 in Annex 1; and<br>• Q2 forecast for the current year 2021-22 in Annex 2. |
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| | **OPERATIONAL** |
| | **External Audit of Fitness to Practice Decision Making 2020/2021** C11(22) |
| 33. | Council noted that the GOC had seen increased numbers in triage questions; there were four cases with no material errors. |
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| 34. | A question was raised as to how Council could be assured that learning points were not repeated. The Director of Regulatory Operations advised that the audits and learning points had been tracked and training would take place to ensure that case examiners were correctly reviewing FTP decisions at case review group meetings to be assured that cases were in line with current practice. |

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| | It was noted that case examiners were being introduced to team building to alleviate concerns around silo working. In addition, learning points picked up by lawyers on case examiner decisions are shared. These were also picked up in regular meetings and appraisals. |
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| 35. | Council noted that full day training had been provided to case examiners in November 2021 which included feedback from partner firms on case law update alongside advice on giving warnings or multiple expert reports and assistance with work. Changes to the law on dishonesty had been provided in case law updates. Learning points would also be including going forward, though these were getting more complex. As part of the business planning cycle, the case examiner pool would be looked at in terms of clinical practice and learning through the implementation of standards and the call of evidence. |
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| 36. | It was suggested that the leadership team needed to understand the clinical nature of cases, particularly with the increasing scope of patients being treated out of hospital in primary and community settings. As such the skill mix gave rise to higher clinical risks and this would really assist case examiners in looking at more complex cases. |
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| 37. | Council:<br>• noted the findings of the 2020/2021 audit (Annex 1); and<br>• approved the management responses and actions taken in respect of the learning points arising (Annex 2) and considered any additional measures in response to the recommendations contained in the report. |
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| | **Member Fees Policy and Review for 2022/2023** C12(22) |
| 38. | Council made the following comments on the policy:<br>• reduced fees for videoconference meetings should be reconsidered;<br>• the proposal to review fees at a minimum every five years was considered; Council recommended that this should be reviewed and a review every three years considered<br>• the policy needed to be cross-referenced with the expenses policy, particularly around members being paid by invoice. |
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| | **ACTION: the Head of Governance to review the Member Fees Policy and bring back to Council in June** |
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| 39. | Council:<br>• agreed the member fees for 2022/2023;<br>• agreed that the member policy would be revised as discussed in paragraph 38.<br>• agreed that fees should be reviewed at least every three years. |
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| | **Data Policies** C13(22) |
| 40. | The interim Head of Secretariat introduced the paper and explained that the Data Protection Policy and Freedom of Information Policy had been revised and updated following an internal review and the outcome of the recent internal audit. Council noted that responsibility for implementing the data protection and freedom of information policies rested with the Information Governance Officer who had ensured in her review of the policies that the two policies were aligned and would be published on the GOC website. |
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| 41. | Council approved the:<br>• Data protection policy<br>• Freedom of information policy |
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| | **Council Forward Plan** C57(22) |
| 42. | Council **noted** the report. |
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| | **Any Other Business** |
| 43. | There was no any other business. |
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| 44. | Thanks were given to the members of the public who attended. |
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| | **Meeting closed: 1:06 pm** |
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| | **Next meeting: Wednesday 29 June 2022** |
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**PUBLIC**
**C17(22)**

**COUNCIL**

**Actions arising from Public Council meetings**

**Meeting Date:** 29 June 2022 **Status:** For noting.

**Lead Responsibility and Paper Author:** Sarah Martyn, Governance and Compliance Manager

**Purpose**

**1.** This paper provides Council with progress made on actions from the last public meeting along with any other actions which are outstanding from previous meetings.

**2.** The paper is broken down into 3 parts: (1) action points relating to the last meeting, (2) action points from previous meetings which remain outstanding, and (3) action points previously outstanding but now completed. Once actions are complete and have been reported to Council they will be removed from the list.

**Part 1: Action Points from the Council meeting held on 16 March 2022**

| Reference | By | Description | Deadline | Notes |
|---|---|---|---|---|
| C38(22) (16 March 2022) | Head of Governance | To review the Member Fees Policy and bring back to Council in June | June 2022 | **COMPLETED:** this is on the agenda for approval. |

**Part 2: Action points from previous meetings which remain outstanding**

| | | | | |
|---|---|---|---|---|
| C25(21) (8 December 2021) | Chair of ARC / Director of Resources | To give consideration to the flow of information around health and safety to Council around managing the risk of infection in the office to provide a more holistic view. | April 2022 | **Ongoing** Updated risk assessment published in office (can be shared with Council on request). Outcome of recent H&S inspection in Chief Executive's report. |
| C39(21) (8 December 2021) | Director of Resources | To consider the wording of any announcement in terms of manging expectations for fee levels in future years. | | **COMPLETED:** Our intention remains for modest and consistent fees for future years, any increases in fees for 2023-23 will be in line with inflation and will remain subject to annual review. |
| | | | | |

**Part 3: Action points previously outstanding but now completed.**

There are no actions outstanding from previous meetings.

# Illegal Practice Strategy Review

**Meeting: 29 June 2022** **Status:** For decision

**Lead responsibility:** Dionne Spence, Director of Regulatory Operations
**Paper Author(s):** Claire Bond, Lawyer and Project Manager

## Purpose

1. To enable Council to consider the responses received to the public consultation on the updated illegal practice protocol and approve publication of our response to the consultation and updated illegal practice protocol.

## Recommendations

2. Council is asked to:
   - **Consider** our response to the public consultation and the responses received
   - **Approve** the updated illegal practice protocol

## Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Transforming customer service as it seeks to provide greater clarity about our remit regarding illegal practice, when we will act on reports of illegal practice and what action will be taken. This work is included in our 2022/23 Business Plan.

## Background

4. Council approved the draft illegal practice protocol for public consultation at its meeting on 22 September 2021.

5. The public consultation on the draft illegal practice protocol was open for 12 weeks from 27 October to 24 January 2022. We received 26 written consultation responses from a range of stakeholders.

## Analysis

6. The focus of the consultation was to identify whether the updated illegal practice protocol provided greater clarity about the GOC's remit regarding illegal practice; greater clarity about when we will act on reports of alleged illegal practice and what action will be taken; and whether the updated protocol has a closer link to our overarching objective to protect the public.

7. We are extremely grateful for the very thorough and helpful responses we received to the consultation and have clarified and made amendments to the protocol including:

   - potential for serious harm, in addition to actual harm, has been included as a factor indicating higher risk caused by illegal practice

- the case assessor and/or reviewing lawyer will seek advice from the GOC's clinical advisers about clinical risk in appropriate cases

- sections about legislation relating to the testing of sight and sale of prescription spectacles have been made clearer

- provision that the GOC may re-open a complaint following a referral to a third party if the third party is unable to act and the statutory time limit for bringing a prosecution has not expired

8. In general terms, feedback received in the consultation was equally split between agreement and disagreement that the protocol met its objectives, as set out in the consultation questions. The areas of disagreement mostly related to a desire for the GOC to do more to tackle online sales that amount to a criminal offence under the Act, both within and outside the UK, for the GOC to develop a clear strategy to tackle illegal practice and for the GOC to communicate with a wider audience to ensure public safety.

9. The protocol is, by default, the application of our current legislation which we know many in the sector deem to be unsatisfactory in several areas, including illegal practice. We recognise that the protocol is not, of itself, a strategy and we have developed objectives to form the basis of our approach to illegal practice which flow from the Professional Standards Authority (PSA) standard 12, against which our approach to illegal practice is measured:

   *PSA standard 12: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.*

10. The PSA have been clear that, as a UK regulator, the GOC should not act against companies or individuals registered outside of the UK. It is also not practicable for an organisation the size of the GOC to enforce our legislation against a global online market by bringing a private prosecution in the magistrates' court.

11. The Act and PSA Standard 12 make clear that action against illegal practice, conduct which amounts to a criminal offence under the Act, is not part of our core statutory function and any action taken must be managed in a *proportionate and risk-based manner*.

12. The GOC's remit regarding action against illegal practice, from deciding whether to open an illegal practice case following an allegation of illegal practice (covered by the protocol) or engaging with a wider audience about illegal practice (to be considered as part of on-going approach to illegal practice), is limited to action based on sufficient evidence of risk of harm to the public to necessitate such action under the GOC's overarching objective.

13. As part of our review of illegal practice, we commissioned an independent literature review, *The Clinical and Contextual Risk from Illegal Practice* (Annex five), which concluded that while risk of harm arising could be assumed to be higher in illegal practice than in legal practice, based on professional knowledge of the sector, there was a limited evidence base to support this assumption. The GOC encourages the sector to provide evidence of harm caused by illegal practice – conduct that amounts

to a criminal offence under Part IV of the Act – as part of our call for evidence on the Opticians Act and consultation on associated GOC policies.

## Finance

14. If the revised protocol is implemented, we *may* receive more complaints about illegal practice and we *may* bring more prosecutions which would have resource and cost implications. If more prosecutions are brought, in addition to the high cost of bringing a prosecution, there is the financial and reputational cost of a failed prosecution.

15. Implementation of the revised protocol would also raise additional costs in cases where a test purchase is deemed necessary. Proof of an illegal sale would be compelling evidence should a prosecution be brought. We think this offers value for money against what is likely to be modest expenditure in persistent / high risk offending cases where the evidential and public interest tests are met.

## Risks

16. The revised protocol aims to mitigate financial and reputational risks by ensuring that prosecution will only be considered in high risk and / or persistent offending cases where the evidential and public interest tests are met.

## Equality Impacts

17. An initial Equality Impact Assessment (EIA) has been completed and is attached at Annex four. All concerns relating to impact, information governance and the Human Rights Act have been considered.

## Devolved nations

18. The illegal practice protocol applies across the devolved nations and there is, therefore, no direct implication by virtue of this review. There are no foreseen implications under the Welsh Language Scheme.

19. Scotland does not have a process for private prosecutions - matters are referred to the Crown Office and Procurator Fiscal Service who will decide what action to take, if any, in the public interest.

## Communications

### External communications

20. Subject to Council approval, we will work with the communications and strategy teams to publish our response to the consultation and develop a reporting framework for illegal practice cases.

### Internal communications

21. The revised protocol will need to be publicised internally and externally at implementation stage.

## Next steps

22. Subject to Council approval, we will publish our response to the consultation and updated protocol internally and externally and continue development of a wider communication plan on our approach to illegal practice.

## Attachments

Annex 1: Proposed Illegal Practice Protocol
Annex 2: GOC response to public consultation on illegal practice strategy and protocol
Annex 3: Annex A Illegal practice strategy consultation responses - comments
Annex 4: Equality Impact Assessment and Screening Tool
Annex 5: The Clinical and Contextual Risk from Illegal Practice

# GOC response to our consultation on illegal practice strategy and protocol

## May 2022

**Contents page**

## Introduction

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.

2. We have four core functions:

   - setting standards for optical education and training, performance and conduct;
   - approving qualifications leading to registration;
   - maintaining a register of those who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
   - investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

## Background to policy

3. The GOC's overarching objective is the protection of the public. Although not a specific statutory duty, or part of our core functions, we may act on reports about alleged illegal optical practice (illegal practice) when necessary to protect the public.

4. Illegal practice is conduct that amounts to a criminal offence under Part IV of the Opticians Act 1989 (the Act).

5. We have carried out a review of our illegal practice strategy and protocol because we want to be more proactive in our approach to illegal practice and provide clarity on when we will take action and what action will be taken.

6. We believe that more collaborative working to prevent illegal practice from occurring provides the best outcome for the public and our sector, and that we can better utilise our resource to develop an approach that links more closely with our overarching public protection function and enhance sector and public awareness of our remit.

7. We consulted on an updated illegal practice protocol which included the following changes:

   - the addition of acceptance criteria;
   - setting out our approach to illegal online sales;
   - requiring early lawyer input into investigations;
   - the introduction of a process for test purchases; and
   - greater clarity about when we will consider a prosecution.

## Consultation process

8. We undertook a full public consultation on our proposed updates to the policy, which was open for 12 weeks from 27 October 2021 to 24 January 2022.

9. We sought stakeholders' views on our proposed updates to the policy ahead of launching a revised illegal practice protocol.

10. We received 26 written consultation responses from a range of stakeholders. These were made up of:

- 12 optometrists
- two dispensing opticians
- one contact lens optician
- two business registrants / employers
- six professional/representative bodies
- one law firm
- one education provider
- one member of the public

11. The professional/representative bodies who were willing to be named were:

- Association of British Dispensing Opticians (ABDO)
- Association of Optometrists (AOP)
- The College of Optometrists
- Association for Eye Care Providers (FODO)
- Association of Contact Lens Manufacturers (ACLM)
- British Contact Lens Association (BCLA)

12. We are grateful for all the feedback we received and have taken this into account in deciding how to amend the protocol and continue to develop our approach to illegal practice.

## Approach to producing this response

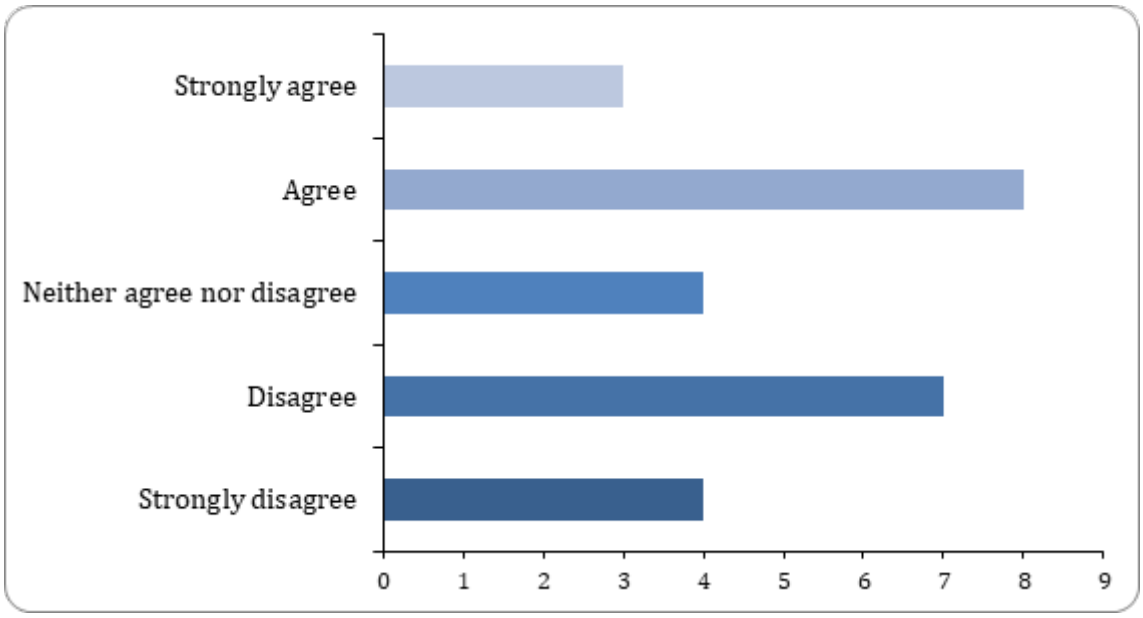
13. Respondents were encouraged to provide comments where they did not support our proposed approach. We did not actively seek comments where respondents indicated support for our approach, but some respondents gave these anyway. We reviewed every comment received. We are unable to include individual responses to every comment within this report. A sample of comments have been included in this response. All comments received in response to the consultation (where permission to publish was given) are attached at Annex A.

## Findings

### Closer link with the GOC's overarching objective of protecting the public

14. We asked respondents to what extent they agreed that the updated protocol links more closely with our overarching objective of protecting the public. Responses were split with 42.3% agreeing or strongly agreeing and 42.3% disagreeing or strongly disagreeing and 15.4% neither agreeing nor disagreeing.

*Graph 1: To what extent do you agree that the updated protocol links more closely with our overarching objective of protecting the public?*




15. A sample of comments is available in the box below. Most comments related to online sales of spectacles and contact lenses, particularly overseas sales, not being sufficiently addressed in the protocol.

16. It was suggested by The College of Optometrists, and other professional bodies, including ABDO and the AOP, that the GOC should do more in raising public awareness about contact lens safety and, more generally, the legislation in place to protect the public.

*"We also feel there is a key role for the GOC in advising patients: - on safety - that they should wear the contact lenses as advised by their original fitting optometrist or contact lens optician - on their rights and entitlements when buying online (including to return lenses that are not fit for purpose) - what to do if they encounter a problem. - Work with manufacturers, suppliers and retailers to produce, publish and distribute consumer information that educates the public about safe optical appliances supply in easily understandable language, and*

*highlights the risks of ordering a different lens from what was recommended."* The College of Optometrists

*"Online sales of Spectacles and contact lenses from outside of the United Kingdom make a mockery of our profession, therefore, as per your statement to protect the public, you NEED to act on the reports of this."* Dispensing optician

*"For this reason, action to promote patient awareness of the risks involved in buying products and services online is also required. We would like to understand what outcomes the GOC is seeking to achieve in line with its duty to protect the public and what activities it will be undertaking to achieve those outcomes."* ABDO

*"In order to properly meet its objective for public protection the GOC's illegal practice strategy needs to include the following:*

*…*

*Clear information for the public about the optical regulations that are in place to keep them safe, and how to identify regulated optical providers.*

*Clear information about how to raise complaints and concerns with the GOC about alleged illegal practice.*

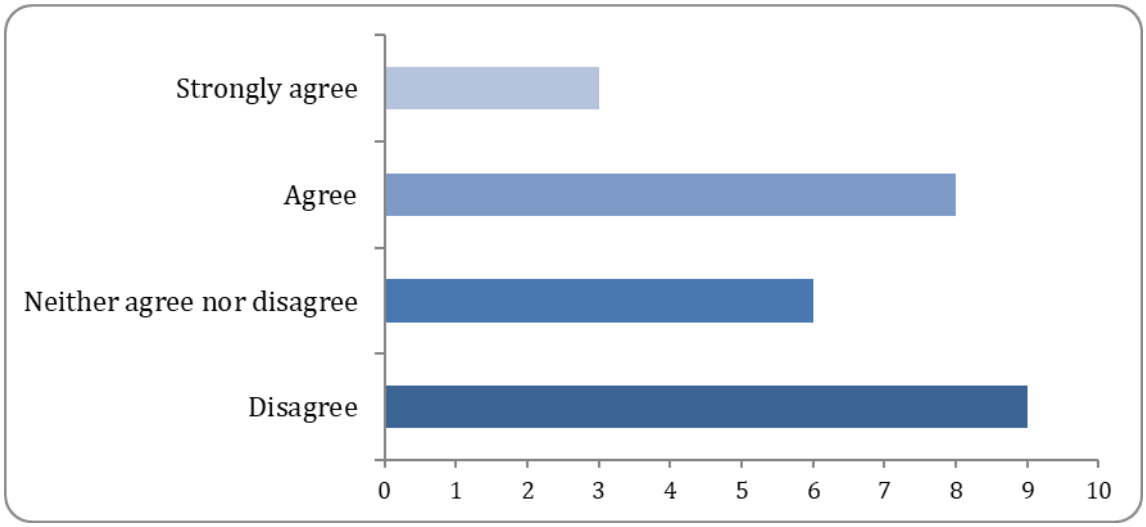
*…*

*Raising public awareness about the risks of illegal and unsafe practice."* AOP

**Improve sector awareness of the GOC's remit regarding illegal practice**

17. We asked respondents to what extent they agreed that the updated protocol will improve sector awareness of our remit regarding illegal practice. The same number of respondents strongly agreed or agreed, 42.3%, as with question one. 23.1% neither agreed nor disagreed. 34.6% disagreed and no respondents strongly disagreed.

*Graph 2: To what extent do you agree that the updated protocol will improve sector awareness of our remit regarding illegal optical practice?*




18. A sample of comments is available in the box below. The issues raised included:

- how will the GOC engage with online suppliers to raise awareness of its remit and ensure compliance?
- how will the GOC address the growth of online service delivery?
- the GOC's remit in relation to non-UK businesses and individuals
- the GOC should communicate better and more regularly about illegal practice
- whether the GOC is seeking additional powers in relation to illegal practice

*"Without high street opticians, who conveniently gather all the necessary measurements for online traders to supply the correct contact lenses, online suppliers would not have existed – although even that is now changing with the advent of online refraction, about which the GOC was alerted through the 2016 Foresight Report. These suppliers have reaped the benefits of the hard work of others and given very little in return, and now it looks like turning into a full-blown free-for-all. Most particularly, their records are out of sight and so little is known*

*about cases of actual or potential harm (although the recent AOP survey of registrants' views of returning patients is illuminating in this regard: 80% with eye irritation, 57% with blurred vision and poorly-fitting lenses, 36% with eye infections and even 12% with sight-threatening conditions). 55% of high street practitioners report seeing evidence that the law is being broken by suppliers, so where is the feedback on this in more than simple total numbers? The GOC should determine where the system is being abused by illegal online suppliers, and then take appropriate action in the interests of patient protection. With the increasing numbers of online suppliers employing registrants how is the GOC monitoring and auditing them to ensure they are operating within the law?"* ACLM

*"The GOC needs to consider HOW it will communicate to a wider audience, not just within the professional optical sector."* BCLA

*"The protocol does not clearly explain the GOC's remit in relation to illegal optical practice. In particular, it does not explain the extent to which the GOC will be able to address future challenges, such as sight-tests offered online from outside the UK. Also, the protocol does not explore the challenges involved in pursuing non-UK businesses or individuals, suggesting simply that it would not be able to prosecute such companies."* ABDO

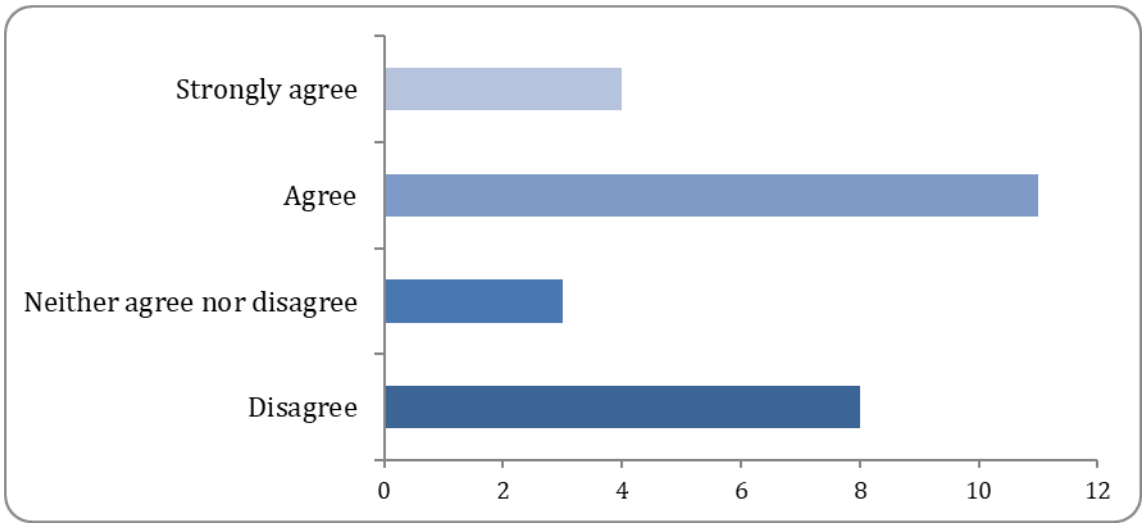
*"More proactive steps would be required to achieve this, including communication with registrants and professional bodies and the publication of data showing performance against objective criteria. In particular, a six-monthly report to the GOC Council would improve transparency and awareness of an area of activity that traditionally has had much less visibility than other areas…"* ABDO

*"Unfortunately, beyond the protocol the consultation gives no context about what additional powers the GOC would reasonably like to have to help it protect patients against unsafe product sales and services."* FODO

**Clarity on when we will act and what action will be taken**

19. We asked respondents to what extent they agreed that the updated protocol will provide clarity on when we will act and what action will be taken. Most respondents, 57.7%, either agreed or strongly agreed, 11.5% neither agreed nor disagreed and 30.8 % of respondents disagreed.

*Graph 3: To what extent do you agree that the updated protocol will provide clarity on when we will act and what action will be taken?*




20. Areas that were considered to require further clarification were:

- approach to internet sales
- approach to non-UK businesses
- assessment of risk of harm, particularly failure to include potential risk of harm
- if, following referral to a third party the third party does not investigate, whether the GOC will re-open its case
- bias towards not taking action

21. A sample of comments is available in the box below.

*"Uncertainty until you actually act on internet sales."* Dispensing optician

*"The GOC's statements are clear, but not forward-thinking enough do deal with the prevailing problems of illegal online supply."* ACLM

*"Furthermore, it is not clear which cases may be judged as suitable for referral to Trading Standards and what the GOC would do if no positive outcome is reported by Trading Standards. The GOC should be able to reopen a case if Trading*

*Standards are not able to act or not able to act successfully. We recommend the protocol to include such provision."* The College of Optometrists

*"We query whether the GOC would have the necessary funds available to bring a prosecution should that be required."* BLM solicitors

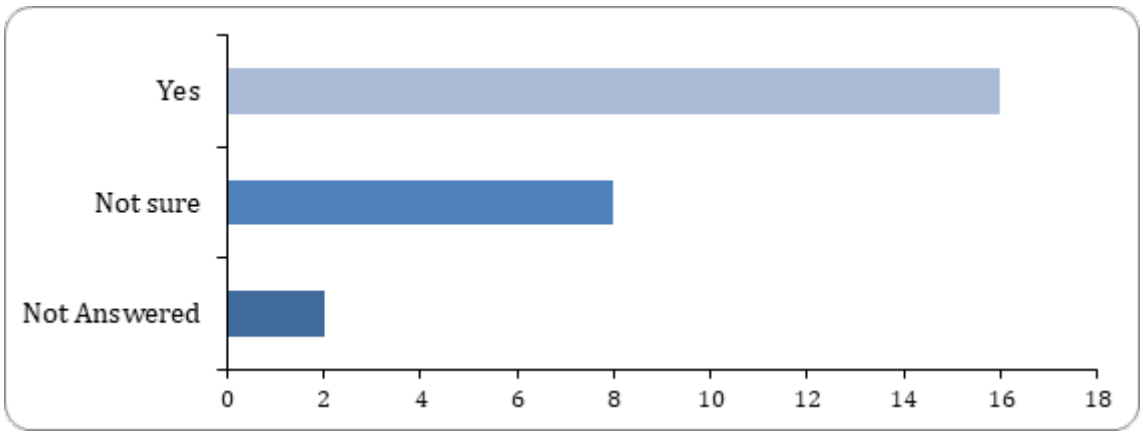
*"It is not clear what is the significance of the GOC adjudging that a case carries a higher risk in line with the factors set out in paragraph 3.10 – intent to misuse a protected title, offences involving vulnerable patients and actual – and how this informs the GOC's assessment decision. Presumably in cases that are adjudged to be lower risk, there is more likely to be a recommendation that no further action should be taken by the GOC. This would be problematic in that the public interest test criteria include potential harm, meaning that it could be in the public interest to prosecute a case where there is potential but not actual harm. However, this will not be possible if the case has been closed or referred elsewhere at an earlier stage. It is also not clear which cases may be judged as suitable for referral to trading standards and what the GOC will do in such cases if trading standards do not report a positive outcome. As mentioned above, the GOC should also clarify its position in relation to non-UK businesses and individuals as the protocol suggests that in no circumstances will it be possible to take any formal action against such entities."* ABDO

*"The protocol is clear in terms of when and how the GOC will consider taking action although, as noted, it reads overall as if there is a bias towards not taking action if at all possible."* FODO

**Is anything unclear or missing in the updated protocol?**

22. We asked respondents whether there is anything unclear or missing in the updated protocol. 61% of respondent felt that there were matters unclear or missing from the protocol, 31% of respondents were unsure and 8% did not answer this question.

*Graph 4: Is there anything unclear or missing in the updated protocol?*



23. Areas that respondents felt were unclear included:

- general comments that the protocol is too vague and not positive enough in its drafting towards taking action
- whether all decisions relating to illegal practice will be referred to a lawyer
- no definition of harm

24. Areas that respondents felt were missing included:

- addressing sales by non-UK companies to UK consumers including provision for enforcement where non-UK companies use UK distribution centres
- the GOC's timescales for action
- addressing areas of the Act that need reform
- reference to contact lens substitution
- requirement to seek clinical advice in appropriate cases

25. A sample of comments is available in the box below:

*"It is our view that a lawyer should be involved in any decisions regarding illegal practice."* BLM solicitors

*"Your own timescales for action need to be published."* Optometrist

*"All parties, including the GOC, have acknowledged for some time that the Optician' Act is not fit for purpose, certainly so far as contact lenses are concerned, but what is being done to remedy this? The reported review of optical legislation in 2022 will be most welcome, but how will this draft protocol fit with it? How, for example, will the enforcement of 'replication' and the banning of inappropriate contact lens substitution (clearly written and intended in the Opticians' Act but strangely unenforceable) be handled?"* ACLM

*"We note that the protocol specifies the need for a risk assessment to be carried out on receipt of a complaint and says that this will be carried out by the case assessor with legal input. There should also be a requirement to seek clinical input in appropriate cases… We would also like the GOC to seek statutory powers of investigation and enforcement as part of the Government's regulatory reform programme. Paragraph 3.5 of the protocol states that, "A complaint may be closed if we are unable to obtain information to substantiate an investigation." To avoid this outcome, the GOC should seek powers to require information to be provided. It is also incongruous for the GOC, as the statutory regulator for the optical professions, to be in a position where in relation to illegal optical practice it is limited to pursuing a private prosecution in the Magistrates court. This should be*

*rectified, with the prospect of legislative reform providing an opportunity to do so."* ABDO

*"Although "risk of harm" is called out as a determining factor for prosecution, there is no clear definition of what constitutes risk of harm within this context."* Optometrist

*"We appreciate that it is not possible for the GOC to undertake prosecutions against sellers which are operating illegally and based outside the UK. However, the GOC should do more to protect the public from harm. Where an overseas business appears to be supplying illegally to people in the UK – and particularly where its website gives the impression the business is based in the UK – we think that as a minimum, the GOC should contact the supplier to highlight UK optical regulation and, where relevant, local enforcement authorities to try to resolve the matter. The GOC should also revisit the use of an optical sector code or kitemark to provide assurance to the public about providers which are operating within UK regulation. The GOC also needs to needs to include provisions in the protocol for enforcement where sellers are based overseas but use distribution centres in the UK, especially where sellers are basing part of their operation overseas to deliberately circumvent UK regulations."* AOP

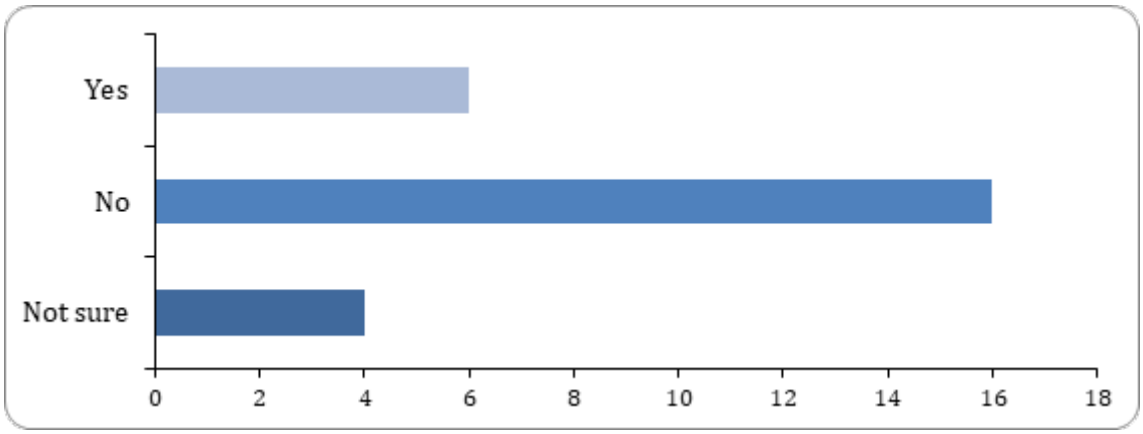
"*…the focus on 'actual harm', although understandable in managing expectations, is nevertheless limiting and unsafe and that, in some cases 'potential for harm', may pose a greater risk to the public. We suggest 'potential for harm' be added as a criterion*" FODO

**Discrimination against stakeholders with specific characteristics**

26. We asked respondents whether there were any aspects of the updated protocol that could discriminate against stakeholders with specific characteristics and gave the list of protected characteristics from the Equality Act 2010 as examples.

27. 23% of respondents felt that the updated protocol could discriminate against stakeholders with specific characteristics. 62% of respondents felt there were no aspects that could discriminate and 15% of respondents were not sure whether any aspects could discriminate.

*Graph 5: Are there any aspects of the updated protocol that could discriminate against stakeholders with specific characteristics?*




28. Some respondents, including the ACLM and BCLA, felt that the protocol could discriminate against vulnerable users including those under 16 due to no provision to ensure online sellers, including sellers based outside of the UK, adhere to the requirements under the Act.

29. ABDO raised that the illegal practice complaint form should be more accessible and updated to include "member of the public".

30. A sample of comments is available in the box below:

*"Most definitely yes – on caring responsibilities. High street practitioners are required to carry out all the testing and pre-sales work, including trial fittings and producing and handing over a contact lens specification, only to see, in very many cases, the potential patient lost to an illegal online supplier. The patient is very unlikely to return to the high street. This has a very corrosive effect on the high street safety net and provides a strong disincentive for all but the most determined practitioners to engage in contact lens fitting. There is no assurance that online suppliers are processing applications from minors or those with learning difficulties adequately, and certainly no way of ensuring that the requirements of 'supervision' are being met (where the practitioner is on site and in a position to intervene). There is no point in having rules or guidelines which cannot be overseen and enforced where appropriate. With the expected inclusion of non-prescription contact lenses into the category of medical device it is even more important that the law is vigorously maintained and the public is kept informed of the dangers inherent in unrestricted illegal online supply."* ACLM

*"Age Many online suppliers will carry out orders to those under the age of 16. A partial solution would be the requirement of suppliers to require evidence of a valid specification, which should have a date of birth on it. Again, test purchases may help, but the issue here is that of those suppliers operating from outside the UK. The supply of zero powered 'cosmetic' contact lenses is also an area that is of*

*grave concern. Although in recent years there has been some public health awareness about these lenses."* BCLA

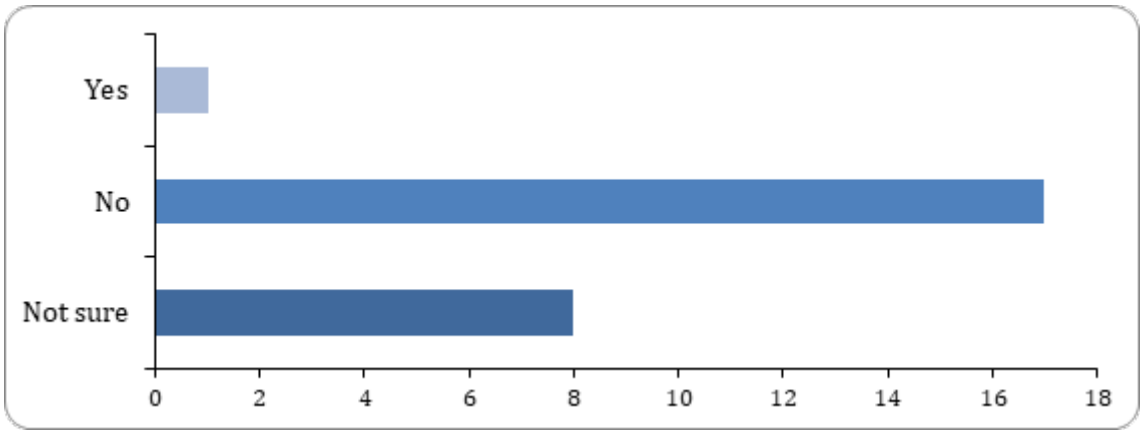
*"There should be greater focus on ensuring that the process for reporting possible instances of illegal practice is as accessible and inclusive as possible, including for members of the public with any of the relevant characteristics. It should not be necessary to download and complete a long word form that assumes considerable knowledge of illegal practice. The GOC should also make clear that it welcomes input from the public, whereas the form does not even appear to consider that a member of the public might want to raise an issue…"* ABDO

**Positive impact on stakeholders with specific characteristics**

31. We asked respondents whether there were any aspects of the updated protocol that could have a positive impact on stakeholders with specific characteristics and gave the list of protected characteristics from the Equality Act 2010 as examples.

32. Only 4% of respondents answered yes to this question. 65% answered no and 31% of respondents were not sure if there are any aspects of the updated protocol that could have a positive impact on stakeholders with specific characteristics.

*Graph 6: Are there any aspects of the updated protocol that could have a positive impact on stakeholders with specific characteristics?*




33. There were only two comments made in response to this question. Both were general comments about the protocol not about stakeholders with specific characteristics who may be positively impacted.

**Any other impacts**

34. We asked respondents if there were any other impacts of the updated protocol that they would like to tell us about. This question allowed for free-text comments only.

35. Areas raised under this question were as follows:

- the GOC's relationship with Trading Standards and whether only non-registered businesses are referred (assumption registered businesses would be referred to the Fitness to Practise team)
- verification requirements for online purchases, including onus on the original prescriber to verify requirements
- protocol can only be effective as part of wider illegal practice strategy that engages with the sector and the public

36. A sample of comments is available in the box below – please see Annex A for comments in full.

*"I do hope that the updated protocol results in online retailers having to adopt the same standards as bricks-and-mortar practices ie only dispensing contact lenses or spectacles to a physical prescription. My impression is that anyone can order contact lenses or spectacles of any type and prescription from numerous websites merely by typing in whichever prescription they want…"* Optometrist

*"In conclusion, it is all very well for the GOC to trumpet its legally watertight, low risk protocol for dealing with illegal practice but it is effectively excusing itself from robust action at the start of the process and is therefore highly unlikely to achieve the result required. The limitations are well-understood, but what the optical world needs is an outward-looking strategy and not an inward-looking protocol. People are dropping out of contact lens wear, probably 30% every 3 years according to the most consistent research, often early in their lives, and so are likely being denied a lifetime of better vision to suit their lifestyles. With the rapid growth of myopia worldwide this ineffective protocol will do nothing to lessen the long-term catastrophic forecast for the sight of future generations."* ACLM

*"Although the protocols are a slight improvement, for the GOC to fulfil its 'protection of the public' role it needs to make an effort to engage with 'the public'. If they are unaware of the rules then they will have no idea about what is illegal practice. Therefore any GOC response is reactive, not proactive. Therefor illegal practice has to be part of a wider GOC communication strategy. If the GOC does not engage with the public, then how can it protect the public?"* BCLA

*"As stated above in answer to question four, the impact of updated protocol will be the lessened by the fact that it does not form part of a wider illegal practice strategy…The Government has consulted on legislative changes relating to how healthcare regulators carry out their functions and we understand that the GOC will be carrying out a review of the Opticians Act. This creates an opportunity to consider whether there are changes to legislation that would enable the GOC to tackle illegal practice more effectively."* ABDO

*"The GOC's illegal practice strategy Illegal practice can lead to a range of risks of harm for patients, undermine professional regulation and lead to reputational damage for the optical professions. The GOC therefore has a vital role of public protection to minimise these risks by taking action when breaches of the Opticians Act could lead to harms. The AOP has engaged regularly with the GOC about its approach to tackling illegal practice and its protocol for prosecutions in recent years. Our public position statement on illegal practice and evidence to the GOC's illegal practice strategy review set out our longstanding concerns about the GOC's current approach and the changes we want to see, as well as the range of risks of harm that illegal and unsafe practice can lead to… We believe the GOC needs an improved set of tools and remit to tackle illegal and unsafe optical. In our response to the Government commissioned KPMG survey on healthcare regulation in September 2021 we explained that the GOC should be supported in taking agile action against illegal practice to meet its responsibility for public protection. This should include an evolved regulatory remit from Government to allow the GOC to meet the increasing challenges of healthcare in the forum of products and services being marketed online, facilitated by improvements in technology and artificial intelligence."* AOP

*"Without the context of a wider strategy, the protocol, although informative to the sector, will also send a clear signal to committed law evaders that there is, in reality, very little likelihood of the GOC taking a prosecution against them."* FODO

## Conclusions

### Amendments to the protocol

37. Based on feedback received during the consultation we have decided to make the following amendments to the protocol that we consulted on:

- potential for serious harm has been included as a factor indicating higher risk in addition to actual harm caused by illegal practice
- the case assessor and/or reviewing lawyer will seek advice from the GOC's clinical advisers about clinical risk in appropriate cases
- sections about legislation relating to the testing of sight and sale of prescription spectacles have been made clearer
- provision that the GOC may re-open a complaint following a referral to a third party if the third party is unable to act and the statutory time limit for bringing a prosecution has not expired

### Closer link with the GOC's overarching objective of protecting the public

38. Just under half of the respondents agreed that the protocol achieved a closer link with the GOC's overarching objective of protecting the public. Most of the respondents who disagreed felt that the GOC should do more to address illegal online sales including act against businesses based outside of the UK who sell to UK customers and/or have UK distribution centres.

39. The Opticians Act applies only in the UK. It is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting a hearing without the power to compel the defendant to attend a UK court. It would also be extremely hard to enforce any conviction or order.

40. In addition, the criminal offences relating to supply do not arise at distribution stage - they arise at the point of sale. The Act does not provide the GOC with any legislative basis on which to act against distribution centres and we consider that to do so would be beyond our statutory remit.

41. We note the comments seeking reform of the Act including additional powers for the GOC to act against illegal practice. An extension of our remit through legislative reform will require a clear evidence base linking illegal online supply and risk of harm, or risk of potential harm, to the public. The GOC encourages the sector to provide evidence of harm caused by illegal online supply as part of our call for evidence on the Opticians Act and consultation on associated GOC policies and explain how the evidence base necessitates additional offences and enforcement powers in order for the GOC to protect the public.

42. We also note the comments asking the GOC to run public awareness campaigns about the risks of purchasing online. The GOC will continue to raise awareness of our legislation as part of our ongoing approach to illegal practice so that users are aware of the legislation in place to keep them safe. The protocol is the first part of this work and we have clarified sections on the legislation relating to the testing of sight and sale of prescription spectacles to make them clearer in response to feedback received as part of the consultation.

43. The GOC cannot engage in public awareness campaigns that do not fall within our core regulatory function under the Act. The GOC is not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public.

44. We agree that communication about action taken against illegal practice and the ease with which illegal practice can be reported can be improved and will take these actions as part of the ongoing review of our approach to illegal practice.

**Improve sector awareness of the GOC's remit regarding illegal practice**

45. Again, just under half of the respondents agreed that the protocol would help improve awareness of the GOC's remit regarding illegal practice. Generally, the comments in response to this question relate to issues wider than the protocol such as the GOC's ability to address the growth of the online market, including optical service delivery, the work the GOC is doing with online suppliers and matters requiring legislative reform, such as increased powers.

46. Concerns about the impact of the online market were again raised in responses, particularly the unlevel playing field between online suppliers and high street practices. The reality is that the enforcement of the criminal offences under the Act relating to sales – bringing a prosecution in the magistrates' court – is not practicable for an organisation the size of the GOC or in relation to sales in a global online market. The protocol can only apply current legislation and we are being realistic about how we can achieve the best outcomes within our current legislation and resource.

47. Several respondents asked for clarity on how the GOC will communicate with a wider audience to ensure public safety. As part of the ongoing review of our approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with. We recognise we need to communicate more effectively and more widely about our remit and approach to illegal practice and will consider how best this can be achieved.

48. We know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.

**Clarity on when we will act and what action will be taken**

49. Most respondents agreed that the protocol provides clarity on when we will act and what action will be taken against illegal practice. Again, general comments concerning the online market, approach to non-UK businesses and matters requiring legislative reform were received which have been addressed in earlier sections.

50. Several respondents asked for potential harm to be included as a factor indicating higher risk. We have made this change and are grateful for this omission being brought to our attention.

51. We also received some comments that the protocol was drafted with a bias towards not acting. We have revised drafting and believe that it balances the need for public protection with a proportionate, risk-based approach.

52. A few respondents also queried whether the GOC would re-open complaints closed and referred to a third party if the third party was unable to act. We have added a provision stating that a complaint referred to a third party may be re-opened if the third party does not act and the statutory time limit for bringing a prosecution for a summary only offence has not expired.[1]

**Is anything unclear or missing in the updated protocol?**

53. Most respondents felt that there were matters that were unclear or missing from the protocol.

54. General comments related to drafting have already been addressed as have the areas respondents felt were missing, other than the GOC's timescales for action. Aside from the statutory time limit for laying an information, we will consider our timescales for action as part of our illegal practice objectives.

55. It is our view that all decisions relating to illegal practice should be referred to a lawyer for review for consistency and to ensure correct application of the legislation. We consider the protocol is appropriately worded to implement this approach.

56. It was mentioned by some respondents that a definition of harm would be helpful to aid understanding of when a complaint was likely to be assessed as requiring further investigation. Fairness demands that cases are assessed on a case-by-case basis and a definition of harm would add an unfair element of

[1] See section 127 of the Magistrates' Courts Act 1980

objectivity to a test that demands subjectivity based on the facts of the case. We have, therefore, not included a definition of harm in the protocol.

**Discrimination against stakeholders with specific characteristics**

57. Most respondents felt that there were no aspects of the protocol that could discriminate against stakeholders with specific characteristics.

58. Of the respondents who felt that the protocol could discriminate, under 16s and vulnerable users were identified as stakeholders who could be impacted by the protocol's failure to ensure compliance in the online market, particularly by overseas sellers. The protocol sets out current legislation which offers greater safeguards for restricted categories (under 16s and those registered sight impaired). We are working with online suppliers to ensure awareness of our legislation and notification of the relevant legislation to their customers.

59. It was also mentioned that the illegal practice complaint form could be more accessible. We will update the complaint form accordingly and publish it on our website.

**Positive impact on stakeholders with specific characteristics**

60. There were responses about positive impact on stakeholders with specific characteristics. Responses to this question were about positive impact on stakeholders generally.

**Any other impacts**

61. The protocol is the foundation for ongoing work to develop our approach to illegal practice within our current legislative constraints to deliver the best outcome for the public and the sector.

62. We recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely.

63. It was queried whether only unregistered businesses would be referred to Trading Standards. If a registered business was suspected of illegal practice, a referral would be made to the Fitness to Practise team; however, the impact on the illegal practice case would depend on the facts of the case.

ANNEX A

**Illegal practice strategy consultation responses – comments**

**To what extent do you agree that the updated protocol links more closely with our overarching objective of protecting the public? If you answered disagree or strongly disagree please explain your reasons.**

| Individual/org | Comment | GOC response |
|---|---|---|
| Business registrant / employer (response can be published) | 99% of the problem is EU based businesses operating distribution centers from within the UK if you fail to address the most prevalent issue the entire protocol is a waste of stakeholder money and will offer no protection to the public. | Thank you for your comment. The Opticians Act applies only in the UK. It is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting a hearing without the power to compel the defendant to attend a UK court. It would also be extremely hard to enforce any conviction or order. In addition, criminal offences relating to supply do not arise at distribution stage - they arise at the point of sale. The Act does not provide the GOC with any legislative basis on which to act against distribution centres. For more information please see paras 39-40 of our response to our consultation on illegal practice strategy and protocol. |
| Optometrist (do not publish response) | [redacted] | |

| Individual/org | Comment | GOC response |
|---|---|---|
| Dispensing optician (response can be published) | I hope, in the interest of public safety. Suppliers outside of the United Kingdom fall under this new legislation. Current laws work in favour of people who sell medical devices from outside the UK. There should be a law on purchasing as a way of deterring people from buying from unregistered sellers. Online sales of Spectacles and contact lenses from outside of the United Kingdom make a mockery of our profession, therefore, as per your statement to protect the public, you NEED to act on the reports of this. | Thank you for your comment. As described above, the Opticians Act applies only in the UK. It is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting a hearing without the power to compel the defendant to attend a UK court. It would also be extremely hard to enforce any conviction or order. For more information, please see paras 39-40 of our response to our consultation on illegal practice strategy and protocol |
| Optometrist (response can be published) | Still too vague and still virtually no enforcement carried out majority of online CL sales do not follow any of the important GOC rules which we as practitioners have to adhere to. Px chose their own lens type, choose their own prescription, teach themselves how to use lenses don't attend regular checks, don't change cases and use whatever solution is cheap. This is a medical device yet can be easily bought from clothes shops, tattooists and immoral online sales companies and still nothing is being done nothing has moved on since 2015 and has been a lot worse since the pandemic. As an experienced practitioner I find this very frustrating and disappointing. | Thank you for your comment. We know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br><br>As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be |

| Individual/org | Comment | GOC response |
|---|---|---|
| | | complied with. We recognise we need to communicate more effectively and more widely about our remit and approach to illegal practice and will consider how best this can be achieved.<br>For more information, please see paras 45-48 of our response to our consultation on illegal practice strategy and protocol. |
| BLM Law (response can be published) | • The protocol contains a helpful summary of the offences created by the Opticians Act.<br>• The introduction of acceptance criteria provides clarity and is welcomed. | Thank you for your observation. |
| College of Optometrists (response can be published) | The College of Optometrists welcomes this updated protocol, and in particular we support the GOC's collaborative approach to prevent online illegal sales of optical appliances, such as children's spectacles and cosmetic contact lenses, that can be sold only under the supervision of a registered eye care professional. The updated protocol rightly provides guidance on when the GOC will open an investigation following a report of alleged illegal practice, however, it should form part of a wider illegal practice strategy. The protocol does not constitute in itself such a strategy, as set out in paragraph 1.5 of the consultation document, and it will not be sufficient to effectively prevent illegal practice in all cases, in particular where providers of optical appliances are based overseas. More specifically, we recommend including in this protocol guidance on how patients, registrants and businesses could report cases of illegal practice. This | Thank you for your comment and for acknowledging the challenges of enforcing UK legislation against non-UK businesses.<br><br>As described above, we know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br><br>We are also working with online platforms to raise awareness of our |

| Individual/org | Comment | GOC response |
|---|---|---|
| | process should be as easy and quick as possible. This would encourage the public and registrants to report cases of illegal practice without delay. Now more than ever, we need a wider illegal practice strategy. In recent years, the healthcare environment has seen an increase in online prescribing and dispensing of optical appliances. This raises issues with potential lack of appropriate supervision for safe supply of contact lenses without specification verification and spectacles supplied without ensuring the prescription is valid. This has always been a concern for the sector and even more so since the pandemic started. COVID-19 has indeed accelerated a shift to drive citizens to access health care online and use self-care and wellbeing apps. Although there are some benefits, there are also risks as supply of medical devices or remote consultations may take place from jurisdictions outside the GOC's regulatory powers. Increased shift to online consumer behaviour exposes more patients to online suppliers of spectacles and contact lenses, and thus increases risk of harm occurring. This risk may rise with respect to increased presence of potentially unscrupulous spectacle/contact lens suppliers, whether they are provided from jurisdictions inside or outside the GOC's regulatory powers, particularly those that give the impression they are based in the UK. Further, online sight tests and remote care Apps lack the regulatory oversight that UK citizens may take for granted. This results in an increased risk of harm posed by issues related to competency, conduct and poor efficacy.<br>We appreciate that the GOC does not have jurisdiction to take action on overseas sales, but we would like the GOC, as a minimum, to raise the issue with the appropriate local regulator / authority and recommend a course of action to end the illegal practice occurring in the UK. In addition, we recommend the GOC to: - Explore whether the upcoming Opticians Act review will be an opportunity to extend | legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with. We recognise we need to communicate more effectively and more widely about our remit and approach to illegal practice and will consider how best this can be achieved.<br><br>The GOC cannot engage in public awareness campaigns that do not fall within our core regulatory function under the Act. The GOC is not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public.<br><br>For more information, please see paras 45-48 of our response to our consultation on illegal practice strategy and protocol. |

| Individual/org | Comment | GOC response |
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| | the GOC's jurisdiction to cover all businesses and individuals providing services in the UK no matter where they are based. - Explore whether the current work on reforming healthcare regulators (led by the DHSC) will be able to extend the GOC's enforcement powers to ensure suppliers follow their legal obligations with respect to the Opticians Act. - Engage more with providers and those who have the power to stop non-compliant sales, like the main online platforms, other regulators and enforcement bodies, manufacturers, MHRA, Trading Standards, professional bodies, optical businesses, representatives of patients and the public, and consumer groups. Addressing illegal practice effectively will require concerted effort across and outside of the optical sector. - Raise public awareness by leading regular campaigns about the risks of buying optical products online that have not been verified as safe, and by publishing information on the benefits of seeking optical appliances from suppliers that do comply with UK legislation, including the importance and role of registered eye care professionals. Better information for patients will help UK patients to differentiate and identify compliant and non-compliant suppliers. We also feel there is a key role for the GOC in advising patients: - on safety - that they should wear the contact lenses as advised by their original fitting optometrist or contact lens optician - on their rights and entitlements when buying online (including to return lenses that are not fit for purpose) - what to do if they encounter a problem. - Work with manufacturers, suppliers and retailers to produce, publish and distribute consumer information that educates the public about safe optical appliances supply in easily understandable language, and highlights the risks of ordering a different lens from what was recommended. - Publish targeted information for other health professionals outside of the optical sector, eg pharmacies, about the risks of buying optical products online that | |

| Individual/org | Comment | GOC response |
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| | have not been verified as safe. Professionals from outside of the optical sector should also be able and encouraged to report cases of illegal practice with a quick and easy route for the GOC to investigate and possibly prosecute. | |
| Optometrist (response can be published) | In the time taken for you to have sent a cease and desist letter and then buying again how many members of the public could have a bought a year's supply of cl during that time. | Thank you for your observation. We received some comments that the protocol was drafted with a bias towards not acting. We have revised drafting and believe that it balances the need for public protection with a proportionate, risk-based approach |
| Optometrist (response can be published) | Needs to be stronger | Thank you for your comment. Please see our response to our consultation on illegal practice strategy and protocol for a description of the changes we've made to the protocol as a result of feedback received. |
| ACLM (response can be published) | The Consultation Document para 1.5 mention's the GOC's overarching public protection function and enhanced public awareness, but where is this demonstrated? With the relentless growth of online sales there is a pressing need for a full-blown strategy to manage this significant drift in the marketplace, and not just protocols which harden up the existing boundaries. The limits of the GOC's powers are well appreciated but practitioners are demanding action, loud and clear – see your Question 2, our point 4 below. The ACLM would be very keen to participate in developing such a strategy. NOTE: the use of the word 'online' throughout this | Thank you for your comment and for acknowledging the challenges of enforcing UK legislation against non-UK businesses.<br><br>As described above, we know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence |

| Individual/org | Comment | GOC response |
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| | response should be taken to mean 'online-only' suppliers. Optical practices which have an online presence are fully accountable and able to, and unquestionably do, carry out the full range of services in patient care and aftercare. In the unlikely event that a patient needs to complain there is a clear GOC process in place to do so. OCCS annual reports consistently report a very low number of complaints about these practice-suppliers. The new GOC website is much improved, especially the search facility, but it is still not very helpful for a member of the public who wants to complain about a non-registrant. A search for 'cosmetic' for example produces only one press release dated May 2019. There is nothing about the imperative for people buying cosmetic (or indeed any) contact lenses over the internet to possess a Contact Lens Specification or else to proceed with caution. At the very least it would be helpful to list some of the things to watch out for, and what to do if bad practice by the online supplier is suspected. It should be clear and concise, and free of legalese, for members of the public to grasp. It would be highly desirable for all optical bodies to display exactly the same information on their websites, and in the same format, so that members of the public receive consistent messaging and clear, non-technical, direction on all the key points. This was agreed some years ago during GOC stakeholder group meetings but was never actioned. While the GOC website may not be a first point of contact the information should be designed in such a way that it can be picked up by any simple Google search for contact lens guidance. Para 1.6 mentions collaborative working, but our experience over many years is a reluctance to share information. The ACLM has reported a number of cases of illegal practice but has had to really press the GOC to get any sort of feedback. Even then the details are so scant as to discourage the effort of future reporting. In most cases there | to support any case for retaining or changing legislation.<br><br>We are also working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with. We recognise we need to communicate more effectively and more widely about our remit and approach to illegal practice and will consider how best this can be achieved, including through the GOC website.<br><br>We also recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely.<br><br>However, the GOC cannot engage in public awareness campaigns that do not fall within our core regulatory function under the Act. The GOC is |

| Individual/org | Comment | GOC response |
|---|---|---|
| | has been no feedback, in which case the opportunity to approach another organisation such as MHRA or OCCS and deal with a specific case in timely fashion has been lost. With the forthcoming UK medical device regulations there is a clear need for the GOC to forge much stronger links with MHRA because of its responsibilities for medical devices (soon to include plano/cosmetic lenses) themselves. Regular GOC Council meetings should have a section describing its actions on illegal activity in some detail so that registrants and optical bodies can take appropriate corrective action. Para 3.3-3.4 talks of forging relationships with online platforms (elsewhere listed as Amazon, Facebook, Instagram, Google, TikTok) but what about the growing number of closer to home and smaller UK-based online suppliers? These are likely to be more relevant for contact lens purchases, and certainly more likely to fall within the GOC's remit (employing a registrant etc). The exception is UK-based suppliers who are registered overseas and who therefore currently escape prosecution. This is a gaping loophole in the law, which of course affects many other sectors too, and the GOC should engage with Government to get the law changed. The root problem is gathering evidence of counterfeit products or illegal trading and probably the only way to do this is for the GOC (as a neutral body) to try to interview the specific contact lens wearer when actual or potential harm is reported – usually in the national press. Who was their optician? When did they last have a sight test? What are their lens care routines? Which specific contact lenses caused the harm? etc etc. Only the regulator has the independent status and authority to persuade the press to cooperate and for the person who had suffered harm to give accurate and detailed answers – even if only on a voluntary basis. This will then be an invaluable indicator (provided | not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public.<br><br>For more information, please see paras 39 – 44 of our response to our consultation on illegal practice strategy and protocol. |

| Individual/org | Comment | GOC response |
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| | shared with the optical bodies) and may even lead to a better understanding of the problem and help prevent its recurrence. | |
| Member of the public<br>(Do not publish response) | [redacted] | |
| BCLM<br>(can publish response) | The GOC only has powers to act against those who are registered with the GOC. The source of illegal practice is more likely to be somebody who is not registered with the GOC, and/or who is operating outside of the UK. The updated protocols only offer a minor tweak to the existing rules. As online sales grow it is recommended that a strategy is implemented to manage this area of supply – it represents a potential threat to patient and public safety in more than one way. There are of course legitimate optical practices supplying vision aids which are fully accountable and support/offer the full range of services in patient care and aftercare. In the unlikely event that a patient needs to complain there is a clear GOC process in place to do so. | Thank you for your comment and for acknowledging the challenges of enforcing UK legislation against non-UK businesses.<br><br>As described above, we know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br><br>For more information, please see para 42 of our response to our consultation on illegal practice strategy and protocol which states that the GOC will continue to raise awareness of our legislation as part of our ongoing approach to illegal practice so that users are aware of the legislation in place to keep them safe. The protocol is the first part of this work and we |

| Individual/org | Comment | GOC response |
|---|---|---|
| | | have clarified sections on the legislation relating to the testing of sight and sale of prescription spectacles to make them clearer in response to feedback received as part of the consultation. |
| Education provider (can publish response) | The wording is quite vague and I do not believe that individual cases of egregious risk will be acted upon. The guidance appeared to suggest that the GOC will only pursue retailers, and not (for instance) people who are requesting their employees to purchase coloured contact lenses online for Hallowe'en. | Thank you for your comment<br><br>See paragraph 40 of response document for clarification of when offences relating to supply arise. |
| ABDO (can publish response) | ABDO supports the new aspects of the protocol, namely the emphasis on collaboration with online platforms to prevent illegal sales. This will be particularly beneficial in relation to the supply of products that can be sold only under supervision and, therefore, cannot be sold online, such as children's spectacles and cosmetic contact lenses. We also support test purchases to obtain evidence of an illegal sale in cases where the GOC suspects that illegal sales are continuing after a cease-and-desist letter has been sent. However, the overall impression created by the protocol is that tackling illegal practice is not a priority area for the GOC and that a key concern is being able to show that a clear process has been followed in dealing with reports of illegal practice and that decisions to not take action can be justified. We agree with the GOC's aspiration, as set out in paragraph 1.5 of the consultation document, to develop a strategy that links more closely with its overarching public protection function. Unfortunately, the updated prosecution protocol does not in itself constitute such a strategy. In addition, paragraph 1.6 states that the | Thank you for your comment and for acknowledging the challenges of enforcing UK legislation against non-UK businesses and supporting our approach for test purchases.<br><br>As described above, we know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br>We recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to |

| Individual/org | Comment | GOC response |
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| | GOC has carried out a review of its illegal practice strategy and protocol in line with its desire, "to be more proactive in [its] approach to illegal practice and also provide clarity on when [it] will take action and what action will be taken." However, the consultation document contains no information about the outcome of the GOC's review of its existing strategy. This strategy has five elements of which handling complaints is only one. What the GOC has published for consultation is a revised prosecution protocol rather than a strategy to address illegal practice in the optical sector. While handling reports of illegal practice in line with the protocol should form part of an illegal practice strategy, relying solely on this activity would be of limited effectiveness. The GOC concedes this point in, for example, acknowledging that concerns raised about non-UK businesses or individuals would simply be closed. This will not help members of the UK public who buy products from such businesses and risk harm as a result. For this reason, action to promote patient awareness of the risks involved in buying products and services online is also required. We would like to understand what outcomes the GOC is seeking to achieve in line with its duty to protect the public and what activities it will be undertaking to achieve those outcomes. We recognise that addressing illegal practice effectively will require concerted effort across the optical sector and would be happy to work with you and other sector bodies to support the development and implementation of a revised illegal practice strategy. | and action against illegal practice more widely.<br><br>The GOC cannot engage in public awareness campaigns that do not fall within our core regulatory function under the Act. The GOC is not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public.<br><br>For more information, please see paras 39 – 44 of our response to our consultation on illegal practice strategy and protocol. |
| AOP<br>(can publish response) | Whilst we think the revised illegal practice protocol makes some improvement to the current prosecutions protocol, it does not go far enough in addressing the full set of issues and risks to public protection arising from illegal practice. The GOC needs to do more to strengthen the overall strategy, which the protocol will be one | Thank you for your comment. Please see our response to our consultation on illegal practice strategy and protocol for a description of the |

| Individual/org | Comment | GOC response |
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| | important element of. In order to properly meet its objective for public protection the GOC's illegal practice strategy needs to include the following:<br>• Working with other enforcement bodies to ensure that illegal practice is tackled.<br>• Clear information for the public about the optical regulations that are in place to keep them safe, and how to identify regulated optical providers.<br>• Clear information about how to raise complaints and concerns with the GOC about alleged illegal practice.<br>• Raising public awareness about the risks of illegal and unsafe practice.<br>• Provide regular outcome reports on the implementation of the illegal practice protocol, including statistics on concerns raises, decisions reached, outcomes of test purchases.<br>• Engage with stakeholders in the sector about the illegal practice strategy These other elements are essential for the strategy to fulfil its public protection remit. This is because the GOC's protocol itself will not be able to prevent illegal and unsafe practice in all cases, where sellers are based overseas or otherwise outside of scope for enforcement action. We have further explained the areas that are missing in our answers to questions 2 and 4. | changes we've made to the protocol as a result of feedback received.<br><br>We recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely.<br><br>The GOC cannot engage in public awareness campaigns that do not fall within our core regulatory function under the Act. The GOC is not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public. |
| FODO<br>(can publish response) | This consultation is welcome and the protocol helpful and mostly clear. The consultation itself however is slightly disappointing. On the positive side, the protocol contains a helpful summary of the offences under the Opticians Act, and the new clarity brought by the acceptance criteria is very welcome as is the approach to test purchasing where it is suspected that illegal practices is continuing after 'cease and desist'. However, the protocol in isolation falls short | Thank you for your comment. We recognise that the protocol is not, of itself, a strategy and we have developed objectives to form the basis of our approach to illegal practice which flow from the Professional Standards Authority (PSA) standard |

| Individual/org | Comment | GOC response |
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| | of the strategy of which it is supposed to be part (as mentioned on the GOC consultation hub). Nor does it give any evidence of the scale and depth of the review which GOC has carried out (consultation hub again). Without that broader context it is hard to be convinced that the protocol – solid and helpful though it is - is an integral part of an overarching strategy to protect the public. We fully appreciate and empathise with the limitations of the GOC's powers. Unfortunately the drafting gives the overriding impression of an eagerness to be shot of cases, rather than to resolve them to protect the public. For example, in paragraph 3.39, the eagerness to close precedes referral to another agency - which is must be the wrong way round - and there is nothing about following-up with those agencies to ensure that the public has been protected. The GOC is at pains to be proportionate, targeted and consistent (3.2) – which we fully support – but there is no mention in the document about 'effectiveness' for example an aim to be 'as effective as possible' in terms of addressing illegal practice within limited powers. | 12, against which our approach to illegal practice is measured.<br><br>As described above, we know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br><br>For more information, please see paras 51 and 52 of our response to our consultation on illegal practice strategy and protocol. We received some comments that the protocol was drafted with a bias towards not acting. We have revised the drafting and believe that it balances the need for public protection with a proportionate, risk-based approach. We have also added a provision stating that a complaint referred to a third party may be re-opened if the third party does not act and the statutory time limit for bringing a prosecution for a summary only offence has not expired.<br><br>The GOC will continue to raise awareness of our legislation as part of our ongoing approach to illegal |

| Individual/org | Comment | GOC response |
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| | | practice so that users are aware of the legislation in place to keep them safe. The protocol is the first part of this work and we have clarified sections on the legislation relating to the testing of sight and sale of prescription spectacles.<br><br>See also paragraph 3.36.4 in the proposed illegal practice protocol. |

**To what extent do you agree that the updated protocol will improve sector awareness of our remit regarding illegal optical practice? - If you answered 'disagree' or 'strongly disagree', please explain your reasons.**

| Individual/org | Comment | GOC response |
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| Optometrist (can publish response) | Still way too weak and wishy washy | Thank you for your comment. Please see our response to our consultation on illegal practice strategy and protocol for a description of the changes we've made to the protocol as a result of feedback received. |
| Dispensing optician<br><br>(can publish result) | See above. Public education is required, from yourselves as our governing body. The GOC take registrants money, yet do nothing to protect us as practitioners and the standards of education and training that we uphold on a daily basis. | We recognise we need to communicate more effectively and more widely about our remit and approach to illegal practice and will consider how best this can be |

| Individual/org | Comment | GOC response |
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| | | achieved, including through the GOC website.<br><br>We also recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely<br><br>See paragraphs 46 to 48 of response document. |
| BLM (can publish response) | There has historically been concern amongst business registrants about a perceived lack of action on the part of the GOC in terms of online contact lens and spectacles sales by non-registered companies. This has potentially impacted on business' perceptions of the GOC more generally. It is helpful that the GOC is now setting out its intended approach to this issue, which appears to partially be an exercise in managing expectations. We note that illegal practice is likely to predominantly occur outside of the UK and that the GOC has no jurisdiction to take action in those circumstances. | Thank you for your comment. |
| College of Optometrists<br><br>(can publish response) | We appreciate the openness and transparency of the GOC when highlighting the constraints and limitations of what the regulator can do, however, we recommend including instead a list of actions the GOC could effectively take forward, as suggested in our response to question five above. This would help the sector better understanding exactly what the | We recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to |

| Individual/org | Comment | GOC response |
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| | regulator could do to tackle an illegal practice inside or outside its remit or jurisdictions. We also recommend the GOC to publish regular reports on the number of illegal cases that are reported, the manner in which they were addressed and the outcomes achieved. This would improve transparency and awareness of this specific area of activity. | and action against illegal practice more widely.<br><br>See paragraph 44 in response document. |
| ACLM<br><br>(can publish response) | It is unfortunate that the GOC does not include awareness by 'illegal online sellers' in this question, and the reality is that the GOC continues to turn a blind eye to protecting the public from rogue online suppliers. Legitimate online supply is to be encouraged, as evidenced by its ability to continue supplying patients by post with contact lens prescriptions during the current pandemic when a visit to the optician was often not possible. To be clear, several ACLM member companies supply online businesses in this country and abroad, some owned by high street opticians and some not. Manufacturer supply chains are often multi-faceted and the picture is not straightforward, but it is in the interests of ALL parties that patients are managed with their comfort and safely paramount so that they continue as confident contact lens wearers for as long as they choose. It is not in anyone's interests for a significant percentage of new wearers to drop out of the category altogether, but that is what is increasingly happening, and it is eroding the effectiveness of the national network of skilled contact lens practitioners. There are several reputable online suppliers of contact lenses who are efficient, employ a properly qualified and experienced registrant and who demand to see a current contact lens specification, BUT:<br><br>1. They are all outside the optical safety net provided by high street registrants – often referring purchasers to 'their (high street) optician' for | Thank you for your comment. We are grateful for all the feedback we received and have taken this into account in deciding how to amend the protocol and continue to develop our approach to illegal practice.<br><br>An extension of our remit through legislative reform will require a clear evidence base linking illegal online supply and risk of harm, or risk of potential harm, to the public. The GOC encourages the sector to provide evidence of harm caused by illegal online supply as part of our call for evidence on the Opticians Act and consultation on associated GOC policies and explain how the evidence base necessitates additional offences and enforcement powers in order for the GOC to protect the public. |

| Individual/org | Comment | GOC response |
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| | aftercare and in the event of any problems. This is passing the buck, is not proper customer care, and the discontinuity is bound to result in, at the very least, dissatisfied customers who may well drop out of the category altogether. Put it another way: how would the GOC deal with a high street practice which tested sight and sold contact lenses but then refused to deal with subsequent customer care? One should imagine a Fitness to Practice case would soon follow. The GOC itself states in its September 2021 Council Minutes: '…there is a clear evidence base that regular aftercare appointments mitigate the risk of eye infection for contact lens users'. This link to aftercare needs to be strengthened in the interest of patients.<br><br>2. Where there are cases of harm the sufferer is most likely to go to a hospital A&E department, and not to a high street optician. That raises another source of lost data from which the GOC might be able to improve the situation: Hospitals are so over-loaded, particularly at the moment, that they are in no position to record and follow up the sort of details required in order for there to be a full GOC-led investigation. However, of all interested parties the GOC is in the best position to try and gather the necessary information from hospitals.<br><br>3. Without high street opticians, who conveniently gather all the necessary measurements for online traders to supply the correct contact lenses, online suppliers would not have existed – although even that is now changing with the advent of online refraction, about which the GOC was alerted through the 2016 Foresight Report. These suppliers have reaped the benefits of the hard work of others and given very little in return, and now it looks like turning into a full-blown free-for-all. Most | We also note the comments asking the GOC to run public awareness campaigns about the risks of purchasing online. The GOC will continue to raise awareness of our legislation as part of our ongoing approach to illegal practice so that users are aware of the legislation in place to keep them safe. The protocol is the first part of this work and we have clarified sections on the legislation relating to the testing of sight and sale of prescription spectacles to make them clearer in response to feedback received as part of the consultation.<br><br>However, the GOC cannot engage in public awareness campaigns that do not fall within our core regulatory functions under the Act unless there is sufficient evidence of harm to necessitate such action under the GOC's overarching objective to protect the public. |

| Individual/org | Comment | GOC response |
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| | particularly, their records are out of sight and so little is known about cases of actual or potential harm (although the recent AOP survey of registrants' views of returning patients is illuminating in this regard: 80% with eye irritation, 57% with blurred vision and poorly-fitting lenses, 36% with eye infections and even 12% with sight-threatening conditions). 55% of high street practitioners report seeing evidence that the law is being broken by suppliers, so where is the feedback on this in more than simple total numbers? The GOC should determine where the system is being abused by illegal online suppliers, and then take appropriate action in the interests of patient protection.<br><br>4. With the increasing numbers of online suppliers employing registrants how is the GOC monitoring and auditing them to ensure they are operating within the law? Currently the stated GOC position is passively to wait for complaints to appear - but, as described earlier, there is currently no effective mechanism to do this properly.<br><br>5. The GOC must heed the widespread and long-held concern in the professions about illegal supply. Its own GOC Registrant Survey 2021 asks the question: 'What is the one priority you would like to see the GOC achieve over the course of its Strategic Plan 2020-25?' Of the 32 listed suggestions, regulating online sales/tackling illegal supply is almost the highest priority, coming second only to the obvious one of supporting/protecting/representing registrants. As we are already half way through the plan, time is not on our side and the GOC should act with urgency. | |

| Individual/org | Comment | GOC response |
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| Member of the public (do not publish response) | [redacted] | |
| BCLM<br><br>(can publish response) | From reading the consultation document there is no evidence how who this will improve sector awareness. Issues such as illegal supply of product without supervision will remain an issue. The GOC needs to consider HOW it will communicate to a wider audience, not just within the professional optical sector. Furthermore the frustrations and threat of illegal online supply to patient/public safety remains. There is a need for legitimate and safe eye care professionals and their practices to collaborate and work together to preserve safety. | Thank you for your comment. As described above, the GOC will continue to raise awareness of our legislation as part of our ongoing approach to illegal practice so that users are aware of the legislation in place to keep them safe.<br><br>We also recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely<br><br>As mentioned above, the GOC cannot engage in public awareness campaigns that do not fall within our core regulatory functions under the Act unless there is sufficient evidence of harm to necessitate such action under |

| Individual/org | Comment | GOC response |
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| | | the GOC's overarching objective to protect the public. |
| Education provider<br><br>(can publish response) | The sector is already aware that the GOC is the optical regulator, however while the health sector knows that the GOC will pursue its own registrants, they rest assured that no action will be taken against non-registrants. | Thank you for your comment. |
| ABDO<br><br>(can publish response) | The protocol does not clearly explain the GOC's remit in relation to illegal optical practice. In particular, it does not explain the extent to which the GOC will be able to address future challenges, such as sight-tests offered online from outside the UK. Also, the protocol does not explore the challenges involved in pursuing non-UK businesses or individuals, suggesting simply that it would not be able to prosecute such companies. We would like the GOC to consider a more creative approach, including examining whether action again non-UK businesses with UK distribution centres would be feasible and whether a code of practice for online supply would be helpful in enabling patients to gain assurance that they are buying from a reputable supplier. In any case, updating the protocol will not in itself improve awareness of the GOC's remit. More proactive steps would be required to achieve this, including communication with registrants and professional bodies and the publication of data showing performance against objective criteria. In particular, a six-monthly report to the GOC Council would improve transparency and awareness of an area of activity that traditionally has had much less visibility than other | Thank you for your comment. As described above, the Opticians Act applies only in the UK. It is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting a hearing without the power to compel the defendant to attend a UK court. It would also be extremely hard to enforce any conviction or order. In addition, criminal offences relating to supply do not arise at distribution stage - they arise at the point of sale. The Act does not provide the GOC |

| Individual/org | Comment | GOC response |
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| | areas, such as the handling of fitness to practise complaints. Such a report could include the number and manner in which illegal cases were addressed and the outcomes achieved. We recognise and very much welcome the progress that the GOC has made in its approach to handling fitness to practise cases and note that the scrutiny applied to this area at Council level has certainly contributed to the improvement in this area. We also wish to make the point that raising awareness of the GOC's remit should not be an end in itself. It would be of more value to raise awareness of how to report illegal practice to the GOC and make it easier to do so via the GOC's website. | with any legislative basis on which to act against distribution centres.<br><br>We also recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely.<br><br>For more information please see paras 39-40 of our response to our consultation on illegal practice strategy and protocol. |
| AOP<br><br>(can publish response) | We do not believe that the revised protocol on its own will improve sector awareness of the GOC's remit. The structure and clarity of the revised protocol are an improvement from the prosecution protocol published by the GOC in 2015. However, in order to improve sector awareness and provide confidence about the GOC's role for public protection the GOC also needs to credibly engage with professional bodies and registrants about illegal and unsafe practice. The GOC should develop a communications plan to better engage registrants, professional bodies and sector stakeholders about its role and remit in relation to illegal and unsafe practice,. The GOC's current website does not properly explain its role and remit in relation to illegal practice. As a minimum the GOC website should include the following: • Information about the GOC's role for public protection, and the optical regulations relating to services and | Thank you for your comments.<br><br>We recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely.<br><br>The GOC cannot engage in public awareness campaigns that do not fall within our core regulatory functions under the Act unless there is sufficient evidence of harm to necessitate such |

| Individual/org | Comment | GOC response |
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| | products • What illegal practice is, and clear information about how to raise concerns with the GOC • What the GOC will do to address illegal and unsafe illegal practice The GOC also needs to better explain how it will address the risks of harm to patients that arise from sellers based overseas, and how it will support improved public awareness about the risks of illegal practice to patients. As we have also explained in our answer to question 4, these areas are not sufficiently addressed in the protocol. Registrant concerns about illegal and unsafe practice We know from our engaging with our members that illegal practice is a big source of concern for them. This is why we the AOP launched a campaign in October 2021 to raise awareness about the risks of illegal online supply of contact lenses. When we asked our members for feedback about the revised GOC illegal practice protocol, their concerns focused on the growth of illegal and unsafe online sales of lenses and a lack of confidence in the GOC ability to respond to this. Although we believe that the GOC's action to tackle illegal practice needs improvement, we also know that it does carry out some valuable enforcement action in cases of illegal practice which could lead to harm for patients. Registrants are often unaware of this work, and we think it would be in the interests of the GOC and its credibility as a regulator to better communicate this activity to registrants. AOP campaign: https://www.aop.org.uk/our-voice/media-centre/press-releases/2021/10/20/aop-campaign-tackles-illegal-supply-online | action under the GOC's overarching objective to protect the public. |
| FODO (can publish response) | We agree the protocol is clear and will help prevent unrealistic expectations which have caused frustration amongst registrants in the past. It is also pleasing that the GOC is seeking to work with online | Thank you for your comment. We know our legislation does not match the realities of the market and are |

| Individual/org | Comment | GOC response |
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| | platforms to protect patients. Unfortunately, beyond the protocol the consultation gives no context about what additional powers the GOC would reasonably like to have to help it protect patients against unsafe product sales and services. This bigger picture might better help convince the public and the sector of the GOC's commitment to address illegal practice wherever feasible. | seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br><br>An extension of our remit through legislative reform will require a clear evidence base linking illegal online supply and risk of harm, or risk of potential harm, to the public. The GOC encourages the sector to provide evidence of harm caused by illegal online supply as part of our call for evidence on the Opticians Act and consultation on associated GOC policies and explain how the evidence base necessitates additional offences and enforcement powers in order for the GOC to protect the public. |

**To what extent do you agree that the updated protocol will provide clarity on when we will act and what action will be taken? - If you answered 'disagree' or 'strongly disagree', please explain your reasons.**

| Individual/org | Comment | GOC response |
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| Optometrist<br>(can publish response) | Will believe it if you ever actually act at all. | Thank you for your comment. Please see paras 51 and 52 of our response to our consultation on illegal practice strategy and protocol. We received some comments that the protocol was drafted with a bias towards not acting. We have revised the drafting and believe that it balances the need for public protection with a proportionate, risk-based approach. We have also added a provision stating that a complaint referred to a third party may be re-opened if the third party does not act and the statutory time limit for bringing a prosecution for a summary only offence has not expired. |
| Dispensing Optician<br>(can publish response) | Uncertainty until you actually act on internet sales. | Thank you for your comment. Please see paras 51 and 52 of our response to our consultation on illegal practice strategy and protocol. We received some comments that the protocol was drafted with a bias towards not acting. We have revised the drafting and believe that it balances the need for public protection with a proportionate, |

| Individual/org | Comment | GOC response |
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| | | risk-based approach. As mentioned above, there are practical and enforcement challenges in enforcing UK legislation against non-UK businesses. |
| Optometrist (can publish response) | If it is on a case by case basis and has to be complained about to pursue, this allows so many unregulated contact lens sales , as Px feel it is great they can order what they want online when they want. The websites like [redacted] blatantly disregard the rules and advertise that you can buy lenses without a prescription as it is up to you if you want your prescription verified and they trust that you the px know what you are doing which is quite frankly ridiculous. Majority of px get issued a proper specifications and then buy an significantly unspecified product because it is cheaper and there is virtually no education out there. | As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with.<br><br>We know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation. |
| BLM (can publish response) | We consider the protocol to be clear in terms of when the GOC will consider taking action. We query whether the GOC would have the necessary funds available to bring a prosecution should that be required. We would also be interested to know whether such a prosecution has been brought in the past. We anticipate that circumstances which would require such action to be taken would be relatively rare as the GOC would need to have jurisdiction and it appears that a prosecution would only be | Thank you for your comments.<br><br>The GOC has brought three private prosecutions in the past – one in 1998, one in 2008 and one in 2009. |

| Individual/org | Comment | GOC response |
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| | brought where the individual or business continued to act in contravention of the Opticians Act following a cease and desist letter and where there was a genuine risk to the public.<br>• We note that the protocol favours taking alternative action wherever possible, which is understandable given the costs of bringing a prosecution and the need to manage expectations.<br>• As set out above, it is anticipated that the majority of online sales will be made by businesses operating outside of the UK, in respect of which the GOC will have no jurisdiction. | |
| College of Optometrists<br>(can publish response) | We agree that the updated protocol will provide clarity on when the GOC will act and what action will be taken, however, This may not be possible if a case, being adjudged to be lower risk, has been closed or referred elsewhere at an earlier stage. Furthermore, it is not clear which cases may be judged as suitable for referral to Trading Standards and what the GOC would do if no positive outcome is reported by Trading Standards. The GOC should be able to reopen a case if Trading Standards are not able to act or not able to act successfully. We recommend the protocol to include such provision. Finally, as mentioned in our responses to questions five and six above, the GOC should clarify its position in relation to non-UK businesses and individuals as the protocol only suggests that in no circumstances it will be possible to take any formal action against such businesses and individuals. It should instead include a list of potential actions the GOC could take as a minimum. | Thank you for your comments. Please see para 52 of our response to our consultation on illegal practice strategy and protocol. We have added a provision stating that a complaint referred to a third party may be re-opened if the third party does not act and the statutory time limit for bringing a prosecution for a summary only offence has not expired. |

ANNEX A

| Individual/org | Comment | GOC response |
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| ACLM (can publish response) | The GOC's statements are clear, but not forward-thinking enough do deal with the prevailing problems of illegal online supply. | Thank you for your comment. |
| Member of the public (do not publish response) | [redacted] | |
| BCLA<br>(can publish response) | There is some additional clarity in a couple of areas. The issue around ready readers is not clear in the document, as reference is made to an upper limit of +4.00 and +5.00 dioptres. Again, action on illegal online supply could be clearer. | Thank you for your comment. We have clarified sections on the legislation relating to the testing of sight and sale of prescription spectacles to make them clearer in response to feedback received as part of the consultation. |
| Education provider (can publish response) | It was all good until the last sentences where you said that each case would be investigated on its own merit. This feels like a carte blanche to avoid investigation where the payoff is not perceived to be very high. | Thank you for your observation. We received some comments that the protocol was drafted with a bias towards not acting. We have revised drafting and believe that it balances the need for public protection with a proportionate, risk-based approach |

| Individual/org | Comment | GOC response |
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| ABDO (can publish response) | The updated protocol will provide some clarity about when the GOC will act and what action will be taken. However, several questions remain. It is not clear what is the significance of the GOC adjudging that a case carries a higher risk in line with the factors set out in paragraph 3.10 – intent to misuse a protected title, offences involving vulnerable patients and actual – and how this informs the GOC's assessment decision. Presumably in cases that are adjudged to be lower risk, there is more likely to be a recommendation that no further action should be taken by the GOC. This would be problematic in that the public interest test criteria include potential harm, meaning that it could be in the public interest to prosecute a case where there is potential but not actual harm. However, this will not be possible if the case has been closed or referred elsewhere at an earlier stage. It is also not clear which cases may be judged as suitable for referral to trading standards and what the GOC will do in such cases if trading standards do not report a positive outcome. The protocol should be amended to make provision for the GOC to reopen the case if trading standards are not able to act or not able to act successfully. Given that the priorities of trading standards departments are decided on a local level and that their funding has been very constrained in recent years, the GOC should not assume that referral to trading standards will guarantee a successful outcome. As mentioned above, the GOC should also clarify its position in relation to non-UK businesses and individuals as the protocol suggests that in no circumstances will it be possible to take any formal action against such entities. | Thank you for your comments. For more information, please see paras 51 and 52 of our response to our consultation on illegal practice strategy and protocol. We received some comments that the protocol was drafted with a bias towards not acting. We have revised the drafting and believe that it balances the need for public protection with a proportionate, risk-based approach. We have also added a provision stating that a complaint referred to a third party may be re-opened if the third party does not act and the statutory time limit for bringing a prosecution for a summary only offence has not expired.<br><br>As mentioned earlier, the Opticians Act applies only in the UK. It is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting a hearing without the power to compel the defendant to attend a UK court. It would also be extremely hard to enforce any conviction or order. |

| Individual/org | Comment | GOC response |
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| AOP (can publish response) | The updated protocol certainly provides improved clarity about the GOC's approach in comparison to the current prosecutions protocol. It more clearly sets out the case management approach the GOC will take in managing concerns, the different decision available for cases, and the criteria for taking actions. However, as we have explained in our answers to questions 2 and 4 there are areas missing from the protocol that the GOC still needs to address. | Thank you for your comments. |
| FODO (can publish response) | The protocol is clear in terms of when and how the GOC will consider taking action although, as noted, it reads overall as if there is a bias towards not taking action if at all possible. There is clearly a drafting problem here which should be amended in the final version. | Thank you for your comments. For more information, please see paras 51 and 52 of our response to our consultation on illegal practice strategy and protocol. We received some comments that the protocol was drafted with a bias towards not acting. We have revised the drafting and believe that it balances the need for public protection with a proportionate, risk-based approach. We have also added a provision stating that a complaint referred to a third party may be re-opened if the third party does not act and the statutory time limit for bringing a prosecution for a summary only offence has not expired. |

**Is there anything unclear or missing in the updated protocol? - If you answered 'yes', please give details.**

| Individual/org | Comment | GOC response |
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| Business registrant / employer (can publish response) | What will happen, to non optical sales of contact lenses. Such as "cosmetic contact lenses ", and also companies who see fit , to substitute their lenses, from what was prescribed. | Thank you for your comment. Each case will be assessed in accordance with the assessment criteria set out in part three of the updated protocol.<br><br>As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with. We recognise we need to communicate more effectively and more widely about our remit and approach to illegal practice and will consider how best this can be achieved.<br><br>For more information, please see paras 45-48 of our response to our consultation on illegal practice strategy and protocol. |

| Individual/org | Comment | GOC response |
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| Business registrant / employer (can publish response) | Distribution centers in the UK with parent companies outside the UK will once again get a free pass. You have not addressed the problem. | Thank you for your comments. The Opticians Act applies only in the UK. It is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting a hearing without the power to compel the defendant to attend a UK court. It would also be extremely hard to enforce any conviction or order. In addition, criminal offences relating to supply do not arise at distribution stage - they arise at the point of sale. The Act does not provide the GOC with any legislative basis on which to act against distribution centres. |
| Optometrist (can publish response) | It needs to be very clear that online sales along with physical sales are included. How will you deal with online sales from non-uk websites. Also the risks of online sales for both Contact lenses and glasses needs to better communicated to the public | Thank you for your comments.<br><br>The Opticians Act applies only in the UK. It is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting a hearing without the power to compel the defendant to attend a |

| Individual/org | Comment | GOC response |
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| | | UK court. It would also be extremely hard to enforce any conviction or order.<br><br>The GOC cannot engage in public awareness campaigns that do not fall within our core regulatory function under the Act. The GOC is not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public.<br><br>As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with. |

| Individual/org | Comment | GOC response |
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| Optometrist (do not publish response) | [redacted] | |
| Optometrist (can publish response) | Needs to be mor positive. "We WILL act when we see evidence of illegal practice" | Thank you for your observation. We received some comments that the protocol was drafted with a bias towards not acting. We have revised drafting and believe that it balances the need for public protection with a proportionate, risk-based approach. |
| Dispensing optician (can publish result) | ALL medical devices purchased by a member of the UK Public need to be made illegal if the seller does not follow UK laws and request the legal documents (such as a signed copy of a sight test prescription), because on many cases this does not happen!!! | Thank you for your comments.<br><br>As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with.<br><br>We know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation. |

| Individual/org | Comment | GOC response |
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| Optometrist (can publish response) | It is far too vague | Thank you for your observation. |
| Optometrist (do not publish response) | [redacted] | |
| BLM law (can publish response) | • We are unclear as to whether all decisions will be referred to a lawyer. Paragraph 3.14 states that a lawyer will check each stage of the process to ensure correct application of the legislation but paragraph 3.38.5 states that if the risk warrants further investigation, the matter should be referred to a lawyer for review. We are not therefore clear as to who would make the decision as to whether the risk warrants investigation. If it is intended that members of the triage team will make this decision, they will need to receive appropriate training. It is our view that a lawyer should be involved in any decisions regarding illegal practice. | Thank you for your comments. Please see para 55 in our response to our consultation on illegal practice strategy and protocol. It is our view that all decisions relating to illegal practice should be referred to a lawyer for review for consistency and to ensure correct application of the legislation. We consider the protocol is appropriately worded to implement this approach. |

| Individual/org | Comment | GOC response |
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| Optometrist (can publish response) | Your own timescales for action need to be published | Thank you for your comment. Please see para 54 in our response to our consultation on illegal practice strategy and protocol. We will consider our timescales for action as part of our illegal practice objectives. |
| ACLM (can publish response) | All parties, including the GOC, have acknowledged for some time that the Optician' Act is not fit for purpose, certainly so far as contact lenses are concerned, but what is being done to remedy this? The reported review of optical legislation in 2022 will be most welcome, but how will this draft protocol fit with it? How, for example, will the enforcement of 'replication' and the banning of inappropriate contact lens substitution (clearly written and intended in the Opticians' Act but strangely unenforceable) be handled? The view of experts is that substitution may result in undesirable consequences in respect of vision, ocular health, comfort and cosmetic appearance, and may be incompatible with the lifestyle of the patient. While the USA bans contact lens substitution the UK allows it to take place. It is this and other differences between jurisdictions which allows overseas online suppliers to exploit loopholes in national laws, and which makes it even more important for the GOC to pursue public protection and public awareness campaigns year after year. Currently, they are just not in evidence. It may be better for the protocol to be delayed until after the new regulations are in place, an illegal online strategy is developed, and then updated to better effect. | Thank you for your comments.<br><br>We know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br><br>The GOC cannot engage in public awareness campaigns that do not fall within our core regulatory function under the Act. The GOC is not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public.<br><br>As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of |

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| | | our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with. |
| Member of the public (do not publish response) | [redacted] | |
| BCLM | How will the GOC put this into action and communicate it outside of optics? (including to the public) Also, this issue of substitution has not been addressed. This is something that many registrants talk about, but cannot prove to the GOC, as it requires the patient to provide the information. The potential of the GOC to carry out test purchases is welcomed, but we will have to wait and see. There are still gaps in the Optician's Act that do not cover supply of contact lenses sufficiently. | Thank you for your comments. We recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely.<br><br>As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are |

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| | | aware of the legislation that must be complied with.<br><br>We know our legislation does not match the realities of the market and welcome your views on areas of the Act that you feel are insufficient as part of our call for evidence to support any case for retaining or changing legislation. |
| ABDO | We note that the protocol specifies the need for a risk assessment to be carried out on receipt of a complaint and says that this will be carried out by the case assessor with legal input. There should also be a requirement to seek clinical input in appropriate cases. We also note the protocol refers to Annex A, which was not included with the published version. We would also like the GOC to seek statutory powers of investigation and enforcement as part of the Government's regulatory reform programme. Paragraph 3.5 of the protocol states that, "A complaint may be closed if we are unable to obtain information to substantiate an investigation." To avoid this outcome, the GOC should seek powers to require information to be provided. It is also incongruous for the GOC, as the statutory regulator for the optical professions, to be in a position where in relation to illegal optical practice it is limited to pursuing a private prosecution in the | Thank you for your comments. We have made provision in the updated protocol for advice to be sought from the GOC's clinical advisers about clinical risk in appropriate cases. Please see para 37 of our response to our consultation on illegal practice strategy and protocol for more information about the changes made in response to comments received in the consultation.<br><br>An extension of our remit through legislative reform will require a clear evidence base linking illegal online |

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| | Magistrates court. This should be rectified, with the prospect of legislative reform providing an opportunity to do so. | supply and risk of harm, or risk of potential harm, to the public. The GOC encourages the sector to provide evidence of harm caused by illegal online supply as part of our call for evidence on the Opticians Act and consultation on associated GOC policies and explain how the evidence base necessitates additional offences and enforcement powers in order for the GOC to protect the public. |
| Optometrist (can publish response) | Section 5.2 We will generally only consider bringing a prosecution in cases where one or more of the following factors are present: 5.2.3 significant risk of harm; Although “risk of harm” is called out as a determining factor for prosecution, there is no clear definition of what constitutes risk of harm within this context. | Thank you for your comment.<br><br>Please see para 56 of our response to our consultation on illegal practice strategy and protocol. Fairness demands that cases are assessed on a case-by-case basis and a definition of harm would add an unfair element of objectivity to a test that demands subjectivity based on the facts of the case. We have, therefore, not included a definition of harm in the updated protocol. |

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| AOP (can publish response) | We are supportive of some of the changes that have been made to the GOC's illegal practice protocol. The overall structure and clarity of the document are an improvement on the current protocol for prosecutions. We also welcome the inclusion of an acceptance criteria, the listing of the full set of offences under the Opticians Act, the process for test purchases and provision for referral to other complaints bodies. However, there are several areas where the draft protocol needs improvement:<br><br>• It needs to include optometric/clinical advice in the process, particularly at initial risk assessment.<br><br>• The protocol needs to be framed in a way that covers illegal practice in the forum of optical services as a well as products.<br><br>• More needs to be done to protect the public from Illegal and unsafe online supply from non-UK sellers , taking enforcement action where overseas sellers use UK distribution centres.<br><br>• The GOC needs to do more to raise public awareness about the risks of harm from illegal practice, and provide advice about how to identify optical providers operating under UK regulations.<br><br>Optical products illegally supplied online from non-UK sellers We appreciate that it is not possible for the GOC to undertake prosecutions against sellers which are operating illegally and based outside the UK. However, the GOC should do more to protect the public from harm. Where an overseas business appears to be supplying illegally to people in the UK – and particularly where its website gives the impression the business is based in the UK – we think that as a minimum, the GOC should contact the supplier to highlight UK optical regulation and, where | Thank you for your comments. Please see para 37 of our response to our consultation on illegal practice strategy and protocol for a summary of the changes made to the protocol following feedback received during the consultation which include:<br><br>• Including potential for harm as a factor indicating higher risk in addition to actual harm caused by illegal practice<br>• seeking advice from the GOC's clinical advisers about clinical risk in appropriate cases<br>• provision that the GOC may re-open a complaint following a referral to a third party if the third party is unable to act and the statutory time limit for bringing a prosecution has not expired<br>• making sections relating to the testing of sight and sale of prescription spectacles clearer<br><br>As mentioned above, the GOC cannot engage in public awareness |

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| | relevant, local enforcement authorities to try to resolve the matter. The GOC should also revisit the use of an optical sector code or kitemark to provide assurance to the public about providers which are operating within UK regulation. The GOC also needs to needs to include provisions in the protocol for enforcement where sellers are based overseas but use distribution centres in the UK, especially where sellers are basing part of their operation overseas to deliberately circumvent UK regulations. This should include contact with the distribution centre to inform them about operating within UK regulations, cease and desist notices, engagement with the MHRA to review the distribution centre's registration and in serious cases consideration of prosecution. Raising public awareness of risks from illegal and unsafe practice The consultation document says the GOC intends to improve public awareness of the GOC's remit in relation to illegal practice and to link its overall strategy to its objective for public protection. In our opinion, to achieve this the GOC must also commit to undertaking activity which raises public awareness about the risks of harm that can arise from illegal and unsafe practice and how they can purchase optical devices, products and services safely from regulated sources. There is a growing need to educate the public about the risks of buying contact lenses and spectacles online, particularly from sellers based abroad who may be operating outside the assurance provided by UK regulation. . The GOC needs to make the public aware that when they buy optical products from overseas, these may not be subject to the regulatory assurance that is provided in UK law to keep them safe.<br><br>As we have called for previously, the GOC should publish information for patients and the public in the UK about the benefits of sourcing contact | campaigns that do not fall within our core regulatory function under the Act. The GOC is not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public.<br><br>As also mentioned, the Opticians Act applies only in the UK. It is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting<br>a hearing without the power to compel the defendant to attend a UK court. It would also be extremely hard to enforce any conviction or order. In addition, criminal offences relating to supply do not arise at distribution stage - they arise at the point of sale. The Act does not provide the GOC with any legislative basis on which to act against distribution centres.<br><br>An extension of our remit through legislative reform will require a clear |

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| | lenses from suppliers that comply with UK legal requirements. This could include explaining:<br><br>• the role of optical professionals and sight testing in identifying eye disease.<br><br>• how buying optical appliances from unregulated sources can lead to risks of harm.<br><br>• how contact lenses can be substituted by suppliers, and when this is appropriate and safe and when it is not safe<br><br>• how to identify eye care providers and suppliers that meet UK legal requirements. Educating the public about safe eye care from regulated sources will become increasingly important as technology allows eye care services as well as products to be delivered remotely. The AOP recently published a suite of campaign material about the risk of illegal online supply of contact lenses: https://www.aop.org.uk/our-voice/campaigns/why-gamble Research conducted for AOP with 2000 UK adults and published in October 2021 alongside our campaign further illustrates the importance and urgency of raising public awareness:<br><br>• Just under half (45%) of contact lens wearers are unaware that some online suppliers of contact lenses do not comply with UK safety regulations, rising to 55% of women and 78% of over 55-year olds.<br><br>• Over one in ten UK adults bought contact lenses during lockdown (13%) and after lockdown restrictions were eased (13%).<br><br>• Two-thirds (67%) who purchased contact lenses online experienced an issue with these lenses. Nearly one in five (18%) had experienced eye | evidence base linking illegal online supply and risk of harm, or risk of potential harm, to the public. The GOC encourages the sector to provide evidence of harm caused by illegal online supply as part of our call for evidence on the Opticians Act and consultation on associated GOC policies and explain how the evidence base necessitates additional offences and enforcement powers in order for the GOC to protect the public. |

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| | irritation or a poor fitting with these lenses. Another 17% reported that the lenses they bought online had led to permanent eye damage and 15% said they had a painful eye condition that required urgent treatment. https://www.aop.org.uk/our-voice/media-centre/press-releases/2021/10/20/optometrists-warning-over-illegal-and-unsafe-contact-lenses-as-online-buying-soars Specific comments on the content of the protocol There are also a number of specific areas within the draft illegal practice protocol which need improvement or revision.<br><br>• Our experience has been that the GOC responds to the complainant to advise them what actions it has taken, but this should be included in the protocol for clarity.<br><br>• 3.3.2 – 'close and refer to another body' – the GOC should only close the case once the referral has been accepted by the other body and explore alternative action if this is not possible.<br><br>• 3.9 – the risk assessment described here must include advice from an optical registrant and this commitment should be included in the protocol. This is vital to ensuring that all risks to patients and the pubic are accurately captured as part of the assessment.<br><br>• 3.10 – this list of factors which indicate areas of higher risk is reasonable. However, the GOC must also include 'risks of harm to patients and the public from illegal practice' as a factor, even where actual harm has not been identified, as sufficient ground for proceeding to the investigation stage. This should be made explicit in the protocol. We note that the current GOC protocol for prosecutions (p5) lists risk of harm to a patient as a factor to be included in its public interest and that recent | |

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| | GMC evidence to the GOC about illegal practice describes potential ground for action as '… where actual harm has occurred to patients, but potential harm to patients is equally relevant.' https://www.gmc-uk.org/-/media/documents/gmc-response-to-goc-illegal-practice-strategy-review---may-2021-86504034.pdf<br><br>• 3.14 – we welcome lawyer input being required for each stage of the process. However, the protocol should also state that optometrist/clinical input with be sought where necessary.<br><br>• 3.16 needs revision for accuracy - "Sight testing is defined in section 36(2) of the Act as assessing visual acuity and health of the eye and issuing a prescription if appropriate.". Whilst this is a commonly used wording, it does not accurately reflect what is in the Opticians Act 36(2): "...testing sight with the object of determining whether there is any and, if so, what defect of sight and of correcting, remedying or relieving any such defect of an anatomical or physiological nature by means of an optical appliance prescribed on the basis of the determination." A clearer legally based definition is required here because it also has relevance for Fitness to Practice. Previous case examples of FtP panel views could be used to inform this wording<br><br>• 3.17 – 'dispensing optician' should be replaced here with 'contact lenses optician' as DOs require this specialist registration to fit contact lenes<br><br>• 3.18 - it needs to be specific that this applies to 'spectacle prescriptions'<br><br>• 3.21 should be amended as follows: "Caselaw requires that the supervisor must be on the premises at the time of the dispense sale, exercising their professional judgement as a clinician and in a position to | |

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| | intervene if necessary by exercising their professional judgement as a clinician in the patient's interests." The part of the process which requires supervision is the dispense, rather than the sale (which doesn't necessarily take place at the same time). Supervisors don't need to be aware of every dispense to a restricted group which is taking place; they simply need to be available should the need arise.<br><br>• 3.24 – this can be deleted as It isn't necessary to include this historical provision from 1984, because it's been superseded by subsequent changes in legislation, and non-registrants can now supply spectacles against a valid spectacle prescription for any purpose, provided the patient isn't in a restricted group (under 16 or sight-impaired).<br><br>• This should be amended as follows: 3.25 Otherwise, anyone can sell spectacles in accordance with a prescription issued within two years provided the patient is not in a restricted group (i.e., under 16 or sight-impaired) subject to additional requirements for spectacles with certain prescriptions set out in article 3(3) of the Order" This is necessary because the 'additional requirements' in The Sale of Optical Appliances Order of Council 1984 lists three requirements, and the first two of these apply to all spectacles (not just those with 'certain prescriptions').<br><br>• 3.27, 3.28.3.29 and 3.30 – these clauses could be framed more succinctly as follows: 3.27 Zero-powered contact lenses and contact lenses for patients in a restricted group (i.e., under 16s or sight-impaired) can only be sold by or under the supervision of a registered dispensing optician, registered optometrist or registered medical practitioner. | |

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| | 3.28 Otherwise, contact lenses can be sold under the general direction of a registered dispensing optician, registered optometrist or registered medical practitioner, who need not be on the premises at the time. If the supplier doesn't have the original specification, they must verify the specification with the prescriber. • 3.38.1 – it is right that the GOC contact online platforms where listings of illegal sold products are identified - to seek their removal. However, cases should only be closed: o If the seller is based in the UK, once the seller has been advised about operating within UK law, and once an assessment has been made about whether the risk warrants further investigation. o If the seller is based outside the UK, once the listing has been removed.<br><br>• 3.38.4 –we do not think it is sufficient for the GOC to simply close cases of alleged illegal practice where there is risk of harm to the public simply because actual harm has not been identified. We have set out some steps the GOC should include in its protocol in the section above.<br><br>• 4.1.4 – the wording for test purchases should be widened to also include 'optical care services', as cases of alleged illegal practice could also include online refraction or sight test services which are delivered in a way that may breach the Opticians Act.<br><br>• 5.1.1 – the GOC needs to explain in what circumstances 'no action' is determined, and this would presumably be in cases where the investigation has concluded that there is no illegal or unsafe practice.<br><br>• 5.3 – it is of course right that the Registrar should have regard to public protection in prosecution decisions. However, it is not clear why this could | |

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| | lead to a decision not to undertake proceedings, an example of this circumstances is needed here.<br><br>• 5.8 and 5.9 subclauses – It is correct that the Registrar decision to undertake proceeding should be based on the interests of the public rather than the optical sector, these will often coincide. The statement rightly asks the Registrar to give consideration to 'public confidence in the profession', and we think that 'overall confidence in the system of optical regulation' should also be included here. This is because taking actions which can prevent the credibility of regulation from being undermined will also support public protection e.g., from persistent offending, or illegal practice which damages the optical sector's ability to provide effective eye care to patients.<br><br>• 5.17 – this should also include a reference to taking optometric/clinical advice | |
| FODO (can publish response) | In addition to our points about 'effectiveness' in response to Question 1 – we believe that<br><br>a) the focus on 'actual harm', although understandable in managing expectations, is nevertheless limiting and unsafe and that, in some cases 'potential for harm', may pose a greater risk to the public. We suggest 'potential for harm' be added as a criterion (paragraphs 3.10.3 and 5.2.5)<br><br>b) as well as lawyer input (paragraphs 3.11 and 3.14) which we welcome, the case office should also have access to professional advice in respect of risk | Thank you for your comments. Please see para 37 of our response to our consultation on illegal practice strategy and protocol for a summary of the changes made to the protocol following feedback received during the consultation which include:<br><br>• including potential for harm as a factor indicating higher risk in |

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| | c) the fact that sight-testing includes the immediate vicinity of the eye should be included for completeness (paragraph 3.16)<br><br>d) the definition of supervision reads rather oddly (paragraphs 3.21 and 3.31). Would "on the premises and in a position to intervene and use their professional judgement as a clinician in the patient 's interest" be better?<br><br>e) if illegal practice is not found but the case referred to FtP (paragraph 3.39.3), in fairness, the case should be assessed with completely fresh eyes<br><br>f) it would be helpful to explain why reputational damage (paragraph 5.2.4) presents a risk to the public i.e. it could undermine public confidence in coming forward for eye care (cf paragraph 3.9)<br><br>g) it is important that decisions to prosecute or not to prosecute (paragraph 5.12) are discussed by the Council in public session – albeit in aggregate and anonymised form - rather than being buried in papers. This would enable Council members to demonstrate improved oversight of the issue and stakeholders to build an understanding of where the GOC's powers might need to be strengthened<br><br>h) there is no justification for not including all protected characteristics (paragraph 5.9.6)<br><br>i) the Registrar should be able to issue criminal proceedings where there is sufficient evidence for a realistic prospect of conviction against at least one defendant on one charge (paragraph 5.5). Requiring 'realistic prospect' against all defendants on all charges is unduly limiting of the Registrar's ability to take action to protect the public | addition to actual harm caused by illegal practice<br><br>• seeking advice from the GOC's clinical advisers about clinical risk in appropriate cases<br><br>• making sections relating to the testing of sight and sale of prescription spectacles clearer |

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| | j) Annex A should have been included. | |

**Are there any aspects of the updated protocol that could discriminate against stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy or maternity, caring responsibilities or any other characteristics.) - If you answered 'yes', please give details.**

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| Business registrant / employer (can publish response) | A useful point on gender identity would it be easier and less confusing to ask has your gender changed from your birth identity. This relates to the final questions and not the protocol, as I saw no obvious gender issues. | Thank you for your comment. |
| Optometrist (do not publish response) | [redacted] | |
| ACLM (can publish response) | Most definitely yes – on caring responsibilities. High street practitioners are required to carry out all the testing and pre-sales work, including trial fittings and producing and handing over a contact lens specification, only to see, in very many cases, the potential patient lost to an illegal online supplier. The patient is very unlikely to return to the high street. This has a very corrosive effect on the high street safety net and provides a strong disincentive for all but the most determined practitioners to engage in contact lens fitting. There is no assurance that online suppliers are | Thank you for your comment. Please see para 58 of our response to our consultation on illegal practice strategy and protocol. The protocol sets out current legislation which offers greater safeguards for restricted categories (under 16s and those registered sight impaired). We are working with online |

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| | processing applications from minors or those with learning difficulties adequately, and certainly no way of ensuring that the requirements of 'supervision' are being met (where the practitioner is on site and in a position to intervene). There is no point in having rules or guidelines which cannot be overseen and enforced where appropriate. With the expected inclusion of non-prescription contact lenses into the category of medical device it is even more important that the law is vigorously maintained and the public is kept informed of the dangers inherent in unrestricted illegal online supply. | suppliers to ensure awareness of our legislation and notification of the relevant legislation to their customers. |
| Member of the public (do not publish response) | [redacted] | |
| BCLM (can publish response) | Age Many online suppliers will carry out orders to those under the age of 16. A partial solution would be the requirement of suppliers to require evidence of a valid specification, which should have a date of birth on it. Again, test purchases may help, but the issue here is that of those suppliers operating from outside the UK. The supply of zero powered 'cosmetic' contact lenses is also an area that is of grave concern. Although in recent years there has been some public health awareness about these lenses. | Thank you for your comment. Please see para 58 of our response to our consultation on illegal practice strategy and protocol. The protocol sets out current legislation which offers greater safeguards for restricted categories (under 16s and those registered sight impaired). We are working with online suppliers to ensure awareness of our legislation and notification of the relevant legislation to their customers. |
| ABDO (can publish response) | There should be greater focus on ensuring that the process for reporting possible instances of illegal practice is as accessible and inclusive as possible, including for members of the public with any of the relevant | Thank you for your comments. Please see para 59 of our response to our consultation on illegal practice strategy |

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| | characteristics. It should not be necessary to download and complete a long word form that assumes considerable knowledge of illegal practice. The GOC should also make clear that it welcomes input from the public, whereas the form does not even appear to consider that a member of the public might want to raise an issue – as shown in the following extract seeking information from the complainant: "Which of these best describes you? Please select one option by putting a cross in the relevant box.<br>a. ☐ Trading Standards Officer<br>b. ☐ Employee or officer of a public body (other than Trading Standards), the GOC or another regulator<br>c. ☐ GOC or GMC registrant<br>d. ☐ Journalist or other press/media freelance/employee<br>e. ☐ None of the above" The fact that a member of the public falls into the category of 'none of the above' does not suggest that the GOC welcomes or is keen to encourage the public to raise issues with them. | and protocol. We will update the complaint form accordingly and publish it on our website. |
| FODO (can publish response) | Only 'Age and infirmity' are listed as factors that might be relevant to the public interest test (paragraph 5.9.6) but this would apply to all protected characteristics. | Thank you for your comment.<br><br>Paragraph 10 of the updated protocol is a non-exhaustive list of factors that might be relevant to the public interest test. |

**Are there any aspects of the updated protocol that could have a positive impact on stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy or maternity, caring responsibilities or any other characteristics.) - If you answered 'yes', please give details.**

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| Business registrant / employer (can publish response) | I think it brings clarity, and long overdue justice. I look forward to seeing this in practice , and I think the profession , as a whole, would be interested , in seeing this in practice. Just so people know, what will happen in the real world situation. So it would be worth highlighting some popular cases. It would also, be useful to get feedback, on the implementation, so it can be adjusted. Also a short review period, so registrants, can comment on the implementation. As I feel this will , progress the agenda in a positive, and engaging manner. | Thank you for your comments. We recognise the need to develop a communications plan as part of this work and will consider how best to share information on our approach to and action against illegal practice more widely. |
| ACLM (can publish response) | The ACLM is hopeful for a result from the GOC's stated intentions regarding 'public awareness' and a 'proactive approach': 1.5 … We believe we can better use our resource to develop a strategy that links more closely with our overarching public protection function and also enhance sector and public awareness of our remit. 1.6 …we want to be more proactive in our approach to illegal practice. The ACLM is more than willing to support these intentions in any way possible. | Thank you for your comments. |

**Are there any other impacts of the updated protocol that you would like to tell us about? - If you answered 'yes', please give details.**

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| Business registrant / employer (can publish response) | What, if any relationship does optics through the GOC have with trading standards. | The GOC works with other enforcement agencies, including with Trading Standards who have statutory powers in relation to sales from 'bricks and mortar' outlets and online suppliers based in the UK. If the |

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| | | GOC's contact does not result in cessation of the alleged offence, we notify Trading Standards so that they can consider whether to take action under their powers. We support such action by providing clarification on the requirements of the Opticians Act.<br><br>We have added a provision in the updated protocol stating that a complaint referred to a third party may be re-opened if the third party does not act and the statutory time limit for bringing a prosecution for a summary only offence has not expired. |
| Optometrist (can publish response) | I do hope that the updated protocol results in online retailers having to adopt the same standards as bricks-and-mortar practices ie only dispensing contact lenses or spectacles to a physical prescription. My impression is that anyone can order contact lenses or spectacles of any type and prescription from numerous websites merely by typing in whichever prescription they want. Only this week I have seen a patient who ordered a pair of -1.50 (MINUS 1.50D) spectacles from [redacted] "for driving". Today, I have been able to order lenses from [redacted] having not worn their lenses before and without a providing evidence of a prescription. I think they must be laughing at your impotence. | Thank you for your comments.<br><br>We know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br><br>For more information, please see paras 45 to 48 of our response to our consultation on illegal practice strategy and protocol. |

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| Optometrist (do not publish response) | [redacted] | |
| Optometrist (can publish response) | Have a dedicated form that optometrists etc can quickly fill out on the website to report concerns. | Thank you for your comment. Please see para 59 of our response to our consultation on illegal practice strategy and protocol. We will update the complaint form accordingly and publish it on our website. |
| CLO (can publish response) | You are too late, the online selling horse has not only bolted it is retired in a field. I am sick of carefully fitting px and following the rules, only for it to be sabotaged by them buying substitutes online.Px go for years without care. I have had children in, parents have bought them crap like [redacted] doesn't fit, overworn, child has severe neovas. Parent thinks I am just 'selling'! Of course, the big multiples would love contact lenses to be deregulated, more money for them! I have recently seen a missive from my HO , suggesting CLO be more ' pragmatic ' about giving lenses to px who are out of date on sight tests &aftercare. It's a farce, and it's the GOC fault, you should have tackled the platforms like [redacted] etc years ago. | Thank you for your comments.<br><br>We know our legislation does not match the realities of the market and are seeking views and evidence in the call for evidence to support any case for retaining or changing legislation.<br><br>For more information, please see paras 45 to 48 of our response to our consultation on illegal practice strategy and protocol. |

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| BLM law (can publish response) | • It is agreed that early lawyer input is essential.<br>• There is the example given of closing a case at stage 1 if there is inadvertent misuse of a title due to forgetting to retain registration at the end of the retention period. It is helpful for this clarity to be provided. We note that in such circumstances, the individual would need to apply for restoration to the register and we presume that any issues regarding the failure to renew would be addressed as part of that process.<br>• It is agreed that it is appropriate to refer cases to the ASA where advertising is involved. We note that the GOC previously took action from a fitness to practise perspective following an ASA determination.<br>• The protocol states that cases of illegal sales of spectacles or contact lenses may be suitable for referral to Trading Standards. Is it anticipated that these matters would also be considered from a fitness to practise perspective or is this aimed at non-registered businesses?<br>• The protocol states that for non-UK businesses or individuals, if the matter cannot be referred elsewhere, the case will be closed. We note that a significant proportion of online sales of spectacles and contact lenses are likely to occur outside of the UK.<br>• There is reference to closing matters and referring them to the fitness to practise team. We would query whether it would be the same triage team considering these cases as the team considering fitness to practise concerns. Again, appropriate training will be required for those dealing with suspected illegal practice. | Thank you for your comments.<br><br>Please see para 63 of our response to our consultation on illegal practice strategy and protocol regarding referral of a business to Trading Standards. |

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| College of Optometrists (can publish response) | As mentioned in our response to question five above, the updated protocol should be part of a wider illegal practice strategy. This will increase the positive impact of the updated protocol. | Thank you for your comments. As mentioned above, we understand that the protocol is not, of itself, a strategy but is part one of the review of our approach to illegal practice. |
| Optometrist (can publish response) | The need to tackle unregistered sales of contact lenses and ready made spectacles for myopia | Thank you for your comments.<br><br>As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with. |
| ACLM (can publish response) | Online supply continues to grow fast, in the same way as [redacted] has grown to undermine the high street of its retail shops. When out of sight, protected by being registered overseas even while operating in the UK, no longer required to keep contact lens skills up to date and often working alone so unable to exchange views with peers in practice, it is easy to visualise many areas where patients are not being properly looked after. With 45% of the public admitting it is unaware of the legal loopholes in the law we have a very badly functioning market place which is often unable | Thank you for your comments.<br><br>The GOC's remit regarding action against illegal practice, from deciding whether to open an illegal practice case following an allegation of illegal practice (covered by the protocol) or engaging with a wider audience about |

| Individual/org | Comment | GOC response |
|---|---|---|
| | to provide continuous patient care or to identify and rectify its mistakes. In conclusion, it is all very well for the GOC to trumpet its legally watertight, low risk protocol for dealing with illegal practice but it is effectively excusing itself from robust action at the start of the process and is therefore highly unlikely to achieve the result required. The limitations are well-understood, but what the optical world needs is an outward-looking strategy and not an inward-looking protocol. People are dropping out of contact lens wear, probably 30% every 3 years according to the most consistent research, often early in their lives, and so are likely being denied a lifetime of better vision to suit their lifestyles. With the rapid growth of myopia worldwide this ineffective protocol will do nothing to lessen the long-term catastrophic forecast for the sight of future generations. Tom Griffiths writes persuasively about the myopia tsunami (https://www.opticianonline.net/opinion/viewpoint-one-million-conversations) already building every day. It is hard to over-state the fact that this once in a generation opportunity to fix a failing system risks being lost unless the regulator adopts a much bolder approach to illegal online supply. | illegal practice (to be considered as part of on-going approach to illegal practice), is limited to action based on sufficient evidence of risk of harm to the public to necessitate such action under the GOC's overarching objective.<br><br>The GOC encourages the sector to provide evidence of harm caused by illegal practice – conduct that amounts to a criminal offence under Part IV of the Act – as part of our call for evidence on the Opticians Act and consultation on associated GOC policies. |
| BCLM (can publish response) | Although the protocols are a slight improvement, for the GOC to fulfil its 'protection of the public' role it needs to make an effort to engage with 'the public'. If they are unaware of the rules then they will have no idea about what is illegal practice. Therefore any GOC response is reactive, not proactive. Therefor illegal practice has to be part of a wider GOC communication strategy. If the GOC does not engage with the public, then how can it protect the public? | Thank you for your comments.<br><br>As already mentioned, as part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users |

| Individual/org | Comment | GOC response |
|---|---|---|
| | | are aware of the legislation that must be complied with.<br><br>As also mentioned, the GOC cannot engage in public awareness campaigns that do not fall within our core regulatory function under the Act. The GOC is not aware of sufficient evidence of increased risk of harm from online purchases to necessitate such action under the GOC's overarching objective to protect the public. |
| ABDO (can publish response) | As stated above in answer to question four, the impact of updated protocol will be the lessened by the fact that it does not form part of a wider illegal practice strategy. Also, we disagree with the statement in the impact assessment that, "There are no plans for legislation to be changed." The Government has consulted on legislative changes relating to how healthcare regulators carry out their functions and we understand that the GOC will be carrying out a review of the Opticians Act. This creates an opportunity to consider whether there are changes to legislation that would enable the GOC to tackle illegal practice more effectively. We also question whether considering the level of media interest in the last 12 months is appropriate and suggest that a longer | Thank you for your comments.<br><br>The GOC's remit regarding illegal practice relates only to conduct that amounts to a criminal offence under Part IV of the Act.<br><br>As stated above, an extension of our remit through legislative reform will require a clear evidence base linking illegal online supply and risk of harm, |

| Individual/org | Comment | GOC response |
|---|---|---|
| | view is required. There have, in the past, been front page stories in the national press about loss of sight caused by wearing contact lenses without receiving appropriate aftercare advice. When considering risk in this area, it is important to consider the level of harm that might occur in the event of an adverse incident as well as the likelihood of such an adverse incident occurring. | or risk of potential harm, to the public. The GOC encourages the sector to provide evidence of harm caused by illegal online supply as part of our call for evidence and explain how the evidence base necessitates additional offences and enforcement powers in order for the GOC to protect the public. |
| AOP (can publish response) | The GOC's illegal practice strategy Illegal practice can lead to a range of risks of harm for patients, undermine professional regulation and lead to reputational damage for the optical professions. The GOC therefore has a vital role of public protection to minimise these risks by taking action when breaches of the Opticians Act could lead to harms. The AOP has engaged regularly with the GOC about its approach to tackling illegal practice and its protocol for prosecutions in recent years. Our public position statement on illegal practice and evidence to the GOC's illegal practice strategy review set out our longstanding concerns about the GOC's current approach and the changes we want to see, as well as the range of risks of harm that illegal and unsafe practice can lead to. The AOP conducted insight research alongside its campaign on buying contact lenses online in October 2021 that emphasises the urgency of tackling illegal practice. Of 1000 UK optometrists: • 62% said they'd seen evidence that more patients are buying contact lenses or spectacles | Thank you for your comments.<br><br>The GOC's remit regarding illegal practice relates only to conduct that amounts to a criminal offence under Part IV of the Act.<br><br>As stated above, an extension of our remit through legislative reform will require a clear evidence base linking illegal online supply and risk of harm, or risk of potential harm, to the public. The GOC encourages the sector to provide evidence of harm caused by illegal online supply as part of our call for evidence and explain how the |

| Individual/org | Comment | GOC response |
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| | online since the pandemic. • Over half (55%) of AOP members report seeing evidence that the law is being broken by suppliers. General population research (2000 UK adults): • Just under half (45%) of contact lens wearers are unaware that some online suppliers of contact lenses do not comply with UK safety regulations, rising to 55% of women and 78% of over 55-year olds. • Over one in ten UK adults bought contact lenses during lockdown (13%) and after lockdown restrictions were eased (13%). • Two-thirds (67%) who purchased contact lenses online experienced an issue with these lenses. Nearly one in five (18%) had experienced eye irritation or a poor fitting with these lenses. Another 17% reported that the lenses they bought online had led to permanent eye damage and 15% said they had a painful eye condition that required urgent treatment. We support the GOC's intention set out in the consultation paper (para 1.5) to move from a reactive approach to tackling illegal practice to one that links more closely with its responsibility for public protection and enhancing public and sector awareness of its remit. We also agree that greater collaborative working is needed for this approach, with the optical sector, with registrants and with online platforms and enforcement bodies. However, as we have explained in our answers to question 2 and 4 the GOC also needs to do more to explain its remit, engage with the sector and raise awareness of risks of harm to fulfil its public protection objective. AOP Position statement: https://www.aop.org.uk/our-voice/policy/position-statements/2016/01/28/illegal-practice AOP response to previous GOC survey: https://www.aop.org.uk/our-voice/policy/consultations/2021/06/17/response-to-a-goc-stakeholder-survey-on-illegal-practice Legislative reform to meet future risks to public protection We believe the GOC needs an improved set of tools and remit | evidence base necessitates additional offences and enforcement powers in order for the GOC to protect the public. |

| Individual/org | Comment | GOC response |
|---|---|---|
| | to tackle illegal and unsafe optical. In our response to the Government commissioned KPMG survey on healthcare regulation in September 2021 we explained that the GOC should be supported in taking agile action against illegal practice to meet its responsibility for public protection. This should include an evolved regulatory remit from Government to allow the GOC to meet the increasing challenges of healthcare in the forum of products and services being marketed online, facilitated by improvements in technology and artificial intelligence The two main future risk areas of harm to patients and the public will be: • The growing online sales of optical products. • The emergence of unregulated online refraction and optical services. It is therefore vital that the GOC's rules set out in legislation allow it to tackle these threats to public protection. The current Government plans to reform healthcare regulation and its engagement with individual regulators about their underlying rules provides a useful opportunity to achieve this. This should also be used as an opportunity to clarify areas of the Opticians Act, such relating to contact lens substitution, which are differentially interpreted to ensure that they protect the public. Our view, set our in our position statement, is that substitution must involve input from a registrant and be in the clinical interests of the patient. We will further set out our views about this in the upcoming GOC consultation that will inform its engagement with the Department for Health and Social and Care about its rules and underlying legislation. AOP response to KPMG survey: https://www.aop.org.uk/our-voice/policy/consultations/2021/09/24/response-to-the-review-of-professional-regulators-stakeholder-survey AOP CL substation position | |

| Individual/org | Comment | GOC response |
|---|---|---|
| | statement: https://www.aop.org.uk/our-voice/policy/position-statements/2018/11/16/contact-lens-substitution | |
| FODO (can publish response) | Without the context of a wider strategy, the protocol, although informative to the sector, will also send a clear signal to committed law evaders that there is, in reality, very little likelihood of the GOC taking a prosecution against them. The accompanying impact assessment seems to be an internally focused GOC management tool and makes no assessment of the protocol's anticipated benefit for legal operators or impact on reducing illegal practice. | Thank you for your comment. As mentioned above, we recognise that the protocol is not, of itself, a strategy and we have developed objectives to form the basis of our approach to illegal practice which flow from the Professional Standards Authority (PSA) standard 12, against which our approach to illegal practice is measured.<br><br>As part of our ongoing approach to illegal practice, we are working with online platforms to raise awareness of our legislation and include relevant sections of the Act on sales information pages so that users are aware of the legislation that must be complied with. |

# Illegal Practice Protocol

## May 2022

| | |
|---|---|
| **Status of document** | Final |
| **Effective date** | |
| **Updated date** | |
| **Owner** | Dionne Spence |
| **Author** | Claire Bond |
| **Date of next review** | |

# Contents

## 1. About us

1.1 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.

1.2 We have four core functions:

1.2.1 setting standards for optical education and training, performance and conduct;
1.2.2 approving qualifications leading to registration;
1.2.3 maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
1.2.4 investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

1.3 Our overarching objective is the protection of the public. Although not a specific statutory duty, we may act on reports about alleged illegal optical practice when necessary to protect the public.

## 2. Purpose of this document

2.1 The purpose of this document is to provide guidance on when we will open an investigation into a report about alleged illegal optical practice and when we will consider bringing a private prosecution.

2.2 We will consider opening an investigation only if the alleged activity may amount to an offence under the Part IV of the Opticians Act 1989 (the Act).

2.3 Our illegal practice protocol sets out proportionate measures that the GOC may take, in accordance with our overarching objective and the principles of good regulation, to act against the criminal offences created by the Act.

2.4 Some reports that we receive will be better dealt with by other bodies, including the Advertising Standards Agency (ASA), where the complaint is about advertising. What we cover - ASA | CAP

2.5 And there will be some reports that are more appropriately dealt with by our Fitness to Practise (FtP) procedures: How to raise a concern about an optician | GeneralOpticalCouncil

## 3. Stage 1: assessment

### Acceptance criteria

3.1 The following acceptance criteria are a case management tool used by the GOC to decide whether a report about alleged illegal practice falls within the scope of the criminal offences created by the Act, and what action is necessary to protect the public.

3.2 All reports of alleged illegal practice will be considered on a case-by-case basis. The acceptance criteria are intended as a guide to ensure the GOC is proportionate, targeted and consistent in its approach to illegal practice.

3.3 There are a number of different actions the GOC can take when considering a new report:

3.3.1 close with no further action;
3.3.2 close and refer to another body; or
3.3.3 open an investigation.

3.4 If we are unable to make an assessment about whether to open a case on receipt of the initial information, we will ask for further information to assist with the assessment. A complaint may be closed if we are unable to obtain information to substantiate an investigation into an alleged offence.

3.5 Upon receipt of a report about alleged illegal practice, we will first consider whether the alleged behaviour amounts to an offence under the Part IV of the Act.

3.6 The Act creates criminal offences in relation to:

3.6.1 activities that are restricted to persons registered with the GOC or the General Medical Council; and
3.6.2 titles that are restricted to persons registered with the GOC.

3.7 The Act creates the following criminal offences:

3.7.1 unlawfully conducting sight tests (section 24);
3.7.2 unlawfully fitting contact lenses (section 25);
3.7.3 unlawfully supplying spectacles (section 27);
3.7.4 unlawfully supplying prescription contact lenses (section 27);
3.7.5 unlawfully supplying cosmetic (zero powered) contact lenses (section 27); and

3.7.6 misuse of protected title or misrepresentation of registration status with the GOC (section 28).

3.8 If an assessment of the report leads us to suspect an offence under the Act, we will complete a risk assessment to determine whether there are risks to the public and/or risks to maintaining public confidence in the profession.

3.9 Factors that will indicate a higher risk are:

3.9.1 intent to misuse a protected title;
3.9.2 offences involving vulnerable patients / restricted categories e.g., under 16s, the elderly and sight impaired patients; and
3.9.3 potential for serious harm / actual harm caused because of illegal practice.

3.10 A case plan will be completed by the assessor, which will include the assessment decision, set out the issue(s), alleged offence(s), risk assessment and recommended action. Once the assessment has been completed, the case plan will be referred to a lawyer for review to consider the recommended action and set the direction for an investigation as appropriate.

3.11 The assessor and/or reviewing lawyer will seek advice from the GOC's clinical advisers about clinical risk when necessary.

## Allegations under Part IV of the Act

3.12 All offences under the Act are summary only, which means they can only be tried in a Magistrates' Court. They carry a penalty of an unlimited fine on conviction.

3.13 Each category of offence is summarised below to assist the assessment of whether an offence under the Act is established. It is not intended to be a comprehensive summary of all relevant legislation.

3.14 A lawyer will review each stage of the process to ensure correct application of the legislation.

### a. Carrying out a sight test when not a registered optometrist or medical practitioner (section 24)

3.15 Sight testing can be conducted only by a registered optometrist or registered medical practitioner, with special provision for students.[1]

[1] See rule 3 of the Testing of Sight By Persons Training as Optometrist Rules 1993 which permits student optometrists to test sight under supervision.

3.16 Sight testing is defined in section 36(2) of the Act as "*testing sight with the object of determining whether there is any and, if so, what defect of sight and of correcting, remedying or relieving any such defect of an anatomical or physiological nature by means of an optical appliance prescribed on the basis of the determination*". The Sight Testing Regulations 1989 require the sight test to include (among other matters) "*an examination of the external surface of the eye and its immediate vicinity*" and section 26(2) of the Act requires the issuing of a prescription if appropriate.

### b. Fitting contact lenses when not a registered optometrist, dispensing optician or medical practitioner (section 25)

3.17 Contact lenses can be fitted only by a registered dispensing optician, registered optometrist or registered medical practitioner (section 25(1)), with special provision for students.

3.18 Fitting must begin before the re-examination date specified in a valid spectacles prescription (dated less than two years ago) (section 25(1A)(b)).

### c. Illegal spectacles sales (section 27 of the Act and articles 2 and 3 Sale of Optical Appliances Order)

3.19 Illegal spectacles sales are split into four categories.

*i. Restricted categories*

3.20 If the user is:

3.20.1 under 16 years of age; or
3.20.2 registered sight impaired / severely sight impaired

spectacles can be sold only by or under the supervision of a registered dispensing optician, registered optometrist or registered medical practitioner.

3.21 Case law requires that the supervisor must be on the premises at the time of the sale and in a position to intervene and use their professional judgement as a clinician in the patient's interests.

*ii. "Ready reader" spectacles*

3.22 Ready reader spectacles are defined by section 27(2)(a) of the Act as spectacles to remedy near sight defects with single vision lenses of equal spherical power between 0 and +4 dioptres.

3.23 Ready readers may be sold by a non-registrant without clinical supervision for alleviating presbyopia (age-related long sightedness), as long as the intended

user is not aged under 16 or registered sight impaired or severely sight impaired.

*iii. Prescription spectacles outside above categories*

3.24 Otherwise, anyone can sell spectacles in accordance with a prescription issued within two years provided the user is not aged under 16 or registered sight impaired subject to the additional requirements set out in article 3(3) of the Order.

### d. Prescription contact lenses sales (section 27)

3.25 Prescription contact lenses can be sold only to someone with a valid in-date contact lens specification.

3.26 They can be sold by or under the **supervision** of a registered dispensing optician, registered optometrist or registered medical practitioner. **Or**, under the **general direction** of a registered dispensing optician, registered optometrist or registered medical practitioner, if the supplier receives the original specification or verifies the specification with the prescriber.

3.27 If the user is under 16 years or registered sight impaired / severely sight impaired, prescription lenses can be sold only by, or under the supervision of a registered dispensing optician, registered optometrist or registered medical practitioner, to someone with a valid in-date specification.

### e. Zero powered contact lenses sales (section 27)

3.28 Zero powered contact lenses can be sold only by, or under the **supervision** of a registered dispensing optician, registered optometrist or registered medical practitioner (section 27 (1)(b)).

3.29 Case law requires that the supervisor must be on the premises at the time of the sale and in a position to intervene and use their professional judgement as a clinician in the patient's interests.

### f. Misuse of a protected title / misrepresentation of registration status (section 28)

3.30 A business or individual not registered with the GOC cannot claim or imply to be registered with the GOC.

3.31 An unregistered individual cannot use the titles: "optometrist", "dispensing optician" or "registered optometrist".

3.32 An individual cannot pretend to be a student registrant when they are not GOC registered.

3.33 An individual cannot pretend to have a speciality or proficiency which qualifies for entry in the appropriate register when they have no such registration.

3.34 An unregistered business cannot use the titles: “ophthalmic optician”, “optometrist”, “dispensing optician”, or “registered optician”.

3.35 Unregistered businesses and individuals cannot use the title “optician” unless nobody could reasonably think that they are registered with the GOC.

## Assessment decision

3.36 <u>If an offence suspected:</u>

- 3.36.1 Complete stage 1 case plan including risk assessment.
- 3.36.2 In some cases, it may be appropriate to consider case closure at stage 1, for example, inadvertent misuse of title due to forgetting to retain registration at end of retention period, or, illegal sales on Amazon, Facebook, Instagram, Google, TikTok – report to point of contact for removal.
- 3.36.3 Cases involving illegal sales of contact lenses and spectacles (online and/or physical sales) may be most effectively dealt with by Trading Standards given their range of statutory powers. We will close our case once a referral to Trading Standards has been made and ask to be notified of the outcome.
- 3.36.4 Any case referred to a third party may be re-opened if the third party does not act and the statutory time limit for bringing a prosecution for a summary only offence has not expired.[2]
- 3.36.5 If concern against non-UK business or individual and cannot be referred elsewhere, close as outside jurisdiction of UK courts.
- 3.36.6 If risk warrants further investigation, complete case plan and refer to a lawyer for review.

3.37 <u>If no offence, consider if matter can be referred internally / externally:</u>

- 3.37.1 Reputational concerns for GOC / optical sector and consequential risk to public safety e.g. inaccurate article in the press. Close and refer to GOC Communications team.
- 3.37.2 Concern about advertising. Close and refer to Advertising Standards Agency.
- 3.37.3 Fitness to practise concern. Close and refer to FtP team.

[2] See section 127 Magistrates’ Courts Act 1980

## 4. Stage 2: investigation

4.1 We will investigate allegations by gathering evidence following the steps below:

4.1.1 initial contact to gather evidence of alleged offence (may be satisfied by initial report / may be appropriate to proceed straight to investigation in clear high-risk cases);
4.1.2 case specific research / enquiries as necessary;
4.1.3 cease and desist letter if alleged offence continuing and supported by evidence; and
4.1.4 test purchase following cease and desist letter in cases involving illegal supply of spectacles and/or contact lenses where the evidential and public interest tests are met (see stage 3).

4.2 Reasons for carrying out a test purchase should be stated on the case plan and approved by a lawyer.

4.3 The test purchase must be documented in a witness statement and the test purchaser must be willing to give evidence in the Magistrates' Court if necessary.

4.4 Following the investigation, the investigating officer will update the case plan to include findings and recommendation on next steps for review by a lawyer.

## 5. Stage 3: decision on prosecution

5.1 Having regard to the evidence and our overriding objective, we will decide whether to:

5.1.1 take no action (for example, if there is insufficient evidence to establish a criminal offence under Part IV of the Act);
5.1.2 obtain an undertaking or take other informal action;
5.1.3 refer the matter to our FtP team, another regulator, Trading Standards, online platform takedown team or the police; or
5.1.4 recommend a private prosecution (in England and Wales or Northern Ireland) or refer the matter to the Crown Office and Procurator Fiscal Service (in Scotland)

5.2 We will generally only consider bringing a prosecution in cases where one or more of the following factors are present:
5.2.1 intent;

5.2.2 offences involving vulnerable patients / restricted categories under the Act;
5.2.3 actual harm or significant risk of harm;
5.2.4 significant reputational damage to the profession; and
5.2.5 repeat offending.

5.3 The Registrar will determine whether to bring a private prosecution following a recommendation from the Director of Regulatory Operations. The decision on prosecution may be reserved for Council at the Registrar's discretion.

5.4 The Registrar must have regard to the GOC's overriding objective of protecting, promoting and maintaining the health and safety of the public. This might result in the Registrar deciding that the GOC should not issue proceedings even where the allegations are serious or sensitive.

5.5 Two tests must be applied when deciding whether to bring a prosecution: the evidential test and the public interest test.

*The evidential test*

5.6 The Registrar may determine to issue criminal proceedings only where there is sufficient evidence for a realistic prospect of conviction against at least one defendant on one charge.

5.7 In assessing the evidence, the Registrar must have regard to the following factors:
5.7.1 whether it is more likely than not that a properly directed tribunal will be satisfied to the criminal standard of proof (satisfied so as to be sure) that the defendant committed the alleged offence;
5.7.2 what the defendant's potential defences might be, whether general or specific, and how these defences might affect the prospect of conviction;
5.7.3 any potential for any of the evidence to be excluded by the court, whether on the grounds of technical inadmissibility or on legal grounds, including abuse of process or breach of the Human Rights Act 1998;
5.7.4 the reliability of the evidence, including the credibility of the witnesses and any conflict in the evidence; and
5.7.5 the possibility of any further evidence becoming available.

*The public interest test*

5.8 Even where there is sufficient evidence for a realistic prospect of conviction, the Registrar may not issue proceedings unless the public interest requires a prosecution.

5.9 The question for the Registrar is whether a prosecution is necessary to serve the interests of the public, not whether a prosecution would serve the interests of the optical sector or other professions. In considering this issue, the Registrar must have regard to all the circumstances of the case, including details of the alleged offence, the circumstances of the defendant and the impact of the offending behaviour on the health and safety of the public and public confidence in the profession.

5.10 The following is a non-exhaustive list of factors that might be relevant to the public interest:

5.10.1 whether the alleged offending is ongoing or has ceased;

5.10.2 the length of time over which the alleged offending continued;

5.10.3 whether the alleged offence was committed intentionally or as a result of a mistake or misunderstanding;

5.10.4 whether the alleged offending is likely to be continued or repeated;

5.10.5 whether a member of the public was harmed or put at risk of harm by the alleged offending;

5.10.6 whether the person harmed, or put at risk of harm, was vulnerable eg by reason of age or infirmity;

5.10.7 whether a prosecution is likely to have an adverse effect on the victim's physical or mental health;

5.10.8 whether the prosecution is likely to have a significant effect on maintaining public confidence in the profession or in deterring others from committing an offence;

5.10.9 whether the alleged offending involved a breach of trust or abuse of position;

5.10.10 where the alleged offending involved discrimination against a protected characteristic;

5.10.11 whether the defendant has a previous conviction or other adverse finding, including a finding by a regulator;

5.10.12 whether the defendant has breached an undertaking to the GOC or another body, or has declined an opportunity to provide an undertaking;

5.10.13 whether the defendant was warned prior to committing the offence;

5.10.14 whether the defendant is likely to be subject to a regulatory investigation, particularly for similar or related activities, whether by the GOC or another regulator;

5.10.15 whether the defendant is likely to be subject to a separate criminal investigation, whether by the police or another prosecuting agency; and

5.10.16 the likely sanction imposed by the court on conviction.

5.11 The above factors are not of equal importance, and the relative importance of a factor will be determined by the individual circumstances of each case.

5.12 In deciding whether the public interest test has been met, the Registrar must make an overall assessment in the light of all the circumstances. A prosecution might be in the public interest even where there are several factors pointing against a prosecution; similarly, a prosecution might not be required in the public interest even where there are several factors pointing towards prosecution.

## Recording the decision on prosecution

5.13 The Registrar's decision to prosecute must be recorded in writing as soon as possible and must be reported to the GOC's Council at the following Council meeting.

5.14 The Registrar must maintain a list of all decisions and provide copies of the list to the Chair of the Council, the Director of Regulatory Operations and the Director of Corporate Services on request.

## Action following the decision on prosecution

5.15 Following the decision, the Registrar may:

- 5.15.1 write to the defendant, including asking the defendant to cease the alleged activity and desist from continuing or repeating such activity;
- 5.15.2 take other informal action, including asking the defendant for an undertaking;
- 5.15.3 notify the informant (if known) and any other parties of the decision;
- 5.15.4 report the matter to another agency;
- 5.15.5 conduct such further investigation as might be appropriate; and
- 5.15.6 institute a prosecution by laying an information in the Magistrates' court.

## Delegation and consultation

5.16 The Registrar may delegate any or all the above functions to the Director of Regulatory Operations, the Head of Legal and/or such other person as the Registrar considers appropriate.

5.17 The Registrar or delegate, if not legally qualified, must obtain legal advice from an in-house or external lawyer before deciding whether to issue proceedings.

5.18 The Registrar or delegate, whether legally qualified or not, may at any stage consult any additional sources, including obtaining specialist legal and/or clinical advice.

5.19 A decision that might (in the opinion of the decision maker) have significant implications for the GOC, must be made or endorsed by the Registrar and must be notified to the Council Chair as soon as possible.

# Impact Assessment Screening Tool

| | |
|---|---|
| **Name of policy or process:** | Illegal Practice Strategy Review |
| **Purpose of policy or process:** | Update Illegal Practice Protocol |
| **Team/Department:** | Legal |
| **Date:** | 25 May 2022 |
| **Screen undertaken by:** | Claire Bond |
| **Approved by:** | Dionne Spence |
| **Date approved:** | |
| **Instructions:** | • Circle or colour in the current status of the project or policy for each row.<br>• **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column.<br>• This is a live tool, you will be able to update it further as you have completed more actions.<br>• Make sure your selections are accurate at the time of completion.<br>• Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions.<br>• If you think that a full impact assessment is **not** required, put you reasoning in the blank spaces under each section.<br>• You can include comments in the boxes or in the space below.<br>• Submit the completed form to the Compliance Manager for approval. |

| A) Impacts | High Risk | Medium Risk | | Low Risk | ? or N/A |
|---|---|---|---|---|---|
| 1. Reserves | It is likely that reserves may be required | It is possible that reserves may be required | | No impact on the reserves / not used | |
| 2. Budget | No budget has been allocated or agreed, but will be required. | Budget has not been allocated, but is agreed to be transferred shortly | Budget has been allocated, but more may be required (including in future years) | Budget has been allocated and it is unlikely more will be required | N/A |
| 3. Legislation, Guidelines or Regulations | Not sure of the relevant legislation | Aware of all the legislation but not yet included within project/process | Aware of the legislation, it is included in the process/project, but we are not yet compliant | Aware of all the legislation, it is included in the project/process, and we are compliant | |
| 4. Future legislation changes | Legislation is due to be changed within the next 12 months | Legislation is due to be changed within the next 24 months | Legislation may be changed at some point in the near future | There are no plans for legislation to be changed | |
| 5. Reputation & Media | This topic has high media focus at present or in last 12 months | This topic has growing focus in the media in the last 12 months | This topic has little focus in the media in the last 12 months | This topic has very little or no focus in the media in the last 12 months | |
| 6. Resources (people & equipment) | Requires new resource | Likely to complete with current resource, or by sharing resource | Likely to complete with current resource | Able to complete with current resource | |
| 7. Sustainability | Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully | Less than 5 people are aware of the project/process, but it is recorded centrally and fully | More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally | More than 5 people are aware of the process/ project and it is clearly recorded centrally | |
| | No plans are in place for training, and/or no date set for completion of training | Training material not created, but training plan and owner identified and completion dates set | Training material and plan created, owner identified and completion dates set | Training completed and recorded with HR | N/A |
| 8. Communication (Comms) / Raising Awareness | No comms plan is in place, and no owner or timeline identified | External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified | Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified | Both internal and external comms plan is in place and completed, owner and completion dates are identified | |
| | Not sure if needs to be published in Welsh | Must be published in Welsh, Comms Team aware. | | Does not need to be published in Welsh. | |

Please put commentary below about your Impacts ratings above:

**2) Budget**

Implementation of the revised protocol would raise additional cost in cases where a test purchase is deemed necessary. Proof of an illegal sale would be compelling evidence should a prosecution be brought. We think this offers value for money against what is likely to be modest expenditure in persistent / high risk offending cases where the evidential and public interest tests are met.

**5) Reputation and media**

Whilst there is little coverage in the media, illegal practice is an area of great concern to our stakeholders. The review has, on balance, been well received but some stakeholders still think we can do more about non-UK businesses, namely that we should not rule out prosecutions against business based outside of our jurisdiction and online supply more generally in the form of public awareness campaigns. Our response to the consultation makes clear that acting against illegal practice is not part of our core statutory functions and that we have no jurisdiction to act against non-UK businesses.

**8) Communication / Raising Awareness**

The developing approach has been shared with SMT, our defence stakeholder group and our advisory group. A closed consultation was shared with stakeholders to determine the initial sector concerns and we have run a full public consultation.

Our Communications team are aware of the need to publish our response to the consultation and updated illegal practice protocol and have communicated to stakeholders and registrants that both will be presented to the June meeting of Council for approval, and published soon after, subject to Council's approval. A formal communication / raising awareness plan will be developed by the project and Communications teams to coincide with publication of the response to the consultation and launch of the updated protocol.

| B) Information Governance | High Risk | Medium Risk | | Low Risk | ? or N/A |
|---|---|---|---|---|---|
| 1. What data is involved? | Sensitive personal data | Personal data | Private / closed business data | Confidential / open business data | |
| 2. Will the data be anonymised? | No | Sometimes, in shared documents | Yes, immediately, and the original retained | Yes, immediately, and the original deleted. | |
| 3. Will someone be identifiable from the data? | Yes | Yes, but their name is already in the public domain(SMT/Council) | Not from this data alone, but possibly when data is merged with other source | No – all anonymised and cannot be merged with other information | |
| 4. Is **all** of the data collected going to be used? | No, maybe in future | Yes, but this is the first time we collect and use it | Yes, but it hasn't previously been used in full before | Yes, already being used in full | N/A |
| 5. What is the volume of data handled per year? | Large – over 4,000 records | Medium – between 1,000-3,999 records | | Less than 1,000 records | |
| 6. Do you have consent from data subjects? | No | Possibly, it is explained on our website (About Us) | Yes, explicitly obtained, not always recorded | Yes, explicitly obtained and recorded/or part of statutory duty/contractual | |
| 7. Do you know how long the data will be held? | No – it is not yet on retention schedule | Yes – it is on retention schedule | Yes – but it is not on the retention schedule | On retention schedule **and** the relevant employees are aware | |
| 8. Where and in what format would the data be held? (delete as appropriate) | Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop | Paper; Archive room; office storage (locked) | GOC shared drive; personal drive | other IT system (in use); online portal; CRM; Scanned in & held on SharePoint dept folder | |
| 9. Is it on the information asset register? | No | Not yet, I've submitted to Information Asset Owner (IAO) | Yes, but it has not been reviewed by IAO | Yes, and has been reviewed by IAO **and** approved by Gov. dept. | N/A |
| 10. Will data be shared or disclosed with third parties? | Yes, but no agreements are in place | Yes, agreement in place | Possibly under Freedom of Information Act | No, all internal use | |
| 11. Will data be handled by anyone outside the EU? | Yes | - | - | No | |
| 12. Will personal or identifiable data be published? | Yes – not yet approved by Compliance | Yes- been agreed with Compliance | No, personal and identifiable data will be redacted | None - no personal or identifiable data will be published | |

| | | | | | |
|---|---|---|---|---|---|
| 13. Individuals handling the data have been appropriately trained | Some people have never trained by GOC in IG. | All trained in IG but over 12 months ago | | Yes, all trained in IG in the last 12 months | N/A |

| Please put commentary below about reasons for Information Governance ratings: |
|---|
| The protocol relates our overarching objective to protect the public and take proportionate action against illegal optical practice. All data (subject or business) will be collated, used and retained in accordance with current information governance guidance.<br><br>**2 & 3**<br>Sensitive personal data from which defendants can be identified will be held for the purpose of investigating offences under the Opticians Act 1989.<br><br>**10**<br>In relation to the protocol, data will only be shared with third parties for the purpose of investigating / stopping a criminal offence.<br><br>**13**<br>Information governance training is part of an annual rollout and refresh so all staff will have been trained or refreshed within the previous 12 months. |

| C) Human Rights, Equality and Inclusion | High Risk | Medium Risk | Medium Risk | Low Risk | ? or N/A |
|---|---|---|---|---|---|
| Main audience/policy user | Public | | | Registrants, employees or members | |
| Participation in a process<br>(right to be treated fairly, right for freedom of expression) | Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process. | | | No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process. | |
| The policy, process or activity includes decision-making which gives outcomes for individuals<br>(right to a fair trial, right to be treated fairly) | Yes, the decision is made by one person, who may or may not review all cases | Yes, the decision is made by one person, who reviews all cases | Yes, the decision is made by a panel which is randomly selected; which may or may not review all cases. | Yes, the decision is made by a representative panel (specifically selected).<br><br>No, no decisions are required. | |
| | There is limited decision criteria; decisions are made on personal view | There is some set decision criteria; decisions are made on 'case-by-case' consideration. | There is clear decision criteria, but no form to record the decision. | There is clear decision criteria and a form to record the decision. | |
| | There is no internal review or independent appeal process | There is a way to appeal independently, but there is no internal review process. | There is an internal review process, but there is no way to appeal independently | There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed | |
| | The decision-makers have not received EDI & unconscious bias training, and there are no plans for this in the next 3 months. | The decision-makers are due to receive EDI & unconscious bias training in the next 3 months, which is booked. | The decision-makers are not involved before receiving EDI & unconscious bias training. | The decision-makers have received EDI & unconscious bias training within the last 12 months, which is recorded. | |

| | | | | |
|---|---|---|---|---|
| Training for all involved | Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned | Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months. | Over 80% of those involved have received EDI training in the last 12 months, which is recorded. | |
| Alternative forms – electronic / written available? | No alternative formats available – just one option | Yes, primarily internet/computer-based but paper versions can be used | Alternative formats available and users can discuss and complete with the team. | |
| Venue where activity takes place | Building accessibility not considered | Building accessibility sometimes considered | Building accessibility always considered | N/A |
| | Non-accessible building; | Partially accessible buildings; / Accessible buildings, although not all sites have been surveyed | All accessible buildings and sites have been surveyed | N/A |
| Attendance | Short notice of dates/places to attend | Medium notice (5-14 days)of dates/places to attend | Planned well in advance | |
| | Change in arrangements is very often | Change in arrangements is quite often | Change in arrangements is rare | N/A |
| | Only can attend in person | Mostly required to attend in person | Able to attend remotely | N/A |
| | Unequal attendance / involvement of attendees | Unequal attendance/ involvement of attendees, but this is monitored and managed. | Attendance/involvement is equal, and monitored per attendee. | N/A |
| | No religious holidays considered; only Christian holidays considered | Main UK religious holidays considered / Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates. | Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates). | N/A |
| Associated costs | Potential expenses are not included in our expenses policy | Certain people, evidencing their need, can claim for potential expenses, case by case decisions | Most users can claim for potential expenses, and this is included in our | N/A |

| | | | | | |
|---|---|---|---|---|---|
| | | | | expenses policy; freepost available. | |
| Fair for individual's needs | Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors. | Most employees know who to contact with queries about reasonable adjustments | | Contact listed for reasonable adjustment discussion | N/A |
| Consultation and Inclusion | No consultation; consultation with internal employees only | Consultation with employees and members | Consultation with employees, members, and wider groups | Consultation with policy users, employees, members and wider groups. | |

| Please put commentary below for Human Rights, Equalities and Inclusion ratings above: |
|---|
| Decisions will be made on a case-by-case basis in accordance with the assessment criteria and protocol with lawyer oversight.<br><br>Decisions at each stage of the protocol may be judicially reviewed.<br><br>All staff have had training in EDI within the last year. This is renewed annually.<br><br>Attendance only required if proceeds to court hearing.<br><br>We are developing a policy for managing applications for reasonable adjustments and will include a link to that in the final protocol once considered. |

**Policy – Impact Assessment**

Step 1: Scoping the IA

| | |
|---|---|
| **Name of the policy/function:** | Illegal Practice Protocol |
| **Assessor:** | Claire Bond |
| **Date IA started:** | 23.08.21 |
| **Date IA completed:** | 25.05.22 |
| **Date of next IA review:** | |
| **Purpose of IA:** | To assess and mitigate the potential impact of the GOC's revised protocol on illegal optical practice with particular regard to fair process. |
| **Approver:** | Dionne Spence |
| **Date approved:** | |

**Q1. Screening Assessment**

- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:

☐x **Impacts**

☐**x Information Governance (Privacy)**

☐**x Human Rights, Equality & Inclusion**

☐ None have been completed

**Q2. About the policy, process or project**

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

| |
|---|
| **Aims:** To provide clarity internally and externally when we will act against alleged illegal practice and what action will be taken. |
| **Purpose and Outcome:** Updated Illegal Practice Protocol implemented. |
| **Who will benefit:** GOC and external stakeholders and members of the public. |

**Q3. Activities or areas of risk or impact of the policy or process**

- Which aspects/activities of the policy are particularly relevant to impact or risk? At this stage you do not have to list possible impacts, just identify the areas.

| **Activity/Aspect** |
|---|
| • Test purchase |
| • Decision on prosecution |
| • Managing comms with external stakeholders |

**Q4. Gathering the evidence**

- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

| **Available evidence – used to scope and identify impact** |
|---|
| Public consultation in October 2021. |

**Q5. Evidence gaps**

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
    1) Impacts;
    2) Information Governance and Privacy implications; and
    3) Human Rights, Equality and Inclusion implications.

**If yes, note them here:**

| |
|---|
| |

**Q6. Involvement and Consultation**

| **Consultation has taken place, who with, when and how:** |
|---|
| The developing approach has been shared with SMT, our defence stakeholder group and our advisory group. Further, a closed consultation was shared with stakeholder to determine the initial sector concerns. A full consultation ran from October 2021 for a period of 12 weeks. This considered potential impacts of the revised protocol as well as any IG or HRA |
| **Summary of the feedback from consultation:**<br><br>Most respondents felt that there were no aspects of the protocol that could discriminate against individuals with specific characteristics.<br><br>Of the respondents who felt that the protocol could discriminate, under 16s and vulnerable users were identified as stakeholders who could be impacted by the protocol's failure to ensure compliance in the online market, particularly by overseas sellers. The protocol sets out current legislation which offers greater safeguards for restricted categories (under 16s and those registered sight impaired). We are working with online suppliers to ensure awareness of our legislation and notification of the relevant legislation to their customers.<br><br>It was also mentioned that the illegal practice complaint form could be more accessible. We will update the complaint form accordingly and publish it on our website. |

| |
|---|
| **Link to any written record of the consultation to be published alongside this assessment:** not yet published |
| **How engagement with stakeholders will continue:**<br>Through our quarterly Defence stakeholder group meeting and Council updates |

Step 2: Assess impact and opportunity to promote best practice

- Using the evidence you have gathered, what if any impacts can be identified. Please use the table below to document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Use the table below to document your strengthening actions (already in place or those to further explore or complete).

| Activity/ Aspect | Potential/actual Impact | Strengthening actions to remove or reduce impact. For actions, include timeframes. |
|---|---|---|
| Implementation of updated protocol | Improve awareness of legislation in pace to keep the public safe | • Develop comms plan and operational strategy in accordance with illegal practice objectives |

Step 3: Monitoring and review

**Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?**

| |
|---|
| Cessation of offending in 100% of clinical (ie sight testing and contact lens fitting) and individual title misuse cases, 95% within six months of receiving a complaint.<br><br>Registrant survey demonstrates increased awareness of, and confidence in, GOC strategy – as measured against registrant surveys before and after the review<br><br>Positive PSA response to new strategy/ protocol |

Please provide a review date to complete an update on this assessment (three months from initial completion).

**Date:**

# The Clinical and Contextual Risk from Illegal Practice

Report for the General Optical Council
27 July 2021

**Roma Malik**
BSc(Hons) MCOptom Prof Cert Glauc DipTp(IP)

**Denise Voon**
BSc(Hons) Prof Cert Med Ret

# Contents

## 1) Introduction

1.1 The purpose of this report is to describe the background, review process and findings on the risks from illegal optical practice, with particular focus on clinical and contextual risk. It has been undertaken on behalf of the General Optical Council (GOC) as part of a wider review of its approach to illegal optical practice to understand the risk posed to patients, what can be done to raise awareness of these risks and reduce offending.

1.2 In 2013 Europe Economics[1] produced a report on the health risk assessment of illegal optical practice which we will be referring to throughout our report.

1.3 We have defined illegal practice as that which is an offence under Part IV of the Opticians Act 1989 (“the Act”).

1.4 This review has been undertaken by Roma Malik BSc(Hons) MCOptom Prof Cert Glauc DipTp(IP) and Denise Voon BSc(Hons) Prof Cert Med Ret .

## Executive Summary

We have been asked by the GOC to consider whether there is any further evidence in relation to harm arising from illegal practice. In 2013 Europe Economics[2] produced a report on the risks and likelihood of illegal optical practice, which has formed the basis of this report and we have conducted further research into this area of practice paying particular attention to new evidence post 2013.

The key findings from the Europe Economics report were:

1) Adverse events from illegal practice are likely to be at least as harmful as those arising from legal practice.
2) There is little or no evidence to definitively assess the severity of harm from and scale of illegal practice.
3) There are several mitigating factors which may reduce the severity of harm

Legal practice is governed by the Act[3] and the Order[4] and practice that is an offence under Part IV of the Act would constitute illegal practice. The extent, likelihood and risk associated with illegal practice is not well documented however, there are a significant number of concerns raised to the GOC which warrant further research.

We performed a literature search and an extensive stakeholder engagement programme to better form an overall picture of the extent of illegal practice and how it manifests itself in optical practice.

Unfortunately, we were unable to source significant published evidence to demonstrate the scale, likelihood and risk of illegal practice. However, from our research and our experience in the sector we have been able to form an assessment of potential risk to the public from illegal practice.

Our key findings are as follows:

1) While there is little evidence of actual harm from illegal optical practice, the overall likelihood of harm arising from an adverse event was higher than in legal practice, however there is limited data available in this area.

2) Misdiagnosis/mismanagement of ocular disease remains the highest risk for both legal and illegal practice but the likelihood of this adverse effect is higher in illegal practice. 23 reports were received by the GOC regarding the illegal

testing of sight from 2015 to date and 12 of these cases found that no offence was committed and that there was no breach of the Opticians Act 1989 (as amended),

3) The risk from incorrect prescriptions is low and our research has shown that the incidence of incorrect prescriptions is potentially lower than reported due to multiple reasons of intolerance to prescriptions which is the usual indicator of incorrect prescriptions. The risk is heightened in adults at risk and in children with potentially major harm occurring with the latter due to the development of the visual pathway in the early years of life, which can have a long-term impact on children's sight as well as other areas such as education and learning development.

4) The risk of spectacle dispensing is low in legal practice but higher in illegal practice. In particular, multifocal glasses require precise measurements which are less likely to be accurate (or taken at all) with illegal practice.

5) The risk of fitting contact lenses remains low but the risk of adverse events will be higher in illegal practice due the likelihood of lack of adequate training.

6) The risk of not providing adequate advice on aftercare and hygiene is moderate in legal practice but higher in illegal practice. Studies have shown that good compliance reduces the risk of adverse effects from contact lenses and compliance is improved with good information on aftercare and hygiene. The likelihood of good provision of this information is higher in legal practice.

7) The risk of supplying zero-powered contact lenses (ZPLs) is higher in illegal practice compared to legal practice predominantly due to the lack of good advice and aftercare. Adverse effects of legal and illegal practice are dependent on patient compliance which is greatly improved with legal practice due to the increased likelihood of good advice. From 2015 to date, the GOC received the most concerns in illegal practice due to ZPLs (243) most likely due to the illegal supply. Of the 243 cases, 73 resulted in the cessation of activity.

8) The risk of supplying contact lenses is again higher in illegal practice for the same reasons as with ZPLs. However the legislation, as it stands, allows different routes to market which means online suppliers need to comply with UK law if sales are in the UK but there can be an issue enforcing compliance.

9) The risk of misuse of title is unknown but it is thought that risk of misuse of title by an individual is higher than that of a bodies corporate. Although the public perceive the risk as higher in bodies corporate.

**Impact of Covid-19**

The Covid-19 pandemic has impacted greatly on the optical sector. Although it is too early for any meaningful data to be produced, it is likely that consumer habits will have been affected. Patients are likely to move towards online sellers for their glasses and contact lenses, as e-commerce becomes more normal patients are more likely to take a risk with online purchases they may have traditionally been nervous about. This is compounded by the closure of their normal optical practice and may cause a significant shift to online sales.

The scope for illegal practice in online retail is higher than that in the traditional bricks and mortar practices, in particular with the online contact lens sales. Supplying powered or zero-powered contact lenses without a valid prescription occurs if they are supplied from overseas as it is difficult to enforce compliance. It is also likely that the convenience and price of online goods will be a good incentive for patients to continue with their online retailer rather than their normal optical practice even when the restrictions were lifted.

**Impact of Brexit**

The impact of Brexit on the optical sector and the recognition or otherwise of CE marked goods[42], which include contact lenses and spectacles is not fully known. After January 2022, the UK may not recognise the CE mark[42] rather moving to their own UK equivalent which may impact on the supply of medical devices (spectacles and contact lenses) from Europe[5].

As the trade agreements are being finalised, the cost of importing goods from Europe may increase, impacting on the supply of goods from Europe. Although it is likely that the online sellers using this model may source their lenses from other non EU countries. Further research will need to be conducted to fully establish the risk around this.

## 2) Background

2.1 Optometrists and Dispensing Opticians are regulated health professionals and one of the functions of the GOC is to maintain this register and ensure that its registrants adhere to the GOC's Standards of Practice[6].

2.2 Optometrists and Dispensing Opticians must follow the statutory provisions of the Act as well as following the guidance published by the various professional bodies such as the College of Optometrists (CoO), Association on Optometrists (AOP), and the Association of British Dispensing Opticians (ABDO).

2.3 The Act regulates the Sale and Supply of Optical Appliances in Part 4 of the Act and specifically names spectacles and contact lenses as optical appliances.

2.4 The testing of sight is governed by section 24 of the Act and states that subject to the following provisions of this section, a person who is not a registered medical practitioner or registered optometrist shall not test the sight of another person.

2.5 The sale and supply of spectacles is governed in section 27 of the Act and says that the sale and supply of spectacles can only be made by or under the supervision of a registered medical practitioner, optometrist or dispensing optician and can only be fulfilled if a valid specification is provided with the exception of:

a) Single vision spectacles, to persons who have attained 16 years, of the same power that doesn't exceed 4 dioptres and is for the purpose of remedying presbyopia
b) Eye protection which does not exceed 8 dioptres (negative or positive) and only contains single vision lenses.

2.6 The sale and supply of contact lenses is also governed by section 27(1) and says that any contact lens (with the exception of zero-powered lenses) must be prescribed by or under the supervision of a registered medical practitioner, registered optometrist or registered dispensing optician with a contact lens speciality (a contact lens optician) and can only be fulfilled if a valid specification is provided.

**Summary of Offences**

2.7 The Order and the Act sets out several legal requirements, a breach of which could amount to a criminal offence.

In this study we will be focusing on the following offences:

- Unlawfully conducting sight tests
- Unlawfully supplying spectacles
- Unlawfully fitting contact lenses.
- Unlawfully supplying prescription contact lenses.
- Unlawfully supplying zero-powered contact lenses (ZPLs).
- Misuse of protected title.

2.8 The Europe Economics Report 2013[7] highlighted the different risks found in the optical sector, which included:

(a) Clinical risks — risks to patients arising from the nature of diseases or conditions, and the associated consequences.

(b) Competency risks — risks resulting from practitioners lacking the necessary skills or knowledge to diagnose and manage diseases and conditions, or to use appropriate equipment.

(c) Conduct risks — risks stemming from the behaviour of practitioners, either through negligence or inappropriate behaviour.

(d) Contextual risks — features of the environment in which a practitioner operates that may increase the scope for risk, or influence the severity or likelihood of clinical and competency risks; for example, isolated practice.

(e) Systems risks — risks arising from inadequate systems, such as the absence of checks and inspections or poorly managed businesses.

2.8 This report will mainly focus on the clinical risks arising from illegal practice but also explore whether there are other risks associated with illegal practice and, in particular, contextual and systems risks.

2.9 The report predominantly focuses on the scope of practice of optometrists as opposed to dispensing opticians (with the exception of dispensing opticians with a

contact lens speciality i.e. contact lens opticians). Our research did not uncover any particular concerns of risk relating to illegal practice by dispensing opticians.

## 3) Research Method

3.1 Research for this report involved a literature review, analysis of available data and discussions with the optical community and relevant stakeholders.

3.2 The literature review included the analysis of academic papers and articles gathered from medical journals and databases, publications from professional and educational bodies, and any other relevant sources such as legislation and information from appropriate websites in the optical sector. Relevant articles were identified through a comprehensive keyword search and through our interaction with stakeholders.

3.3 A range of stakeholders in the optical profession were contacted including:

(a) Academics including educational institutions in England, Scotland, Wales and Northern Ireland
(b) Hospital optometry and ophthalmology departments
(b) Professional bodies for both optometrists and dispensing opticians;
(c) Contracting bodies such as NHS England;
(d) Recipients of complaints, for example the GOC Fitness to Practise team and the OCCS;
(e) Educational and examining bodies such as the College of Optometrists and the Royal College of Ophthalmologists; and
(f) Optometry Scotland and Optometry Wales

A total of 35 stakeholders were contacted via email including BCLA, ACLM, FMO, AOP, ABDO, FODO, AIO and OCCS to obtain as broad a view from the optical sector as possible. In the event of no response a second follow up email was sent one week later. Stakeholders were given a period of 30 days to respond and failure to respond was taken as confirmation of the recipient being unable/unwilling to participate in the review. Out of the 35 stakeholders who were contacted, 16 participated.

In addition to an email requesting any relevant published literature or data, meetings were arranged with some of the stakeholders to discuss the review further and to explore any evidence they had in more detail. This included discussions with some of the professional and industry bodies and the GOC's illegal practice team.

3.4 We have based our analysis on published evidence where possible. Where we were unable to do this, we have used information gathered from our discussions with professional and industry bodies and our knowledge from working in the sector.

3.5 Due to the limitations of the data available we developed a systematic classification of the types of illegal optical practice and used the information gathered from discussions with stakeholders about the risks associated with each area of illegal practice, factors influencing these risks and the likelihood of adverse events occurring as a result of illegal optical practice.

3.6 This approach, combined with the evidence on risks (actual and perceived) in legal practice enabled us to assess the potential severity and likelihood of the risks associated with illegal practice. As a result of the limited data available, in some areas our analysis focuses on *potential* risks rather than *actual* risks.

3.7 This approach will provide insight to the GOC in relation to the areas of illegal practice that are likely to pose the greatest risk to the public. This in turn will help the GOC to determine what actions they can take as a regulator to prevent illegal optical practice and ensure their strategy reflects current and emerging risks.

3.8 The relevant legislation was reviewed, and illegal practice was identified and defined. Illegal practice was separated into the following categories:

i) Illegal practice relating to the provision of sight tests
ii) Illegal practice relating to the sale and supply of spectacles
iii) Illegal practice relating to the fitting of contact lenses
iv) Illegal practice relating to the sale and supply of contact lenses
v) Illegal practice relating to the sale and supply of zero-powered contact lenses
vi) Misuse of protected title

## 4) Results of the Research

4.1 We found limited data is available across the sector and only a small part of the evidence base relates directly to illegal practice. The reasons for the limited data available include: patients not presenting to optical practices having received their spectacles or contact lenses via illegal practice; practitioners not routinely asking or recording episodes of illegal supply encountered in practice; a lack of audit data; and limitations of the Yellow Card Scheme.

4.2 This report focuses mostly on the clinical risks resulting from illegal practice i.e. risks to patients arising from illegal practice which results in harm to the patient, such as, a reduction in visual acuity (VA). Other risks are also considered, where relevant, and the impact illegal practice has on them.

4.3 When assessing harm to a patient from an adverse event, we were guided by the Royal College of Ophthalmologists table on 'Measuring Levels of Harm in an Ophthalmic Setting'[8] to categorise the severity of the adverse event[1]. Harm is an essential measure for assessing risk and this guide was written for use for ophthalmic patients. More generic measures of harm will list mortality as the main indicator for higher levels of harm which can preclude ophthalmic patients from these categories.

| Category of Harm | Example Patient Outcomes |
|---|---|
| Catastrophic | • Registered blind (severely sight impaired)<br>• NPL in both eyes<br>• Removal of both eyes |
| Major | • Best corrected visual acuity in one eye of less than 6/60<br>• An overall visual field deficit of ≥16 decibels<br>• Removal of one eye<br>• Registered sight impaired<br>• Best corrected visual acuity less than 6/18 in both eyes |
| Moderate | • A loss of > 0.2 LogMAR or 2 Snellen lines of visual acuity in best corrected visual acuity score<br>• A deterioration, above expected disease progression, in visual field deviation of ≥3 decibels<br>• Best corrected visual acuity less than 6/18 in one eye<br>• Requirement for additional unplanned treatment<br>• Pain from treatment for a continuous period 28 days<br>• Intractable diplopia requiring coverage of one eye |
| Minor | • A loss of > 0.1 LogMAR or 1 Snellen line in best corrected visual acuity in one eye<br>• Longer healing time than expected from treatment<br>• Pain from treatment for a continuous period < 28 days |

## Unlawfully conducting sight tests

### Sight Tests

4.4 Testing sight can only be performed by a registered optometrist or a registered medical practitioner, with special provision for students.

4.5 A sight test should include[9]:

- An external examination usually by slit lamp or ophthalmoscopy
- An internal examination by direct or indirect ophthalmoscopy
- Any additional examinations that are clinically necessary e.g. visual fields or intraocular pressure
- A written statement confirming:
    - i) that the examinations above have been carried out
    - ii) whether the patient is being referred and if so, the reasons for the referral
- Immediate provision of a signed, written prescription for an optical appliance, or a signed written statement that no optical appliance is required

4.6 Sight tests are usually conducted at least once every two years (the interval is selected based on the patient's clinical needs) and can be private or if a patient is eligible, under the General Ophthalmic Service[10]. The basic sight test for either category should be the same although additional services such as retinal photographs and other optical imaging may incur an additional charge.

4.7 The majority of sight tests will take place in high street practices and patients are not limited to any practice in the way that they would be for a GP.

4.8 There are several conditions which optometrists or medical practitioners will be aware of and are of particular importance as are often detected during a sight test. Optometrists and medical practitioners play an important role in detecting signs of eye conditions before a patient may develop symptoms in some cases, as well as potentially sight threatening conditions. Sight tests also help identify some general health conditions such as high cholesterol, diabetes and high blood pressure. Some of the common conditions detected during sight tests include:

i) Cataract refers to the clouding of the intraocular lens, usually with age but can occur for other reasons such as trauma or following surgery. Patients with cataract often experience a loss in VA, problems with glare and reduced contrast sensitivity.

The treatment of cataract is surgery which removes the patient's clouded intraocular lens and replaces it with an artificial lens.

ii) Glaucoma is a group of eye conditions which can cause damage to the optic nerve head leading to peripheral visual field loss. The risk of glaucoma increases with increased intraocular pressures (IOPs) but glaucoma can also occur at pressures within the normal range. Early detection of glaucoma will improve the prognosis and a practitioner will assess the optic nerve head appearance, an assessment of the visual field and measurement of IOPs. Treatment of glaucoma is by topical eye drops or surgical intervention.

iii) Retinal detachment occurs when the neurosensory retina detaches from its normal position. Patients with retinal detachment usually present (although not always) with classic symptoms of flashing lights, a curtain of floaters and a shadow in the vision and on occasion a reduction in VA. Early detection is vital as retinal detachment is potentially a sight threatening condition which requires surgical intervention.

iv) Age related macular degeneration (AMD). There are two forms of macular degeneration: the dry form and the wet form. Currently, there is no treatment for dry AMD but regular monitoring by an optometrist or medical practitioner is important in case the dry form progresses to wet AMD. Wet AMD is a potentially sight threatening condition which can be treated with intravitreal injections such as Lucentis, Eylea and Beovu. Optometrists and medical practitioners play a vital part in the detection of wet AMD and subsequent urgent referral to the hospital eye service (HES).

v) Tumours can also be detected during a sight test as some tumours can be seen on the retina whilst tumours in the brain can sometimes be detected as they can cause several changes including changes to the optic disc, pupil responses and visual field. Tumours are one of the conditions that carry the most risk in optical practice as they are potentially both sight and life threatening.

4.9 During a sight test, in addition to detecting ocular disease, injury or abnormality to the eye, a refraction to determine the spectacle prescription of the patient will be performed. A distance prescription will be found and where necessary a separate near vision prescription, normally in the case of presbyopia. Presbyopia occurs when the intraocular lens loses its elasticity (usually with age) and a person loses the ability to focus at short distances.

4.10 Refraction can be performed objectively, subjectively or a combination of both and requires good interpretation of the patient, both to direct questioning and observation of their responses.

4.11 Immediately following a sight test, the practitioner must give a signed copy of the prescription found or a statement to say that no prescription was required[11].

**Risks Associated with Illegal Practice relating to the testing of sight**

4.12 From our research, limited data was available on illegal practice relating to the testing of sight. The nature of illegal practice in this area means that it is reliant on reporting either by patients, who are unlikely to be aware of whether practice is illegal, or practitioners who self-declare or report illegal practice they have come across. The GOC confirmed that while they do receive some reports on potential illegal sight testing from registrants and members of the public, these reports do not generally account for a high proportion of illegal practice complaints. Since 2016 of the 23 reports received by the GOC, 14 were reported by members of the public, 6 were reported by registrants and 3 were reported anonymously[12].

4.13 The General Optical Council Annual Report, Annual Fitness to Practice Report and Final Statement for Year Ending March 2020[69] documents the types of complaints investigated over the last 3 years found that in:

- 2017-2018 1 case of a practitioner testing unregistered was investigated making up 0.4% of all investigations
- 2018-2019 0 cases were investigated
- 2019-2020 0 cases were investigated

4.14 The low number of reported cases in this area make it difficult to assess the scale of the risk from unregistered practitioners and the risk from unregistered practitioners will vary depending on the reasons for being erased or suspended from the GOC register.

4.15 The risks associated with illegal practice relating to the testing of sight are likely to be similar to that of legal practice and can be divided into the following:

i) Risks of missed or mismanagement of ocular conditions
ii) Incorrect spectacle prescribing
ii) Trauma or Injury from sight testing equipment

4.15.1 Risks and likelihood of missed or mismanagement of ocular conditions

The risks of missed or mismanagement of ocular conditions will depend on a range of factors including the type of condition and the delay caused by failure to detect

and/or manage the condition. The most common conditions a registered optometrist or registered medical practitioner should be aware of are described below.

4.15.1.1 Registered optometrists and registered practitioners are well placed to detect and manage cataracts. Cataracts are usually slowly progressing and a delay in referral even by several months, does not usually cause any harm to a patient. Furthermore, referral for consideration of surgery will usually be driven by patient symptoms.

4.15.1.2 Glaucoma is a potentially sight threatening disease but in most cases usually slowly progressing. Patients are usually asymptomatic until the later stages of the disease so early detection and referral is needed to avoid sight loss but as the disease progression tends to be slower, the risk of missing glaucoma is moderate as a practitioner may have multiple opportunities to detect the disease without too much harm to the patients.

The exception to this is closed angle glaucoma which causes significant pain and symptoms. In these cases, patients are more likely to present at accident and emergency or eye casualty as opposed to high street practice.

A study conducted in 2006 by Banes et al shows that there was high agreement between optometrists and consultant ophthalmologists in the hospital setting in the clinical decision making of patients with glaucoma[13]. Although this study was based on optometrists who had significant experience in working within a hospital eye service setting, no formal training was provided above the support within the clinic by colleagues. This shows that the core knowledge optometrists gain from their training and continuous education and training can put them in a good position to detect and manage patients presenting in high street practice.

Between 2017 and 2020 an average of 12.3 cases annually were opened for investigation by the GOC relating to glaucoma[14]. This averages 5.7% of the total cases opened during those years. This would indicate that generally the competence of registered optometrists and registered medical practitioners in a high street setting is likely to be good.

4.15.1.3 Retinal detachments are serious and can be potentially sight threatening. Most registered practitioners are able to recognise the classic symptoms of retinal detachments i.e. flashing lights, floaters and a shadow in the vision.

A delay in referral can lead to significantly reduced visual outcomes for a patient which would suggest that the risk in failing to detect retinal detachment is high. A study by Lee et al 2020[15] showed that retinal detachments where the macular is

affected have significantly poorer visual acuity outcomes compared to those where the macular is intact if surgery is not performed within 7 days.

In 2019, NICE found the incidence of retinal detachment to be approximately 10-15 per 100,000 people in the UK[16] and the average number of retinal detachment cases that were investigated between 2017 and 2020 was 10.3 which represented approximately 4.3% of cases investigated in time.

This would suggest that registered practitioners are usually able to adequately detect and manage patients presenting with retinal detachment.

4.15.1.4 Age related macular degeneration is the leading cause of visual impairment in the western world. Delay in treatment and referral for the wet form can lead to irreversible sight loss, ergo the risk from missed pathology is high.

In 2016 the National Institute for Health Research (NIHR) showed that there was not a significant difference between optometrists (with at least 3 years post registration experience but no specific AMD training)[17]. Optometrists were able to correctly identify wet AMD in 84.4% of cases whilst ophthalmologists were able to identify 85.4%. This would suggest that registered optometrists, even without specific training in AMD, were comparable to opthalmologists in detecting AMD.

In addition, the relatively low number of GOC investigations opened for macular degeneration[18], with an average of 6.3 between 2017 and 2020 representing 3% of the investigations during that time point, would further suggest that registered practitioners are able to manage patients with AMD safely.

With the increase in availability of optical imaging such as optical coherence technology (OCT) in high street practice, the risk will be further lowered as this should aid a registered practitioner in detecting AMD.

4.15.1.5 The Europe Economic Health Risk Assessment of Illegal Optical Practice 2013[19] discussed the risk of diabetic retinopathy. Patients with diabetes are managed by the National Diabetic Eye Screening Programme who screen and monitor patients for diabetic retinopathy. Therefore the responsibility for registered optometrists and medical practitioners to detect and manage diabetic retinopathy is reduced and by consequence so is the risk.

4.15.1.6 The risk associated with a failure to detect and manage certain ocular conditions can cause catastrophic harm. Fortunately, the risk for this in registered practice is low and our research found very little evidence to suggest that the unlawful testing of sight is widespread. The most likely cause of risk associated with

missed pathology is failure by a registered practitioner to perform all the necessary tests required in order to detect and manage certain conditions.

**Risks associated with incorrect prescriptions**

4.16 Any change in spectacle prescription, even if small, can cause a patient to be symptomatic. In the majority of cases, these symptoms will resolve when a patient adapts to the new prescription but in some cases, this does not occur and a patient is deemed non tolerant to the spectacles.

4.17 Bist et al 2021[20] reviewed the prevalence and reasons for spectacle non tolerance and found the pooled prevalence for non tolerance was 2.1% (ranging from 1.6% to 3%)[8] and of that 47.4% was due to incorrect prescription but cited other factors were also found; communication error accounted for 16.3%, dispensing errors 13.5%, non-adaptation 9.7%, data entry error 8.7%, binocular vision abnormalities 7.4% and ocular pathology 6.4%.

4.18 This would suggest that although errors in prescription do occur the likelihood is low. Analysis of the GOC illegal practice cases showed that very few cases (an average of 10.6) involving spectacle prescriptions were investigated in 2017-2020. With 8 cases in 2018-2019 and only 1 case in 2019-2020.

4.19 Data obtained from the OCCS (2020-2021)[21] also showed that the total number of complaints received was 1301 and only 146 of these were due to perceived errors in prescription. However, we were unable to find any data in relation to how many of these cases were due to actual errors in prescriptions.

4.20 The risks associated with incorrect prescriptions are also low as in general patients will be symptomatic. The exceptions to this are children and adults at risk who may be less likely to be able to communicate when there is a problem.

4.20.1 Adults at risk wearing an incorrect prescription may have a reduction in visual acuity, headaches and eyestrain. Although we have not been able to source any about the prevalence of incorrect prescriptions in this cohort of patients.

4.20.2 The risk of an incorrect spectacle prescription in children is higher than in adults. An incorrect prescription prescribed during the period where the eyes are developing can cause permanent loss in visual function. In addition, children are less likely than adults to be able to communicate problems with their spectacles and so incorrect prescriptions may go undetected for longer periods of time. However, the risk may be mitigated as children with significant prescriptions and at risk of

amblyopia or squint are often managed in the HES where regular visual acuity checks are performed so any errors in spectacle prescription are likely to be detected.

### Risks associated with trauma from incorrectly used equipment

4.21 There is a small risk of trauma from incorrect use of equipment e.g. corneal abrasion from use of contact tonometry where a probe is placed on the front of the eye. Our research did not uncover any cases of corneal abrasion from contact tonometry.

## Unlawfully supplying spectacles

### Ready Made Spectacles (RMS)

4.22 The sale and supply of spectacles is also governed in section 27 of the Act[22] and says that the sale and supply of spectacles can only be made by or under the supervision of a registered medical practitioner, optometrist or dispensing optician and can only be fulfilled if a valid specification is provided with the exception of:

a) Single vision spectacles, to persons above 16 years, of the same power that doesn't exceed 4 dioptres (D) and is for the purpose of remedying presbyopia
b) Eye protection which does not exceed 8D (negative or positive) and only contains single vision lenses.

4.23 'Ready readers' i.e. single vision spectacles for remedying presbyopia are readily available in different outlets such as opticians, chemists, retail shops and online. These can be recommended to patients by an eye care professional or sometimes patients select RMS themselves by trying them in the shops. Often patients may have a pair of ready readers in addition to their custom made spectacles as they can provide a useful backup to prescription glasses for short term or emergency use.

4.24 Ready readers are not suitable for every patient and should not be used for distance tasks e.g. driving or watching TV. They are also unsuitable for patients with myopia (short-sightedness), significant astigmatism or anisometropia (a difference in

the eyes of over 1D)[1] as they are plus powered lenses and only correct long-sighted prescriptions. In 2015, a study found the prevalence of myopia in Europe was approximately 24.2% and the prevalence for hypermetropia was 34.7%[23]. Significant astigmatism (>1D) was found in approximately 15-25% in young and middle aged patients, rising to 51.1% in patients over 65 years of age. Ready readers will not correct for astigmatism so are not suitable for patients with significant astigmatism and can lead to reduced visual acuity. Between 2-15% of patients have anisometropia, the use of ready readers by anisometropic patients is not ideal as one eye will be corrected inadequately.

4.25 In 2012 The College of Optometrists[24] commissioned research to determine whether the optical quality of near-vision ready-made spectacles (RMS) reaches the quality assurance levels required by the international standard ISO 16034:2002.

“48 percent of the 322 near-vision RMS failed to provide the optical quality required by international standards, with 62% of the +3.50 DS spectacles failing the requirements. This was principally due to a high prevalence of induced horizontal (60%) and vertical (32%) prism beyond the tolerance levels stipulated in ISO 16034:2002. The figures were similar when the more lenient standards used to assess RMS in low-resource countries were used due to RMS centration distances that were too large.”

The study recommended that the range for ready readers was reduced to +1.00D to +2.50D to reduce errors. However, it does not appear that this recommendation was actioned.

4.26 The global ready readers market is growing and currently makes up about a third of the global reading glasses market according to expert market research.

4.27 The main issues relating to ready readers relate to the fact that they have the same spherical prescription in both eyes and do not take into account the pupillary distance or frame fitting.

4.28 The main risk associated with ready made spectacles will be the same as that of incorrect prescriptions.

4.29 Varifocal or progressive lenses provide correction at all distances including intermediate distances and can only be custom made in legal practice. However,

[1] Spectacle prescriptions are measured in dioptres (D), usually in 0.25D steps. In the case of a spherical prescription i.e. no correction for astigmatism the prescription is normally recorded in dioptre sphere (DS)

there is an emerging market for readymade multifocal glasses which are readily available with online retailers, and sold illegally in breach of the Act.

4.30 According to the Act, the supply of spectacles must be conducted by or under the supervision of a registered medical practitioner, registered optometrist or registered dispensing optician if the user is under 16, or registered sight impaired or severely sight impaired.

4.31 For other users, there is an exemption from this requirement and there is no restriction on the supply of spectacles, although there are additional requirements for spectacles with certain prescriptions.

4.32 Spectacles can be purchased from an optical practice or from online retailers which require patients to send a copy or enter their spectacle prescription. A 2018 report from Optometry Today said that the online spectacle market is increasing. 91% of patients purchased their spectacles from an optical practice but the online market had increased to 9% (an increase from 7%) from 2017[25].

4.33 Although it is too early for any meaningful data to be published, it is likely that the online market will continue to grow. The Covid-19 pandemic caused a shift towards the online market as people were encouraged to stay at home. The rise in the adoption of smart devices, discounts and the ability to easily compare prices and different frames has allowed the online retail market to become more accessible and the ability to leave product reviews can reassure patients and encourage them to purchase online[26].

**Risks Associated with unlawfully supplying spectacles**

4.34 Multifocal spectacles require careful measurement of the patient in order for varifocal wear to be successful for patients. These measurements include the pupillary distance, the ‘height’ which is the measurement between the centre of the patient’s pupil and the bottom of the frame and for some premium designs, such as freeform progressive lenses, the back vertex distance and working distance. These measurements can vary significantly between patients choosing the same frame due to how individual facial features may alter the position of the frame on the face. It was found by one lens manufacturer that 70% of non tolerance to varifocals was due to inaccuracies of these measurements.

4.35 The risks of poorly fitting multifocal spectacles or poor lens design are likely to be reduced visual acuity, eyestrain, headaches and possible problems with balance.

4.36 In the case of ready-made multifocals, the known issues with ready readers in conjunction with need for accurate measurements will significantly increase the likelihood of adverse effects.

4.37 The main adverse events which may arise from spectacle dispensing are incorrect prescriptions, incorrect measurements, incorrect lenses or poorly fitting spectacle frames (spectacles must conform to the tolerances set out in the relevant British Standards).[68]

4.38 It has been found that the prevalence of spectacle non tolerance was approximately 2.1%[27]. However, this was based on findings in clinical practice and not related to online sales of spectacles where the risks of incorrect data entry may be increased as patients are required to enter their prescriptions themselves.

4.39 Further research showed that patients preferred spectacles purchased from an optical practice over those bought online[28]. 30% of spectacles purchased online were classed as unacceptable compared to 10% purchased from an optical practice. In addition, 78% of the spectacles perceived as unsafe came from online retailers.

4.40 Although online sale and supply of spectacles to non-restricted categories under the Act fall within legal practice, the onus tends to be on the patient to declare whether they are under 16 years of age, registered sight impaired or severely sight impaired and therefore the scale of illegal practice from online retailers is unknown. However, it is less likely that patients within these categories will purchase their spectacles online so the likelihood of adverse events will be low.

**Contact Lens Fitting**

4.41 Contact lens wear is becoming increasingly popular, and a survey conducted in 2020 showed that approximately 8.5% of the UK and Ireland population were wearing some form of contact lens[29]. In this report we have omitted specialist contact lens wear such as those for keratoconus which would not normally be fitted in community practice. The risks associated with these lenses are different and may skew the results, and are less likely to be associated with illegal practice as they require specialist fitting in most cases. The risks are likely to be higher in that they will be fitted on an already compromised cornea and due to the reliance on contact lenses these patients are likely to be wearing lenses for a longer duration compared to an equivalent contact lens wearer i.e. daily wear lenses).

4.42 There are 2 main types of contact lenses[30]:

i) Soft contact lenses (including daily disposables) make up approximately 90% of wearers
ii) Rigid gas permeable make up approximately 9% of contact lens wearers
iii) Other contact lenses such as hybrids which have a rigid centre with a soft skirt make up the remaining 1%.

4.43 Practitioners who are able to fit contact lenses as defined in Part 4 of the Optician's Act[31]:

> "25. (1) Subject to the following provisions of this section a person who is not a registered medical practitioner or registered optometrist or registered dispensing optician must not fit a contact lens for an individual."

Dispensing opticians need to have completed an additional contact lens speciality and be on the contact lens speciality register in order to be able to fit contact lenses.

4.44 The Act sets out the regulations on and around the fitting and supply of contact lenses:

4.44.1 The fitting of contact lenses is defined as:

> "For the purposes of this section and section 27(3A) below, "fitting" a contact lens means:-
>
> (a) assessing whether a contact lens meets the needs of the individual; and, where appropriate
>
> (b) providing the individual with one or more contact lenses for use during a trial period, and "fit" and "fitted" shall be construed accordingly."

4.45 In normal practice this would mean[32] (with limited exemptions during the Covid-19 Pandemic):

4.45.1 Discussion on the risks and benefits of contact lenses

4.45.2 The advantages and disadvantages of the different contact types and explanation of the most suitable for the patient

4.45.3 The care regime needed for the different lens types including the risks of poor compliance.

4.45.4 Discussion of the costs involved

4.45.5 Checking that the patient has an up to date sight test within two years (or at the recommended interval from the last sight test).

4.45.6 Ascertain relevant medical or ocular history including any eye conditions or previous contact lens wear

4.45.7 Detailed assessment of the anterior eye. A posterior eye assessment in an asymptomatic patient would not usually be carried out at a contact lens fitting or follow up as this would usually be covered in the sight test.

4.45.8 Upon selection of a suitable lens, the practitioner must ensure that the fit of the lens is appropriate which may include but is not limited to a lens which is too tight, has excess movement or an inaccurate prescription.

4.45.9 The practitioner must ensure that the patient is aware of how to insert and remove the lenses, the care regimen, wearing time schedule and what to do in the case of any problems.

4.45.10 On completion of the fitting a practitioner must issue a specification so that a lens can be replicated (unless the patient is deemed unsuitable for contact lenses), information on the care regime and wearing schedule and the expiry date of the specification.

4.46 Once the expiry date has passed, the specification is no longer valid.

4.47 There are a number of adverse effects from contact lens wear which are usually caused by the one of the following reasons[33]:

- Mechanical factors causing irritation or abrasion of the eye or lid due to: lens materials, inappropriate designs, or improper fitting; lens interactions with foreign bodies such as dust or other particulates; and physical forces such as rapid decompression or high G-forces from acceleration;
- Physiological factors, such as the eye's response to reduced ambient oxygen levels at altitude; infection; or chemical exposure, including the preservatives in many lens care solutions;
- Immunological factors, such as allergies, that can result in general lens intolerance;
- Tear film alterations due to the combined action of the lens and environmental factors such as low humidity or high air flow; altering the tear film can disrupt

its normal functions of removing waste products and clearing foreign matter from the eye, lubricating it, and preventing its desiccation.

4.48 Registered practitioners need to be aware of the adverse effects caused by contact lens wear in order to be able to suggest modifications on the fit, contact lens care regime or wearing schedule. The main adverse effects which may occur from contact lens wear are summarised below:

4.48.1 Contact Lens Discomfort

Contact lens discomfort can be characterised as intermittent or persistent adverse ocular sensation relating to contact lens wear. The symptoms can range from mild i.e. sensation of something in the eye to significant which would require removal of lenses to alleviate the symptoms. This is more prevalent in RGP lenses but can occur with soft lenses and can be attributed to:

i) Contact related factors - poor fitting, too long a wearing time, poor compliance with lens care

ii) Environmental factors - ocular surface condition e.g. dry eye, external environment e.g. humidity, wind etc, occupational factors e.g. vdu use and other factor such as systemic disease, age etc

Contact lens discomfort can be managed during the fitting process where contact lens and environmental factors are assessed and appropriate lenses and wearing schedule are recommended based on these results.

4.48.2 Corneal Neovascularisation

Corneal neovascularisation occurs in 1-20% of contact lens wearers. The main cause being poor oxygen transmissibility which can be due to the contact lens material, the prescription of the lenses; myopic and astigmatic lenses can be thicker at the edge which in turn can reduce oxygen transmissibility and improper fitting, where the lens can cause mechanical or hypoxic trauma.

In most cases, changing the contact lens material and fit can lead to improvement of neovascularisation but in severe cases corneal neovascularisation can endanger the survival of a corneal graft or ocular surface health which may require surgical intervention.

4.48.3 Contact Lens Peripheral Ulcer

Contact lens peripheral ulcers present with mild redness and a greyish white lesion in the peripheral cornea. They are caused by bacteria e.g. staphylococcus aureus which enter via a corneal abrasion. They can occur in up to 25% of silicone hydrogel wearing patients without symptoms and usually regress discontinuation of contact lens wear.

4.48.4 Microbial Keratitis

Microbial keratitis describes active inflammation caused by microorganisms such as bacteria, viruses or parasites caused by contact lens wear.

Infection can occur from contamination of the contact lens or contact lens solution or directly through e.g. the insertion of contact lenses with dirty hands. The incidence of microbial keratitis increases with extended wear schedules. Mechanical microtrauma has been associated with silicone hydrogel lenses despite their higher oxygen permeability and the abrasions can lead to increased risk of developing infectious keratitis.

Infectious keratitis can be prevented by a proper lens care regime which must be communicated with the patient at the point of fitting and emphasised at all following contact lens related interactions. In severe cases, corneal perforation, scleritis and endophthalmitis can occur which may require surgical intervention.

4.48.5 Acanthamoeba Keratitis

Acanthoemeba keratitis is a rare but sight threatening infection of the eye which can cause visual impairment. It is caused by a single celled organism called acanthamoeba which is found in bodies of water, soil and the air. Studies have shown that acanthamoeba can be found in concentrations of 59% in tap water in the Canary Isles[34].

In 2015[35,] 119 cases were found of which 86% were contact lens wearers. The majority of these cases were in regular replacement soft contact lenses (see fig 1) and 51.6% reported poor lens hygiene practice (sleeping, showering, over use, reusing non reusable contact lenses).

4.49 Complications are more prevalent in patients with poor compliance. Studies have shown that using a standard scoring method 2% of patients demonstrated good compliance and 0.4% were fully compliant with contact wear and care practices[36].

4.50 Contact lens compliance has not improved over the last 25 years and better patient education is cited as the main factor which may improve contact lens compliance and regularly reiterating good contact lens practice is important to ensure contact lens wearers continue to be compliant with what they have been taught.

4.51 Further investigation shows that contact lens compliance reduces the longer a patient wears contact lenses without issue and where they consider themselves established and experienced wearers. In addition, perceived compliance is not a good indicator of compliance. In one study 86% believed they were compliant with contact lens wear and care practices but actually only 32% were found to show good compliance.

**Contact lens sale and supply**

4.52 Contact lenses can only be supplied legally with a valid contact lens specification.

4.53 Contact lenses can be sold and supplied from an optical practice or an online retailer.

4.54 Contact lens online retailing has been divided into two categories:

1) Online divisions of high street optometrists (the traditional bricks and mortar practices)
2) Solely online providers

4.55 BMG research states that “Online buyers are more likely to be aged between 25 and 44 (67% cf. 53% of in-store buyers), while in-store buyers are more likely to be aged 45 and over (37% cf. 19% of online buyers)[37]”

4.56 When purchasing contact lenses online from some retailers, a copy of a valid contact lens specification is required for a contact lens order. This is in line with the GOC’s regulations and the Act.

**Zero-Powered Contact Lenses**

4.57 Under UK legislation zero-powered contact lenses are regulated in a different way to powered contact lenses. Zero-powered lenses can only be supplied by or under the supervision of a registered optometrist, suitably qualified registered

dispensing optician or registered medical practitioner. Supervision requires the registered person to be present on the premises, aware of the procedure and in a position to intervene if necessary. The seller/supplier must also make arrangements for the wearer to receive aftercare.

4.58 There is no legal requirement to give a patient a written specification after fitting with zero-powered lenses but the College of Optometrists and Association of British Dispensing Opticians have advised their members that it is in the patient's best interest to do so.

4.59 Zero-powered contact lenses can be used:

i) to change the appearance of the colour of the eyes for cosmetic use,

ii) to block out the sight in one eye, in the case of diplopia or intolerable glare,

iii) therapeutic uses to mask injury/scarring etc.

4.60 Whilst the proper use of zero-powered contact lenses would not necessarily increase the risk of adverse events from contact lens use, it is important to note that there are less ZPLs available in the newer materials such as silicone hydrogels compared to powered lenses. However, this is mitigated in part as in most cases ZPLs will be thinner as they do not need to incorporate a prescription and are less likely to be worn for extended periods of time. Although not well documented, the indication of ZPLs are likely to be for specific events such as Halloween or for social use when going out.

4.61 ZPLs differ from powered contact lenses in that patients who purchase ZPLs may not require a spectacle or contact lenses correction so the main driver of cosmetic contact lenses will be to change eye colour. As a result the demographic for ZPLs differs from powered contact lens wearers. According to the BMG research, only 7% of the general public have worn ZPLs but this increases in the age range 25-34 year olds (21%) and those living in London (19%).

**Risks Associated with unlawfully fitting and unlawfully supplying prescription contact lenses**

4.62 The adverse effects from contact lens wear are usually as a result of poor compliance to contact lens care regimes and wearing schedules from patients rather than a direct result from illegal practice. However, compliance improves with regular appointments with a registered practitioner.

4.63 The majority of illegal practice from our research relates to the sale and supply of contact lenses and the ability of patients to obtain lenses without a valid contact lens specification.

4.64 Many online retailers do not require a copy of a contact lens specification and actively demonstrate how to read contact lens specifications from a previous box which could potentially allow patients to purchase contact lenses without a valid specification.

4.65 Online retailers can often bypass the legal requirements in the UK by supplying their lenses from other countries.

4.66 This would be in line with the BMG Contact Lens Survey[38] produced by the GOC in 2015 who said that 64% of patients who purchase their contact lenses online are not frequently asked for their specification, 24% said it was not required and 13% could not recall.

4.67 Of those that did require a specification 66% used the information from their current contact lens specification, 24% from their current packaging, 22% from their spectacle prescription, 9% from their last order, 8% requested the information from their own optometrist whilst 5% guessed what they needed.

4.68 Patients who purchase contact lenses online are also less likely to attend for aftercare appointments which can lead to adverse effects. For example, from our research we found 1 case of a patient failing to attend for regular appointments resulting in 27 contact lenses remaining in her eye without her noticing.[39]

4.69 It appears that a significant number of patients may be obtaining their ZPLs illegally. One study found that 39% of patients bought their lenses from an internet supplier, 34% from a fancy dress/joke shop, 23% from a pharmacy and 12% from hairdressers[40].

4.70 In addition, it was found that 17% of patients who bought ZPLs did not receive any information on how to wear them safely. Patients who bought their lenses from an optical practice were significantly more likely to receive advice on how to wear them safely 95% vs 77% from those who bought from a fancy-dress shop.

4.71 However, there was no comment on the quality of the advice given so although it appears that a significant number of patients still received advice from an illegal source no conclusions can be drawn as to whether this information was suitable or adequate.[41]

4.72 Some online retailers also offer a facility to substitute lenses.

Legal substitution by a registered practitioner when the patient is seen at an aftercare appointment. This can be due to a range of reasons such as cost, availability of newer materials etc. In these cases, multiple follow up appointments may not be needed.

Substitution by a registered practitioner when the patient is not seen at an appointment (i.e. an online supplier adhering to best practice for remote supply). A practitioner would examine the lens specification and select an alternative lens as near as possible to the patient's original specification.

Substitution by a non-practitioner under supervision or general direction of a registered practitioner, this could be an equivalent lens with the same parameters or moving from one type of lens material to another without altering the parameters

Substitution by a non-registered practitioner without supervision or under the general direction of a registered practitioner. For example, certain online retailers allow patients to select their current lens type and an alternative is given, usually at a more favourable price. This would be classified as illegal substitution if this were not done under the general direction of a registered practitioner.

4.73 The risks to the substitution are that the lens may not have been seen on the patient's eye so the fitting of the lens may never have been checked. This can lead to adverse effects such as indentation of the lens on the eye.

## 5) Risk analysis

5.1 This section summarises the main areas of concern from our analysis on the severity and likelihood of an adverse event in illegal practice. It also provides a comparison with the severity and likelihood of an adverse event in legal practice. It is based on the likely scale of illegal practice. However, due to the limited direct evidence available for certain practice areas around the severity and likelihood of an adverse event in illegal practice, our analysis in part reflects potential risks. We have also had to base some of our analysis on published evidence of the risk in legal practice along with our own analysis to draw conclusions on the risks and degree of harm associated with illegal optical practice.

### Sight tests

**Adverse event: The misdiagnosis/mismanagement of an ocular disease or condition by an optometrist.**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | Potentially catastrophic | Potentially catastrophic |
| Likelihood of adverse events | Low | Moderate - High |
| Contextual factors | Patient profiles e.g. age | Patient profile e.g. age |

5.2 The misdiagnosis/mismanagement of an ocular disease or condition by an optometrist could potentially have very serious consequences, including permanent loss of sight, loss of an eye and death in very extreme cases.

**Legal practice:**

5.3 Drawing on the available evidence and from our experience in the sector, the likelihood of such an adverse event occurring in legal practice is low.

5.4 The most likely potential risk is a failure on the part of an optometrist to conduct all of the necessary tests for the detection of a particular ocular disease or condition. However, this potential failure would not necessarily lead to an ocular condition being misdiagnosed/mismanaged.

5.5 The risks for this category of adverse event are mitigated in part by the requirement for all registered optometrists to complete mandatory continuous

education and training (CET). This ensures registrants keep their knowledge and skills up to date which in turn helps them identify and manage ocular conditions appropriately.

5.6 Any risks are further mitigated by the availability of clinical guidance on the diagnosis and management of diseases by professional and educational bodies (i.e. College of Optometrists clinical management guidelines, National Institute of Clinical Excellence (NICE) etc). In addition to national guidance, local guidance on referrals is also readily available. These various sources of information serve as a valuable reference point for optometrists.

5.7 A contextual factor that could heighten the possible risks of an adverse event in this category is patient profiles. In particular age, which can be a risk factor for developing certain ocular conditions/diseases. Due to the ageing population there is likely to be a higher prevalence of certain ocular conditions e.g. glaucoma, AMD etc. This could potentially increase the risk of misdiagnosis. However, this risk is partly mitigated by the provision of NHS funded sight tests for patients in these groups for example, patients over 60 years of age and patients over the age of 40 years with a first degree relative who has been diagnosed with glaucoma.

**Illegal practice:**

5.8 There are different reasons why a practitioner may not be registered and the reason for this will affect the risk. For example, an unregistered practitioner who has been erased or suspended from the register in relation to allegations of impaired fitness to practice will be much higher risk than those who have been erased or suspended for reasons which may not affect their clinical ability e.g failing to renew their retention on time.

5.9 As mentioned earlier, the misdiagnosis/mismanagement of an ocular disease or condition by an optometrist could potentially have very serious consequences, including permanent loss of sight, damage of sight and even death in very extreme cases. Thorough initial training and continuous education and training is important to maintain an adequate ability in recognising and managing disease, therefore a practitioner who has been erased or suspended from the register for impaired fitness to practice will carry a high risk as there is a greater likelihood of an adverse event occurring e.g. failure to detect pathology or mismanagement. Although, the prevalence of this type of practice is likely to be low compared to other forms of illegal practice.

5.10 Since 2015 the GOC received 23 cases of alleged illegal practice relating to sight tests, most are related to providing sight tests whilst unregistered. The main likelihood for risk will stem from inadequately trained and inadequately qualified

practitioners who are not legally entitled to test sight. In these cases, the risk of misdiagnosis or management is likely to be higher.

5.11 If we compare the prevalence of ocular disease and conditions affecting the eye against the number of GOC investigations relating to cases of missed pathology, we can draw the conclusion that the ability of registered optometrists to successfully detect and appropriately manage ocular diseases and conditions affecting the eye is high. However, not all missed pathology would result in a complaint to the GOC (i.e. complaints data would be dependent upon complaints received either from the patient or a concerned ophthalmologist) or a GOC complaint investigation, therefore it is difficult to know the absolute risk of harm.

5.12 Although our research found the potential clinical harm from adverse events arising from illegal practice was in some cases the same as the potential harm related to legal practice. The misdiagnosis/mismanagement of diseases was an exception to this. This is because failure to diagnose and refer in a timescale that does not compromise patient safety is crucial and could be more delayed in illegal practice if the practitioner was inappropriately trained.

5.13 The analysis of our research suggests that the misdiagnosis/mismanagement of ocular diseases carries a high risk of an adverse event, and a moderate-high likelihood of an adverse event occurring under illegal practice.

**Incorrect prescriptions:**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | Minor | Minor |
| Likelihood of adverse events | Low | Moderate - High |
| Contextual factors | Adults will generally detect prescription errors and return to have these corrected. (An exception may be adults at risk).<br><br>Optometrists will generally refer the management of a child patient if it is an area with which they are uncomfortable.<br><br>Continuing guidance and training on the management of children through peer reviewed articles and CET helps keep practitioners' knowledge and skill up-to date. | Adults will generally detect prescription errors and return to have these corrected. (An exception may be adults at risk). |

**Legal practice: Adverse event: Incorrect prescriptions**

5.14 The failure of an optometrist to test a patient's sight adequately, resulting in an incorrect prescription for spectacles or contact lenses can cause non-tolerance. This can have various consequences, depending on the patient profile and the extent of the non-tolerance.

5.15 Spectacles and contact lenses must be made up to the prescribed prescription within a set tolerance. However, some patients can be particularly sensitive to even a small discrepancy in prescription despite it falling within tolerance. It is also possible that a poor fit or user error (on the patient's part) could result in non-tolerance. Further, it is also possible for spectacle intolerances to arise from 'correct'

prescriptions which are not tolerated by the patient and require an adjustment to aid adaptation. Therefore, it is unclear how many spectacle non-tolerances are caused by an optometrist issuing an incorrect prescription.

5.16 Spectacle intolerances are not uncommon and can cause unwanted symptoms i.e. eyestrain, headaches, blurred vision, etc. as well as the inconvenience of returning to the practice for adjustments.

5.17 In adult patients, the severity of harm caused by the adverse event of an incorrect prescription is likely to be low. Spectacle non-tolerances pose a low risk and are unlikely to cause any serious harm in an adult patient as the risk is mitigated by the fact that an adult patient may elect not to wear spectacles which do not provide them with clear vision or that they cannot tolerate. In these cases, a patient is likely to return to their optometrist to rectify the error and therefore, the likelihood of spectacle non-tolerances in adults is relatively low.

5.18 However, this mitigation may not apply to adults at risk of harm (i.e. patients with learning difficulties, elderly patients etc) who may be at an increased risk due to their inability to identify or report the effects of an incorrect prescription.

5.19 In child patients, the potential harm caused by incorrect prescriptions is relatively more serious as it can have a long-term impact on eyesight as well as other areas such as education and learning development. This is supported by several studies which have highlighted the importance of correct spectacle prescriptions for children in the management of conditions such as amblyopia (lazy eye) and strabismus (squint).[64,65,66,67] Children are also at increased risk as they are less likely to identify or report an incorrect prescription. Consequently, any error in prescription may go unnoticed for a longer period of time.

5.20 Our research did not find any conclusive evidence in relation to incorrect prescriptions causing vision complications in children. This suggests that the likelihood of harm occurring in a child patient as a result of an incorrect prescription is unclear. However, based on the available evidence, it is likely to be low (although higher than in adult patients).

5.21 However, child patients within this category are more likely to be managed in the Hospital Eye Service (HES) where the optometrists are likely to have a higher degree of experience and additional competencies than other registered practitioners. In addition, the multi-disciplinary nature of the HES will mean that a child's vision will be checked more regularly and any issues likely to be detected earlier.

5.22 While some community optometrists may be comfortable managing child patients in this category, those who are not are likely to refer the management of the patient to the HES.

5.23 Further, the mandatory CET requirement for registered practitioners offers continuing guidance and training on the management of child patients through peer

reviewed articles and CET. This helps registered practitioners keep their knowledge and skills up-to date.

5.24 It is important to note that the prevalence of prescriber error and non tolerance is low. This is supported by a study by Bist et al (2021) who reviewed the prevalence and reasons for spectacle non tolerance and found the pooled prevalence for non tolerance was 2.1%[52]**.** Non-tolerance to spectacles is not necessarily due to incorrect prescriptions, Elliot and Howell-Duffy (2015) describe the factors that can cause non-tolerance including too large a change from current spectacles and reduction in adaptation with age.[53]

**Illegal practice:**

5.25 The harm from incorrect prescriptions is likely to be greater for children and adults at risk in illegal practice if the extent of prescription errors is greater. Further, the risk could be heightened as practitioners not legally able to test sight are less likely to be adequately trained and therefore less able to address any problems that arise.

5.26 The same applies to illegal practice as in legal practice, in that these patients may be less likely to be able to communicate their symptoms and an incorrect prescription can have a significant impact on a child, particularly in the early years of life during the developmental stage.

**Spectacle Dispensing**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | Minor | Minor |
| Likelihood of adverse events | Low | Moderate - High |
| Contextual factors | Adults will generally detect dispensing errors and return to have these corrected. (An exception may be adults at risk).<br><br>Optometrists will generally refer the management of a child patient if it is an area with which they are uncomfortable.<br><br>Continuing guidance and training on the management of children through peer reviewed articles and CET helps keep practitioners' knowledge and skill up-to date.<br><br>The online supply of spectacles | Adults will generally detect dispensing errors and have these corrected. (An exception may be adults at risk).<br><br>Optometrists will generally refer the management of a child patient if it is an area with which they are uncomfortable.<br><br>The online supply of spectacles |

**Legal practice:**

**Adverse event: use of incorrect lenses or prescriptions, or poorly fitted spectacles** (spectacles must conform to the tolerances set out in the relevant British Standards).[68]

5.27 The harm arising from the use of incorrect lenses or prescriptions, or poorly fitted spectacles will vary according to the patient and lens type.

5.28 In adult patients, the risks related to incorrect spectacle dispensing are similar to spectacle non-tolerances arising from inadequate sight tests. Dispensing errors may be more problematic in adults who require either bi- or multi-focal lenses. We found little evidence on the likelihood of harm occurring as a result of dispensing errors in both adult and child dispensing.

5.29 The contextual factors are similar to those mentioned for non-tolerances arising from incorrect prescriptions. For example, adult patients are likely to identify and report any noticeable dispensing errors, especially with multifocals lenses where a patient should be able to identify immediately on looking upwards (with a possible exception for adults at risk such as those with learning difficulties or the elderly). Most registered practitioners only undertake the management of a child patient if they are comfortable and it is within their area of expertise.

5.30 The online supply of spectacles is another contextual factor. The Covid-19 pandemic has caused a shift in the buying habits of patients as they have been unable to attend their usual practice. The online supply of spectacles can be problematic if complete measurements are not available for the patient, particularly for children given the importance of the fit of spectacles as described above.

**Unlawfully supplying spectacles:**

5.31 From our research, our opinion does not differ significantly from that found in the Europe Economics report (2013) which did not identify any direct evidence relating to the unlawful supply of spectacles. It found the main risk associated with the unlawful supply of spectacles involves unqualified individuals supplying spectacles to children without appropriate supervision. The evidence gathered in their research relating to legal supply highlights the importance of correctly fitting spectacles in correcting visual problems in children and preventing long-term problems e.g. squints and lazy eye. An unregistered practitioner who is untrained, insufficiently qualified or supervised in the case of a pre-registration optometrist who supplies incorrectly fitting spectacles to children (or who is unable to adequately address problems that arise) will increase the risk of long-term problems in susceptible children.[54]

5.32 An untrained and unqualified practitioner is likely to perform less well than a registered optometrist or dispensing optician, and thus the likelihood of an adverse event is likely to be greater under unlawful supply. However, it is not possible to quantify the extent to which this may be so. This is particularly the case as there is a spectrum of risk associated with unregistered practitioners, ranging from relatively high risks of someone with no training or qualification, to relatively low risk of someone just about to qualify and be registered as an optometrist or dispensing optician. Therefore, the level of risk will be influenced by the type of illegal, unregistered practitioner. [54]

5.33 The Europe Economics report 2013 suggests a further area of concern is the extent to which practitioners comply with British Standards.[68] It is part of standard practice to check compliance with these standards before fitting. Unqualified practitioners may not have the necessary training or experience to undertake such checks, which could exacerbate the incidence of spectacle non-tolerances. However, as it is not illegal for unqualified practitioners to supply spectacles (unless to certain patient groups) this issue is not directly relevant to this work.[54]

5.34 The likelihood of adverse events associated with the unlawful supply of bi-and multi-focal lenses is not considered to be high. A key contextual factor that may mitigate any risk is the ability of the wearer in most cases to detect if they are looking through the wrong part of the lens, although this mitigating factor could be reduced in the case of vulnerable adults (i.e. the elderly).[54]

5.35 The main risk associated with the unlawful supply of spectacles involves unqualified individuals supplying spectacles to children without appropriate supervision.This risk could be lowered with the introduction of standardised training for unqualified practitioners across the sector.

**Unlawfully dispensing spectacles to children (not applicable to adults as it is not illegal to dispense to adults)**

5.36 Illegal dispensing of spectacles to children is likely to cause a greater degree of harm than that caused by legal dispensing. The lack of training and continuing education increases the likelihood of an illegal practitioner causing an adverse event. The overall likelihood of this occurring could be relatively high, for example, an optical assistant dispensing in the absence of an appropriate supervisor. The dispensing of spectacles to children generally carries a greater risk than adult dispensing as errors in prescription/dispensing of spectacles/lenses can have a long-term impact on children's sight as well as other areas such as education and learning development.

5.37 Likelihood of an adverse event: Between 5 and 10 % of complaints relating to illegal practice received by the GOC were related to the unlawful supply of spectacles. Whilst complaints data does not necessarily reflect the accurate likelihood of this illegal practice (as complaints can be driven by a number of other factors, such as the ease of identifying the illegal practice and the perceived importance of the illegal practice), this relatively low proportion does not contradict the view of some of the professional bodies that the risks associated with the unlawful supply of spectacles are not widespread. Others, however, do feel that standards with respect to child dispensing are low across the profession, and that optometrists do not always supervise dispensing to children by unregistered individuals, nor is there always a registered dispensing optician present.[54]

5.38 The risk of an incorrect spectacle prescription in children is higher than in adults. As an incorrect prescription prescribed during the period where the eyes are developing can cause permanent loss in visual function. This particularly relates to children under 8 years of age whose eyes are still developing. This risk is partly mitigated in older children whose visual function is more established.

5.39 The online supply of spectacles is another contextual factor. The Covid-19 pandemic has caused a shift in the buying habits of patients as they have been unable to attend their usual practice. The online supply of spectacles can be problematic if complete measurements are not available for the patient, particularly for children given the importance of the fit of spectacles as described above. For example, there is no requirement for the pupillary distance measurement to be on a prescription, and therefore an online supplier may not have access to it.

5.40 Generally remote supply is not considered to be in the best interest of child patients. Although there are some exceptions to this, for example, if a child's spectacles were to break whilst they were away on holiday or isolating due to the Covid-19 pandemic then it would be considered to be in the child's best interest for the dispensing optician or optometrist to send the patient a replacement pair (if they were an existing patient).

**Dispensing Of Multifocal spectacles**

5.41 The degree of harm caused by adverse events related to areas of risk associated with a poor fit, incorrect prescription or an incorrect type of lens will be the same in legal and illegal practice (i.e. if someone falls, how bad the fitting was does not impact upon the harm). The likelihood of an illegal practitioner causing an adverse event is likely to be greater than that in legal practice due to the lack of

training and CET, although this will vary depending on the reason why the practitioner was not able to practice legally. The overall likelihood of this occurring is unknown, but may be driven by similar factors as illegal dispensing to children if conducted under the same circumstances.

5.42 The Europe Economics (2013) report found little feedback was received about the illegal supply of bi- and multi-focal lenses. Their evidence base did not include any studies relating directly to poorly fitted bi-or multifocal spectacles. However, given the importance of wearers being able to see through the correct section of the lens, they suggested unlawful supply poses the potential heightened risk of adverse events in this area (e.g. accidents whilst driving, falls).[54]

5.43 There is an emerging market for readymade multifocal glasses which are readily available with online retailers which are sold in breach of the Act. Varifocal or progressive lenses provide correction at all distances including intermediate distances. Due to the importance of wearers being able to see through the correct section of the lens, the potential risk is the same as the unlawful supply of prescription varifocals. However, it could be argued there could be a greater risk due to the possibility for greater error in prescription and measurement as the wearer selects the lens power themselves.

5.44 The main issues relating to ready-readers relate to the fact that they have the same spherical prescription in both eyes and do not take into account the pupillary distance or frame fitting. The risk associated with ready-made spectacles will be the same as that of incorrect prescriptions. However, part of the risk may be mitigated as they are advertised as spectacles for near vision and are therefore less likely to be worn for distance tasks such as driving.

**Trauma through incorrect use of equipment**

5.45 The harm arising from the incorrect use of equipment is likely to be very low and would be the same in legal and illegal practice. The high levels of training and skill required by registered practitioners as well as the relatively non-invasive nature of the equipment found in the majority of practices mitigates most of the risk of trauma arising from incorrectly used equipment.

5.46 The likelihood of harm occurring in illegal practice may be the same (or lower) than in legal practice if simpler, less damaging, equipment is used. For example, a corneal abrasion caused by contact tonometry vs the slight discomfort caused by shining a light into the eye in ophthalmoscopy. We found there was no clear evidence on the possible risks and likelihood of trauma. Our literature review did not

reveal any direct evidence of adverse events arising from the actions of registered practitioners in these areas. Furthermore, no clear contextual factors were found that may mitigate or heighten the risks of trauma from incorrectly used equipment.

## Unlawfully fitting and supplying contact lenses

### Contact lens fitting

### Adverse event: Incorrect fitting lens

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | too tight fit: minor-moderate<br>too loose fit: minor | too tight fit: minor to moderate<br>too loose fit: minor |
| Likelihood of adverse events | too tight fit: low<br>too loose fit: very low | too tight fit: Unknown - higher than legal. Implied Medium<br><br>too loose fit: Unknown - higher than legal. Implied Medium-low |
| Contextual factors | The continuing education and training (CET) of registered practitioners helps to mitigate the risks associated with legal practice.<br><br>An adults' ability to detect the presence of a poorly fitting contact lenses (in some cases) in part mitigates the risks. | An adults' ability to detect the presence of a poorly fitting contact lenses (in some cases) in part mitigates the risks. |

**Adverse event: Not providing sufficient advice on aftercare and hygiene**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | Moderate | Higher than in legal practice:<br>Moderate to major |
| Likelihood of adverse events | Low | Unknown - higher than in legal practice.<br>Implied Medium |
| Contextual factors | Adequate provision of patient information at the time of fitting | Adequate Provision of patient information at the time of fitting |

5.47 It is important that contact lenses are accurately fitted and assessed to ensure maximum success and minimise any risk of harm. Therefore, a good level of skill and training is essential in fitting contact lenses. Assuming that an illegal practitioner has lower levels of skill and training, they would be more likely to cause an adverse event.

5.48 In the case of a tight fitting lens, some degree of risk may be mitigated due to modern disposable lenses having a higher margin of general fit acceptability. In the case of a loose fitting lens some risks may be mitigated due to the discomfort experienced by the patient that should alert them to the incorrect lens fit.

5.49 The overall likelihood of this occurring is likely to be low, as practitioners with insufficient training are less likely to take on invasive tasks. However, there is limited data on prevalence in this area. The likelihood of harm through a substitute lens is likely to be much higher as many online contact suppliers offer substitute lenses without further examination.

5.50 In their research Europe Economics investigated the likelihood of registered practitioner risk (among registered optometrists and registered opticians) in relation to contact lens fitting, and concluded that this likelihood is very small. In terms of complaints and insurance claims (which are very low in number) the main issues appear to be with patient adherence to hygiene standards, as opposed to any issue with the nature or fitting of the contact lenses. In our updated literature review we have similarly not discovered any clear evidence of registered practitioners failing to provide adequate advice and information to patients. This reiterates the importance of good communication skills and thorough record keeping, as often risks arise when advice about contact lens care is not followed properly, and the registered practitioner needs to be able to prove that such advice was in fact given. This finding is consistent with our research.[54, 55]

5.51 BMG Research for the GOC in 2015 highlighted significant risk factors relating to poor wearer compliance and a detailed socio economic and generational analysis provided excellent data to analyse risk in this area.[56]

5.52 The main contextual factor in relation to contact lens fitting appears to be the provision of patient information with the contact lenses. This has a direct impact on patient behaviour and contact lens compliance (which is likely to be influenced by patient profiles). It is also likely to be influenced by different patient profiles. For example, patients with certain characteristics may be placed at a greater risk of an adverse event or complication, particularly younger wearers of ZPLs who are less likely to be compliant and aware of the adverse effects. In addition, the degree of reiteration of contact lens care information is likely to be less the more established a contact lens wearer, however, although these patients may be more competent they are also at greater risk of poor compliance especially if they have not had any issues with contact lens wear in the past.

5.53 Many of the adverse events are often asymptomatic until the later stages, this can give patients a false sense of security in terms of their eye health which may impact on their compliance as they do not feel they have any reason to modify their behaviours. This can impact the degree and prevalence of harm.

5.54 The implications of harm of a tight and loose fit can vary but generally a tighter fit is likely to carry a slightly greater risk of harm when compared to a loose-fitting lens. Common problems associated with a tight-fitting lens can include increased risk of infection, increased risk of the cornea being starved of oxygen (hypoxia), dryness, indentation/corneal abrasion and difficulty in lens removal. A tight-fitting lens is less likely to be noticed by the patient as it can still feel comfortable. An incorrectly fitting lens must be identified on examination of the external eye. Common problems associated with a loose-fitting lens can include decentration (which may affect the

patient's vision) and the lens falling out. However, loose fitting lenses present less of a risk as they are less likely to go unnoticed by the patient. They tend to move around when the patient blinks and the discomfort caused means patients often report them quickly.

5.55 The adverse events mentioned above are likely to be exacerbated in a rigid gas permeable lens (RGP) fitting as there is less flexibility in RGP when compared to a soft lens.

**Contact lens supply**

**Legal practice**

5.56 The potential risks related to contact lens supply are similar to those for contact lens fitting. Providing insufficient information to patients could increase the likelihood of non-compliant behaviour irrespective of whether a practitioner is registered or unregistered. Given the crucial importance of patient compliance in mitigating the risks of infections and contact lens wear related complications, serious consequences are more likely to occur with poor compliance. Studies on contact lens complications show that in several cases patients were ignorant about preventative measures, hygiene measures and contact lens related complications.

5.57 A failure to provide insufficient advice on aftercare and hygiene at the time of contact lens fitting prevents patients from practicing safe contact lens wear. Patient behaviour has a great bearing on the likelihood of adverse events occurring in contact lens wear. Non-compliance as a result of insufficient information can cause a high degree of harm. In legal practice, the possibility of this occurring as a direct result of registered practitioner negligence is low. However, non-compliance in patients irrespective of advice given by a practitioner is not uncommon.

5.58 Generally, legal online supply will carry similar risks to direct supply. However, the risks may be heightened if online customers are less likely to attend follow-up aftercare appointments. The main contextual factor is provision of patient information, ideally written and verbal, with the lenses and online substitution.

**Illegal practice**

5.59 Should a person undertake the fitting of CLs illegally then the degree of harm from an adverse event has the potential to be higher due to the practitioner possibly failing to detect and provide advice on signs relating to serious adverse ocular

health. This can lead to complications going undetected and therefore treatment can be delayed. There is limited data on the prevalence of adverse events in this area. However, the likelihood of an adverse event is likely to be greater in illegal practice, as we are assuming the practitioner has lower levels of training on the importance of patient information and compliance.

**Zero-powered Contact Lenses (ZPLs)**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | Moderate | Higher than in legal practice:<br>Moderate-Major |
| Likelihood of adverse events | Low-medium | Unknown,<br>likely to be<br>High from our research |
| Contextual factors | Provision of patient information with the lenses | Provision of patient information with the lenses |

5.60 Complications associated with the wear of ZPLs (and powered lenses (PLs)) can include serious corneal ulcers and infections. If left untreated, corneal ulcers can progress rapidly and lead to an internal ocular infection. Serious infections can lead to corneal scarring and vision impairment. In very extreme cases, serious corneal infections can cause blindness and removal of the eye. Other complications associated with ZPLs include conjunctivitis, allergic reactions, corneal oedema, corneal abrasion (caused by poor lens fit or user error during insertion/removal) and reduced vision.

5.61 In legal practice, the adverse events associated with ZPLs are similar to PLs, and are influenced by patient compliance. A possible mitigating factor relating to the wear of ZPLs is that these, by their nature, are generally worn less often and for shorter durations than corrective lenses.[63] This is likely to reduce the risk of infection. ZPLs could carry more or less risk depending on the materials they are made of, although this may not pose a particular problem should appropriate contact lens wear and care regime be put in place.

5.62 Our research found that the incidence of an adverse event occurring is higher where patients demonstrate poor compliance with recommended contact lens wear. We also found that patients demonstrated improved compliance when they were provided with sufficient advice and information.

5.63 However, our research showed that wearers of ZPLs are less likely to show good levels of compliance and with the ease of being able to obtain lenses illegally, without a fitting appointment, may increase this risk further.[57] The risk in this area is due to omni-channel supply chains that fall outside the GOC's regulatory remit - general retailers/internet-supply and a lack of awareness by these vendors as to the requirements for safe CL wear.

5.64 The likelihood of retail staff from certain retailers such as fancy dress shops having adequate optical training is likely to be very low, although there is limited data on the size of the illegal market therefore the risk from this is unknown but likely high. Data provided from the GOC regarding their illegal practice investigations suggests the GOC has never been informed of a registered optometrist, registered dispensing optician or registered medical practitioner overseeing the sale and supply of ZPLs in any UK high-street shop premises.

5.65 The characteristics of ZPLs wearers combined with the probability of no patient information having been provided at the point of supply suggests the likelihood of an adverse event associated with the illegal supply of ZPLs is likely to be high. Although there is limited data in this area, it is reasonable to assume that the overall likelihood of an adverse event from illegal ZPL supply is similar to the likelihood of an adverse event from illegal PL supply.

5.66 Whilst there is some information about the size of the ZPL market i.e. according to the BMG research, only 7% of the general public have ever worn ZPLs but this increases significantly in the age range 25-34 year olds (21%) and those living in London (19%).[58] Since 2015 there have been 243 reports to the GOC in relation to illegal sale and supply from ZPLs but we were unable to find further data on the proportion of ZPL wearers who obtain their lenses via an illegal supply route. In addition, there is limited evidence around the frequency of the occurrence of adverse events amongst ZPL and PL wearers. However, the smaller scale of the ZPL market in comparison to the PL market could mean the number of adverse events is likely to be lower amongst ZPL wearers.

5.67 It should be noted that the majority of the studies and case reports cited in our research are based on small sample sizes and are retrospective i.e. they investigate ZPL wearers who have existing problems. We found there was insufficient data to quantify the absolute likelihood of an adverse event occurring as a result of the

illegal supply of ZPLs (i.e. the likelihood of a wearer being supplied illegally and it results in an adverse event). Our research found that even the studies that suggested the likelihood of an adverse event is greater for ZPL wearers than for PL wearers did not provide an indication of the scale of the problem, particularly in the UK.

5.68 Whilst there are some limitations to the data that is available it allows us to compare and infer the likelihood of adverse events occurring between the legal and illegal supply of contact lenses, in particular ZPLs.

5.69 The main contextual factors here are the provision of sufficient patient information and the characteristics of ZPL wearers. Full compliance with recommended contact lens wear is uncommon, even amongst prescription contact lens wearers who attend regular check-ups with registered practitioners. Research on the characteristics of ZPL wearers suggests they may be less likely to be compliant and adhere to wear and care instructions if they are younger, more risk-loving, and have never attended for an eye examination. These findings would be the same irrespective of whether the user was supplied legally or illegally. Based on the findings, it could be argued whether an increase in legal supply of ZPLs would in fact significantly reduce the associated risks. [59]

5.70 Our research showed ZPLs are more likely to be obtained through alternative channels that do not comply with the Act.[59] Where users are less likely to have been provided with information. We also found evidence that wearers of illegal ZPLs are at a greater risk than wearers of lenses obtained through legal routes.[63]

5.71 Patient compliance and provision of sufficient information (i.e. insertion and removal, how to wear and care for lenses) plays a key role in mitigating some of the risks associated with the illegal supply of ZPLs. It is possible that information may be better received by wearers if delivered through a physical practitioner as they will be able to advise on individual issues or concerns, however, there is little evidence to support this. Due to the absence of data in this area it is difficult to draw any meaningful conclusions about the scale of illegal practice in relation to ZPLs.

**Online Supply**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | Medium-high | Same as other illegal supply of CLs, but *could be* |

| | | |
|---|---|---|
| | | *higher in cases of illegal substitution with the introduction of different lens types.* |
| Likelihood of adverse events | Low-medium | Unknown - higher than in legal practice. Implied Medium-high |

**Legal practice:**

5.72 The manner in which the physical product gets to the wearer does not appear to be the issue. The risks associated with legal online supply are likely to be similar to the risks associated with legal direct supply. However, it is possible the risks may be heightened if online buyers are less likely to attend follow-up checks.

**Substitution:**

5.73 If no information is provided to the patient, the likelihood of harm caused by illegal online supply is likely to be the same as illegal direct supply. However, online substitution could pose a greater risk if lenses of an inferior quality are selected. Risk could be mitigated in part if the wearer has previous knowledge of recommended CL wear.

5.74 The main contextual factor is provision of patient information, ideally written and verbal, with the lenses.

5.75 There are several components of a contact lens specification that can have important implications for a patient's ocular health. For example, the material of the lens (this can affect the transmission of oxygen to the eye and the comfort of the lens on the eye), the shape and size of the lens, features such as UV inhibitors etc. If one of these elements is substituted with an alternative this could increase the risk of incorrect fit and infection. For example, a patient who uses lenses for extended wear and is prescribed a suitable lens by a registered practitioner. If the patient receives a substituted lens which is not intended for this purpose the risk of infection could be high. [50, 51]

5.76 Increasingly the variables affecting the fit and physiological acceptance of a lens are now more to do with the very specific material of the lens as opposed to the

fitting parameters. Again, this would suggest updated legislation may be required to address this evolution in CL fitting. Risks associated with online substitution depend on the type of substitution. For example, substitution performed directly by a trained registrant after careful examination of the specification would carry less of a risk than substitution performed using a general list of equivalent lenses which may provide a lens with similar parameters but one that differs on important elements (i.e. oxygen transmission) and could be unsuitable for the patient. In either case, CL supply where the patient is not present to be fitted with the new lens carries the risk of an incorrect fit.

5.77 There is very little data around the prevalence of harm associated with substitution. Partly because the data is difficult to obtain for example, an online buyer wearing a substituted lens would normally present with a problem to an accident and emergency or eye casualty department in the event of an adverse event, however it is unlikely that an ophthalmologist will ascertain where the patients obtained their lenses from as this is unlikely to affect how they would treat or manage the patients' presenting symptoms. Discussions with hospital departments (Buckinghamshire Healthcare Trust, Moorfields Eye Hospital NHS Foundation Trust and Birmingham and Midland Eye Centre) showed that they did not have any data relating to illegal optical practice. Where data cannot be drilled down to illegal practice, development of a reporting system with questions for patients e.g. where lenses were purchased from, were lenses substituted etc could improve the evidence base in the future.

5.78 There are several studies that demonstrate the differences between various lens types and therefore the implications of substituting different lenses. [50, 51]

5.79 Although we are unable to quantify the risk associated with substitution, these studies are useful in highlighting the differences in lens types and the benefits to patients of wearing the lens they were fitted and prescribed by their registered practitioner. Due to the range of differences between existing lens types and materials, substitution of a lens may lead to a poor outcome for the patient e.g. a poorly fitting lens. It is difficult to determine the likelihood of the risks associated with substitution as the consequences are often only apparent in the long term e.g. neovascularisation. Consequently, it is difficult to attribute these changes as being directly related to substitution.

Further research in this area that would help to move forward analysis of the risks of illegal optical practice and substitution and could be undertaken by the professional bodies, suppliers/manufacturers or academics includes increasing the evidence base in relation to the prevalence of online substitution, the extent to which online substitution of contact lenses results in the provision of sub-optimal lenses and the adverse effects arising from patients wearing suboptimal substituted lenses.

**Illegal Practice:**

5.80 The GOC considered the introduction of a voluntary code of best practice for online supply. The GOC consulted on it in 2015 but it was not workable due to being voluntary and there being no real incentive on retailers to join. European Economics Research in 2013 identified the online supply of Contact Lenses as the highest public health risk in UK optometry. They identified a range of reasons for this including, less compliance and an increased risk of drifting out of mainstream aftercare.[59]

5.81 A GOC Working Group looked into what the GOC could do to minimise this risk. They commissioned BMG Research to undertake a consumer research study to understand more about the behaviour of CL wearers in October 2015 (2043 adults).[60]

5.82 Overall, in terms of where CL wearers purchased their CLs from most frequently, 77% primarily brought in-store and 21% primarily brought online. 64% of wearers who primarily purchased lenses online said that the website they use most frequently does require them to provide their CL specification while 24% said it was not required. The remaining 13% could not recall.[60]

5.83 Of the respondents who said the website they use required details from their contact lens specification, 66% said they actually used the information from their specification in order to complete the purchase. Just under a quarter of respondents used information from their current contact lenses packaging (24%) or from their spectacle prescription (22%). Even fewer (9%) took the details from their last order or contacted their optician to obtain their CL specification (8%). Strikingly, approximately one in twenty said that they guessed what they would need (5%). [60] Although this is likely to continue to be the trend, the shift to online purchasing of contact lenses during the Covid 19 pandemic may make patients more or less likely to ensure they have a valid contact lens specification before ordering online.

5.84 The findings from the BMG commissioned research led to a broader public awareness campaign being commissioned by the GOC regarding the safe use of CLs (‘Love Your Lenses campaign’).

The Professional Standards Authority (PSA) performance review 2017/2018 identified concerns about the GOC’s involvement in this area and argued that the GOC’s statutory remit is to regulate optical professionals and that it is arguably outside the GOC’s statutory remit to run a public health campaign. In addition, the PSA raised concerns about the support of the campaign by some optical businesses registered with the GOC suggesting it may give rise to perceptions that the GOC endorses these businesses or that the support given by the businesses may create a

conflict for the GOC given that it also regulates them and, further, that the GOC is promoting the commercial interests of its registrants with a campaign encouraging the public to use optical professionals.

The GOC disagreed with this view. It believed the campaign accords with its statutory objective to protect, promote and maintain the health and safety of the public, and at the same time enables the GOC to raise awareness of illegal practice and the possible risk this poses to individuals. The GOC informed the PSA that the 'Love Your Lenses' website makes it clear that the GOC does not endorse the optical businesses listed. The GOC's view was that it is important for registrants and businesses to be involved to ensure the messages of the campaign reach the public. The GOC stated that there is a clear evidence base that regular aftercare appointments mitigate the risk of eye infection for contact lens users, and that its campaign is aimed at building awareness of the need for aftercare rather than promoting commercial interests.

The second 'Love Your Lenses' campaign ran from 24-30 March 2018 and raised similar concerns for the PSA to those that were raised in previous reports. The third campaign ran from 23-30 March 2019 with a focus on providing guidance for registrants to improve standards of contact lens aftercare, rather than on providing information directly to contact lens wearers. The GOC has since evaluated the impact of the campaigns and its Council decided in July 2019 not to continue to lead or fund any future 'Love Your Lenses' campaigns. This has now been taken over by the CL industry.

5.85 In general there is very little data about proven safety issues and how many contact lenses come through an illegal route. Further research in this area would help increase the evidence base and provide valuable insight.

**Misuse of protected title**

**Adverse event: Misleading public/undermining trust**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | N/A | Unknown:<br>Implied minor |
| Likelihood of adverse | N/A | Unknown: |

| | | |
|---|---|---|
| events | | Implied<br>low |
| Contextual factors | | **The penalties for breach of this legislation** |

5.86 The Europe Economic report 2013 found the misuse of protected title by an individual poses a more significant risk than the misuse of protected title by a body corporate.[61]

5.87 The main direct risk of the misuse of protected title is that the public would be misled in relation to the individual's registration status, level of training/qualifications and accountability to the regulator. If it was found that a practitioner using a protected title was not registered with the GOC, this could undermine the public's trust in the optical profession and raise concerns around the value of being registered, the value of qualifications and cause possible oversight of registered practitioners. In terms of risk, this could lead to patients placing less value on optical services and eye health checks by registered optometrists and dispensing opticians, potentially missing eye examinations and risking ocular conditions going unnoticed and untreated.

5.88 The harm associated with misleading the public/undermining trust in the profession is likely to be low. However, there is very little data available in this area (in both legal and illegal practice) and the exact likelihood is unknown.

5.89 The propensity for unregistered vendors to use protected titles does manifest itself periodically in OCCS cases where a seemingly legitimate practice is illegally using a protected title. The law is vague on this as it relates to whether the use is misleading. This could be addressed by amending legislation to regulate functions rather than titles or replacing the use of 'misleading' with 'intent to deceive'.

**Indirect risks: Adverse event: unqualified practitioner performing restricted functions of a registrant**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | N/A | Major (but is dependent on<br>the function being |

| | | |
|---|---|---|
| | | undertaken illegally) |
| Likelihood of adverse events | N/A | Unknown.<br>Implied Medium/ Medium-High |
| Contextual factors | N/A | N/A |

5.90 The main indirect risks associated with the misuse of protected titles relate to levels of qualification and training – the less able a practitioner is in their ability to perform restricted functions, the greater the risk to patient health.

5.91 The indirect harm from adverse events relating to the unlawful conducting of restricted functions could be high, depending on the restricted function. For example, a first-year optometry student conducting a full sight test without supervision. Although the combined likelihood is likely to be high the overall likelihood is unknown but not likely to be very high based on complaints.[10]

5.92 As mentioned earlier, our analysis identified the misdiagnosis/mismanagement of ocular diseases as the practice area that carries the greatest risk to the public as well as the reputation of the sector. This therefore also suggests that the misuse of protected title, due to its indirect link to the unlawful conducting of sight tests, is an area of high overall risk.

**Adverse event: Misuse of protected title (Bodies Corporate) Misleading public/trust**

| | Legal Practice | Illegal Practice |
|---|---|---|
| Harm from adverse events | N/A | Negligible |
| Likelihood of adverse events | N/A | Negligible |
| Contextual factors | N/A | N/A |

The Europe Economics research found that the public appear unlikely to place much importance on protected titles for bodies corporate.[61]

**6) Evolving optometric landscape: Online/remote eye examination/Artificial Intelligence**

6.1 From our research we have found different modes of delivering eye care are starting to emerge with the introduction of newer technologies such as remote screening and remote refraction. The GOC needs to be aware of how newer technologies may allow the traditional sight test to be performed and whether the newer methods conform with legislation and the GOC Standards of Practice.

6.2 Advances in technology and AI are transforming the optometric landscape and will no doubt have implications on potential risks in the future. The GOC must consider how it will deal with risks associated with AI, modern internet facilities and advances in equipment. For example, we already have online screening and may not be far from a world of remote fundus imaging and auto refraction with spectacles.

6.3 Although remote screening facilities have several benefits, particularly during Covid-19. The rate at which the availability of remote services has accelerated could heighten any risk of potential harm. Furthermore, the convenience of being screened at home and the patients perception of a comparable service could increase the risks further.

6.4 In the future it is likely that AI and automation will transform modern medicine to help it deal with the pressures of increasing demand and the strain on the healthcare system. As the AI sector in general is not regulated at present, caution must be exercised when considering the extent to which AI should be adopted into the profession. As there is very little data in this area, the likelihood of illegal practice is unknown but could potentially carry a high risk.

6.5 Possible ways to improve the evidence base in this area would include research into the advances in technology and AI implications on potential risks in the future.

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## Glossary

| | |
|---|---|
| **ABDO** | Association of British Dispensing Opticians |
| **ACLM** | Association of Contact Lens Manufacturers |
| **AI** | Artificial intelligence |
| **AIO** | Association for Independent Optometrists and Dispensing Opticians |
| **AMD** | Age related macular degeneration |
| **AOP** | Association of Optometrists |
| **Acanthoemeba keratitis** | An infection of the eye which can cause visual impairment. It is caused by a single celled organism called acanthamoeba which is found in bodies of water, soil and the air. |
| **Anisometropia** | A difference in the eyes of over 1D |
| **Astigmatism** | An imperfection in the eye's cornea or lens caused by a deviation from spherical curvature, which results in distorted images, as light rays are prevented from meeting at a common focus |
| **BCLA** | British Contact Lens Association |
| **BMG Research** | Boston Marketing Group Ltd |
| **CET** | Continuing Education and Training |
| **Cataract** | Clouding of the intraocular lens, usually with age but can occur for other reasons such as trauma or following surgery |
| **CoO** | College of Optometrists |

| | |
|---|---|
| **Contact Lens Peripheral Ulcer** | An inflammatory event associated with colonisation on contact lens surfaces by Gram-positive bacteria. |
| **Contact Tonometry** | A diagnostic test that measures the intraocular pressure (IOP) inside a patient's eyes by direct contact with the ocular surface |
| **Corneal Abrasion** | A superficial scratch on the transparent layer forming the front of the eye (cornea) |
| **Corneal Neovascularisation** | Invasion of new blood vessels into the cornea from the limbus. |
| **D** | Dioptres (Spectacle prescriptions are measured in dioptres, usually in 0.25D steps) |
| **DS** | Dioptre Sphere - In the case of a spherical prescription i.e. no correction for astigmatism the prescription is normally recorded in dioptre sphere |
| **FMO** | Optical Suppliers Association (formerly known as Federation of Manufacturing Opticians) |
| **FODO** | The Association for Eye Care Providers |
| **GOC** | General Optical Council |
| **Glaucoma** | A group of eye conditions which can cause damage to the optic nerve head leading to peripheral visual field loss |
| **Hyperopia** | Long-Sightedness |
| **IOPs** | Intraocular Pressures |
| **Illegal Practice** | That which is an offence under Part IV of the Opticians Act 1989 (as amended) |

| | |
|---|---|
| **Microbial Keratitis** | Active inflammation caused by microorganisms such as bacteria, viruses or parasites caused by contact lens wear |
| **Myopia** | Short-Sightedness |
| **NICE** | National Institute of Clinical Excellence |
| **NIHR** | National Institute for Health Research |
| **OCCS** | Optical Consumer Complaints Service |
| **Ophthalmoscopy** | A test that allows a health professional to see inside the fundus of the eye and related structures using an ophthalmoscope. It is important in determining the health of the retina, optic disc, and vitreous humor. |
| **PSA** | Professional Standards Authority |
| **RMS** | Ready Made Spectacles |
| **Refraction** | An examination that tests an individual's ability to see an object at a specific distance. It is the process by which the power of spectacle lenses or contact lenses is determined during a sight test. This measurement is based on how much the lens of the eye has to bend light rays to process visual stimuli. This is expressed in a measurement of distance and clarity |
| **Retinal Detachment** | When the neurosensory retina detaches from its normal position |
| **The Act** | The Opticians Act 1989 (as amended) |
| **The Order** | The Sale of Optical Appliance Order of Council 1984 |
| **VA** | Visual Acuity |

| | |
|---|---|
| **Varifocals or Progressive Lenses** | Lenses which provide correction at all distances including intermediate distances |
| **ZPLs** | Zero-Powered Contact Lenses |

C19(22)

**COUNCIL**

## Member Fees Policy

**Meeting:** 29 June 2022 **Status:** For approval

**Lead Responsibility:** Andy Spragg, Head of Governance
**Paper Author(s):** Andy Spragg, Head of Governance

## Purpose

1. To consider proposals to update the member fees policy and the 2022/23 fee schedule (effective from 1 April 2022)

## Recommendations

2. Council is asked to**:**
   - **Note** the comments of Remunerations Committee as set out in paragraph nine.
   - **Note the** feedback received from members on the proposed, updated member fees policy and member fee schedule as set out in Annex 3.
   - **Approve** the updated member fees policy and 2022/23 fee schedule (effective from 1 April 2022)
   - **Delegate** to the Chief Executive and Registrar (in consultation with the Chair of the Council) responsibility for making any necessary amendments under section 10.

## Strategic Objective

3. The work to review member fees supports delivery of all strategic objectives, given the oversight role of Council and the fact that members contribute to delivery of all our regulatory functions.

## Background

4. The terms of reference for Remunerations Committee (RemCo) require the Committee to review and recommend to Council fees and expenses to be paid to members.

5. Following the meeting of RemCo on 16 February 2022, Council considered the member fees policy and fee schedule at its meeting on 16th March 2022. At that meeting Council asked RemCo to further consider adjustments to the policy and the schedule, including the merit of continuing with reduced fees for videoconference/teleconference meetings and read across to the member expenses policy.

6. RemCo considered further updates to the policy and fee schedule as well as feedback received from members at its meeting on 16 June 2022, and the Committee now recommends to Council it approves the updated member fees policy attached at annex one and fee schedule attached at annex two.

## Analysis

7. The methodology for the benchmarking is set out in the member fees policy and results of the benchmarking exercise are included as an annex to the policy. The benchmarking data was gathered through an inter-regulatory exercise with other organisations, coordinated by the Nursing and Midwifery Council (NMC). The data was collected in December 2021.

8. Since Council last saw the policy, the member fees policy and fee schedule has been updated as follows:

- Section 4 of the policy now requires the Remuneration Committee to review the policy at least every three years;
- Section 5.1.1 of the policy now aligns the fees offered for two hours or more of development and induction with the fees listed in the fee schedule;
- Section 6 of the policy has been updated to remove the differential fees for teleconference/videoconference and in-person meetings, and the fee schedule updated accordingly;
- Section 9 of the policy has been updated to clarify that fees offered for other activities, if less than a day, are pro-rata the relevant published daily fee; and
- Section 10 of the policy has been updated and the option to be paid fees by invoice removed. All fees will be paid via payroll (with a transitional arrangement being agreed with the Director of Regulatory Operations for those currently being paid by invoice).

9. Feedback was sought from members on the impact of the proposed changes to the policy and fee schedule, and a summary of feedback received is attached as annex three.

10. Upon discussing the feedback received from members, RemCo made the following comments:

- It recommended that, with the agreement of the Director of Regulatory Operations, members who are paid by invoice should be able to do so until the end of their current term of appointment. This

was on the understanding that such an option generated no issues with respect to GOC's compliance with or liabilities arising from the application of IR35 rules;

- Comments regarding the cost-of-living crisis were noted, and RemCo agreed that would bring forward their review of member fees to 2023-24 to ensure member fees kept pace with benchmark data in accordance with the policy; and

- Fees for development and induction rates would be reviewed following the outcome of the planned Governance Review, given that it was anticipated that arrangements for member development and induction may be strengthened as a result of the review.

11. Council is also asked to agree to delegate to the Chief Executive and Registrar any changes to the classification of members or groups that may be necessary following the outcome of a pending appeal that may impact upon the status of a one or more groups of members. The outcome of this review is unlikely to be known until 2023.

## Finance

12. All costs for member fees are met through the relevant department's annual budget. It is not anticipated that the proposed amendments to the policy or backdating the changes to the fee schedule to 1st April 2022 will have a material impact on the 2022/23 budget.

## Risks

13. The risk of not being able to attract and retain members with the required level of skills and experience to undertake the roles is controlled by having clear and transparent member fees and expenses policies. Assurance is provided by reviewing member fees against external benchmarking information. This risk is not high as the members fees specified within the fee schedule are either in line with the median benchmark data or slightly over it.

14. There is a risk that Council, in setting its own fees gives rise to a conflict of interests. This risk is mitigated by Council delegating the review and recommendation of members' fees to the Remuneration Committee, which includes an independent member.

## Equality Impacts

15. Not applicable as no changes are recommended that would directly affect equality. Future consideration should be given to how the Member Fee Policy could impact on recruitment and retention and the Council's commitment to Equality, Diversity and Inclusion (EDI). This will be picked up as part of the next policy review.

## Devolved Nations

16. There are no implications/differences in relation to this paper and the devolved nations.

## Other Impacts

17. There is one impact identified for Hearing Panel Members who are currently paid by invoice and will be moved to payroll because of this policy. This impacts approximately 22 Hearing Panel Members, and the Director of Regulatory Operations will work with those individuals impacted to ensure a transitional arrangement is in place where required.

## Next Steps

18. Assuming Council approves the recommendations, the updated policy and fee schedule will be published on the website and implemented with immediate effect. Increases in member fees, where relevant, will be backdated from 1 April 2022.

Annex 1 – Member fees policy 2022/23

Annex 2 – Member fee schedule 2022/23 (effective from 1 April 2022)

Annex 3 – Feedback from members

# MEMBER FEES POLICY

| | |
|---|---|
| **Status of document:** | Approved |
| **Version:** | V03 |
| **Date first approved:** | 2016 |
| **Date reapproved and updates:** | **TBC June 2022 (subject to approval by GOC Council)**<br>- section 4 of the policy now requires the Remuneration Committee to review the policy at least every three years.<br>- Section 5.1.1 of the policy now aligns the fees offered for two hours or more of development and induction with the fees listed in the fee schedule;<br>- Section 6 of the policy has been updated to remove the differential fees for teleconference/videoconference and in-person meetings, and the fee schedule updated accordingly;<br>- Section 9 of the policy has been updated to clarify that fees offered for other activities, if less than a day, are pro-rata the relevant published daily fee; and<br>- Section 10 of the policy has been updated and the option to be paid fees by invoice removed. All fees will be paid via payroll (with a transitional arrangement being agreed with the Director of Regulatory Operations for those currently being paid by invoice). |
| **Owner:** | Head of Governance |
| **Author:** | Head of Governance |
| **Relevant legislation:** | |
| **Next review date:** | TBC June 2025 |
| **Linked policies:** | Gifts and Hospitality policy<br>Expenses policy |
| **Equality Impact Assessment:** | |
| | Next EIA review date: June 2025 |

## Contents

## 1 Introduction

1.1. This policy outlines how members' fees are set, how fees and expenses are paid, and how and when fees are reviewed, to ensure that members are paid appropriate fees for the work they undertake for the GOC. It also provides guidance on who is entitled to additional fees beyond the fees paid for attending meetings.

1.2. As a registered charity there is a need to ensure that the monies of the charity are only used to further the GOC charitable objects and, in keeping with other public bodies, we are expected to demonstrate best value for money in all that we do.

1.3. In addition, fees paid to Council members (trustees) are subject to review by the Charities Commission.

1.4. Our approach is consistent with our values – acting with integrity, pursuing excellence, respecting other people and ideas, showing empathy, behaving fairly and being agile and responsive to change.

## 2 Purpose

2.1. The purpose of this policy is to ensure that member fees remain current, are fairly applied and are in line with comparable data from similar organisations from within the regulatory and healthcare public body sector.

2.2. This policy also provides information on how fees are reviewed every three years against comparable data and how fees for all members are set at a day rate in line with the median benchmarked fee level.

## 3 Scope

3.1. This policy applies to all our members. This includes members who hold more than one appointment with the GOC (such as being a member of more than one committee). This policy does not apply to GOC employees (such as case examiners) or workers (such as education visitors).

3.2. The payment of additional member fees for member development, induction and training, participating in working groups and/or selection panels, undertaking member performance assessment and other activities only applies to members who are not paid an annual fee. This means that Council members are not paid for any additional activity such as preparation for meetings, induction, training and development, undertaking member performance assessment and performance appraisal activities along with membership on Council committees, working groups and/or selection panels.

## 4 How member fees are set and reviewed

4.1. Member fees will be reviewed at least every three years in accordance with the review method described below. Recommendations for changes to members fees and/or changes to this policy are considered by Remuneration Committee for approval by Council.

4.2. The review will include consideration of the mean time commitment of all members over a three-year timeframe. Where the time commitment for the role may have changed, the views of members will be gathered to inform the analysis of the data collection.

4.3. For roles remunerated by an annual fee the mean time commitment will be calculated to include chairing duties, preparation for and attendance at meetings, induction, training and development, undertaking member performance assessment and performance review activities as well as membership on Council committees, working groups and/or selection panels.

4.4. If there is a reason to change the time commitment of members outside of the review period, for example, because of a change in responsibilities, the Remuneration Committee and Council will take this into account in reviewing whether to change the fee payable.

4.5. Member fees and day rates will be benchmarked against comparable data, which will include data from other healthcare regulators and at least eight non-healthcare public sector bodies, for which comparable fee data is available, as agreed by the Remuneration Committee (see Annex A).

4.6. A median day rate for Council Chair and members is multiplied by the mean annual time commitment to identify an annual fee (and paid on a monthly basis).

4.7. An allowance for the Senior Council member is identified by adding a supplement of £2,500 to the annual fee agreed for Council members (and paid on a monthly basis). The supplement includes payment for undertaking a range of activities as detailed in the role description, including undertaking the performance appraisal of the Chair and chairing committee and other meetings as required.

4.8. The Chair of the Investigation Committee will be paid for each day they work. This includes when they undertake the performance appraisal of Investigation Committee members. Hearing Panel members acting as a Chair of a Fitness to Practice Panel or Registration Appeals Committee will be paid the chair day rate for each day they work. This includes when they undertake the performance reviews of Hearing Panel members.

4.9. A rate for all other members is paid for each day they work, with the exception of their own performance appraisal, which is unpaid.

## 5 Fees for development and induction activity

5.1. For members who are not paid an annual fee, additional fees for development and

induction will be paid for:

5.1.1. attendance at induction sessions lasting longer than two hours which has been arranged by the GOC;

5.1.2. attendance as an observer at GOC meetings/hearings as part of a planned induction; and

5.1.3. attendance for development which is directly related to the role and arranged by the GOC.

5.2. The median day rate for development and induction activity is identified from a benchmark data set (Annex A) which includes other healthcare regulators for which comparable fee data is available.

5.3. We will not pay additional development or induction fees for the following:

5.3.1. attendance at a Council meeting or a committee meeting at which you are not an appointed member (unless it is part of a planned induction (see point 5.1.2 above);

5.3.2. any development which is not directly related to the role and not arranged by the GOC;

5.3.3. attendance at optical conferences or trade exhibitions, consultation events or stakeholder meetings;

5.3.4. development or induction which is delivered in an on-demand or online short course format for less than two hours;

5.3.5. where the member is already being paid for attendance at a meeting on the same day the development or induction was delivered; and

5.3.6. attendance to speak at a GOC meeting, conference or event for the purposes of development or induction, on behalf of the GOC – the payment of speaking fees are dealt with separately in the GOC Gifts and Hospitality policy[2].

## 6 Fees for meetings held by teleconference/ videoconference and in-person

6.1 Member fees for meetings held via teleconference/videoconference or in a hybrid format are paid at the same rate as meetings attended in-person. Members travelling for in-person meetings or to attend hybrid meetings are not paid an additional fee for time spent travelling. GOC will pay any additional travel or subsistence expenses incurred which relate to in person attendance, in accordance with the GOC Expenses Policy.

## 7 Reading Fees

7.1. Hearing Panel and Investigation Committee members required to read papers in excess of 500 pages may be paid an additional reading fee. Payment of additional reading fees will require authorisation by the Director of Regulatory Operations or the Head of Casework Operations and only applies to Hearing Panel or Investigation Committee members.

7.2. Reading and preparation fees for other committee members are included in the fees paid for attending meetings.

## 8 Cancellation Fees

8.1. Hearing Panel members may have a hearing cancelled at short notice. As Hearing Panel members are required to commit to attendance at a hearing which can be a number of days or weeks long, if a hearing is cancelled the following terms will apply:

8.1.1. Half a day fee will be paid for each hearing day cancelled within five calendar days of the scheduled hearing commencement date [capped at seven calendar days];

8.1.2. A full day fee will be paid for events that conclude earlier than anticipated [capped at full fee for day 1-2; half a fee for days 3-5; no fee thereafter];

8.1.3. Half a day fee will be paid for split event days that are within 28 calendar days of an early finish. [no fee thereafter]. Split events are defined as events scheduled over non-consecutive days.

## 9 Fees for other activities

9.1. Members may be asked to undertake other activities for the GOC to discharge the responsibilities of the role they have been appointed to. For example, members may be asked to act as selection panel members for the appointment of other members, undertake a desk-based review, fill another member role on a temporary basis or participate in a Council workshop or working group.

9.2. For members who are not paid an annual fee, fees for such activity will be communicated with the member in advance and if the agreed activity will take less than a day (for example, two hours), the fee paid will be pro-rata the agreed and published daily fee (based on a 7-hour working-day).

## 10 Payment of fees

10.1. Fees will be authorised and paid to members via payroll within six weeks of attendance at a meeting or completion of an activity. Payments are normally made on the last working day of the month. For meetings held after the 20th day of the month payment will be made the following month.

10.2. For member attendance and/or activity which does not relate to a meeting, workshop or hearing (for example, fees paid for sifting and shortlisting of applications or a desk-based review) the fees for such activity will be communicated with the member in advance and if the agreed activity is less than a day, paid pro-rata in accordance with the agreed and published daily fee.

10.3. Once authorised and the agreed activity is completed, the fee will be paid to members via payroll on the next available occasion, normally within six weeks.

## 11 Payment of expenses

11.1. Members are encouraged to use the GOC reception travel and accommodation booking service wherever possible, so that payment for travel and accommodation can be made directly to the provider and benefits of centralised bookings can be realised. Information on how to use this service will be provided on appointment.

11.2. Whilst attendance at such events as listed in 5.3 will not be additionally remunerated, the GOC will pay any authorised additional expenses incurred which relate to attendance as a member, such as travel or subsistence, in accordance with the GOC Expenses Policy

11.3. Expenses booked and paid for by members directly, such as travel, accommodation or subsistence, will be separately reimbursed in accordance with the GOC Expenses Policy, within six weeks of receipt of a valid claim. Claims are normally paid monthly on the last working day of the month. Claims submitted after the 20th day of the month will be reimbursed the following month.

11.4. All expense claims should be submitted using the GOC expenses claim form (available from the GOC Finance Team) and submitted to the GOC Finance Team within two calendar months of attendance or completion of the work, and at the year-end (31 March) no later than 15 April. In order for a claim to be valid it must be made in accordance with the expenses policy and accompanied by receipts. Any claims made not in accordance with the expenses policy will require approval by the Director of Corporate Services. Claims received more than two months after the event will not be paid.

## 12. Transparency

12.1 Member fees will be circulated to members and published on the GOC website.

12.2 In accordance with our information disclosure policy, the fees and expenses paid to Council members are published on our website on a quarterly basis and disclosed in our annual report.

## 13. Questions regarding this policy

13.1. Any questions regarding this policy and its application should be directed to the Head of Governance in the first instance.

## Annex A: Benchmarking data sets

### Council Chair/Board chair

| Healthcare regulator | Chair | Annual time commitment | Equivalent day rate |
|---|---|---|---|
| General Optical Council | £50,000 | 130 | £385 |
| General Chiropractic Council | £23,000 | Info unavailable | Info unavailable |
| General Dental Council | £55,000 | 156 | £352 |
| General Medical Council | £110,000 | 156 | £705 |
| General Pharmaceutical Council | £60,000 | 156 | £384 |
| General Osteopathic Council | £27,000 | 78 | £346 |
| Health and Care Professional Council | £65,000 | 156 | £416 |
| Nursing & Midwifery Council | £78,000 | 156 | £500 |
| **Average** | **£58,500** | **141** | **£441** |
| **Median** | **£57,500** | **156** | **£385** |
| **Wider regulatory bodies** | **Chair** | **Annual time commitment** | **Equivalent day rate** |
| Care Quality Commission | £63,000 | 156 | £404 |
| Profession Standards Authority | £34,530 | 104 | £332 |
| Northern Ireland Social Care Council | £17,403 | 104 | £167 |
| Social Care Wales | £32,352 | 96 | £337 |
| Scottish Social Services Council | £26,208 | 104 | £252 |
| Care Inspectorate (Scotland) | £41,808 | 156 | £268 |
| Regulation and Quality Improvement Authority (Northern Ireland) | £19,387 | 156 | £124 |
| | | | |
| **Average (including healthcare regulators)** | **£46,846** | **133** | **£355** |
| **Median (including healthcare regulators)** | **£41,808** | **156** | **£349** |

**Council/Board member**

| Healthcare regulator | Council member | Annual time commitment | Equivalent day rate |
|---|---|---|---|
| General Optical Council | £13,962 | 36* | £388 |
| General Chiropractic Council | £6,650 | 15 | £443 |
| General Dental Council | £15,000 | 35 | £429 |
| General Medical Council | £18,000 | 48 | £375 |
| General Pharmaceutical Council | £12,500 | 36 | £347 |
| General Osteopathic Council | £7,500 | 18 | £417 |
| Health Care Professional Council | £12,000 | 30 | £400 |
| Nursing & Midwifery Council | £14,724 | 36 | £409 |
| **Average** | **£12,542** | **32** | **£401** |
| **Median** | **£13,231** | **36** | **£405** |
| **Wider regulatory bodies** | **Council member** | **Annual time commitment** | **Equivalent day rate** |
| Care Quality Commission | £7,883 | 36 | £219 |
| Professional Standards Authority | £8,078 | Info unavailable | Info unavailable |
| Social Work England | £5,250 | 15 | £350 |
| Northern Ireland Social Care Council | £6,367 | 24 | £265 |
| Social Care Wales | £6,768 | 24 | £282 |
| Scottish Social Services Council | £9,247 | 60 | £154 |
| Care Inspectorate (Scotland) | £4,200 | 24 | £175 |
| Regulation and Quality Improvement Authority (Northern Ireland) | £6,202 | 36 | £172 |
| | | | |
| **Average (including healthcare regulators)** | **£9,646** | **32** | **£322** |
| **Median (including healthcare regulators)** | **£7,981** | **35** | **£350** |

* Estimated as approximately two to three days per month to include chairing duties, preparation for and attendance at meetings, induction, training and development, undertaking member performance assessment and performance review activities as well as membership on Council committees, working groups and/or selection panels

| Committee chair daily fees healthcare regulator | HP chair | IC chair | Visitor panel chair | Advisory committee chair |
|---|---|---|---|---|
| General Optical Council | £372 | £372* | £330 # | N/A |
| General Chiropractic Council | £350 | £500 | £500 | N/A |
| General Dental Council | £353 | £353 | | £353 |
| General Medical Council | £360 | £360 | £360 | |
| General Pharmaceutical Council | | | £360 | |
| General Osteopathic Council+ | £306 | £306 | | |
| Health Care Professional Council | £348 | | £320 | |
| Nursing & Midwifery Council $ | £340 | £340 | NB NMC outsourced | |
| **Average** | **£347** | **£372** | **£374** | **£353** |
| **Median** | **£350** | **£357** | **£360** | **£353** |

* IC Chair is paid a meeting fee of £372 per day, plus reading fees.

# Visitor Panel Chair is paid £330 per visit plus an annual fee of £6,000, which is an average day fee of £490 based on current average time commitment.

+ GOsC pay a half day rate of £153 for a day commitment of less than 3.5 hours; and a £75 reading fee

$ NMC offer discretionary £100 reading fee to HP/IC Chairs /members (on a case-by-case basis)

Correct as of Dec 2021

| Committee member daily fees healthcare regulator | HP member | IC member | Visitor panel member | Advisory committee member | Independent committee member |
|---|---|---|---|---|---|
| General Optical Council | £319 | £319 | £300 | £319 | £319 |
| General Chiropractic Council | £300 | £300 | £300 | £300 | £300 |
| General Dental Council | £353 | £353 | | £353 | |
| General Medical Council | £310 | £310 | £310 | £310 | |
| General Pharmaceutical Council | | | £300 | | |
| General Osteopathic Council+ | £306 | £306 | | | |
| Health Care Professional Council | £190 | | £190 | £320 | |
| Nursing & Midwifery Council $ | £310 | £340 | NMC outsource | | |
| **Average** | **£298** | **£321** | **£280** | **£320** | **£310** |
| **Median** | **£310** | **£315** | **£300** | **£319** | **£310** |

+ GOsC pay a half day rate of £153 for a day commitment of less than 3.5 hours; and a £75 reading fee

$ NMC offer discretionary £100 reading fee to HP/IC Chairs /members (on a case by case basis)

*GOC IC member rate not included in the average or median calculations*

Correct as of Dec 2021

**Other committee members – day**

**Other Allowances**

| Healthcare regulator | Teleconference | Development and induction fee | Independent assessor |
|---|---|---|---|
| General Optical Council | | £223 | £400 |
| General Chiropractic Council | £150 | £300$ | £300 |
| General Dental Council | | £353$ | £500 |
| General Medical Council | | £310^ | £465^ |
| General Pharmaceutical Council | | £225 | |
| Health Care Professional Council | | £320$ | |
| Nursing & Midwifery Council | | £310$ | £260 |
| **Average** | **£150** | **£292** | **£385** |
| **Median** | **£150** | **£310** | **£400** |

$ pay the same as they do for attendance at hearings and meetings
^ not available to chairs.

Correct as of Dec 2021

**Member fee schedule 2022/23 (effective from 1 April 2022)**

| Role | | Fee (£) |
|---|---|---|
| **COUNCIL** | | |
| Council Chair | annual, paid monthly | 50,000 |
| Senior Council Member | annual, paid monthly | 16,462 |
| Other Council members | annual, paid monthly | 13,962 |
| **COMMITTEE CHAIRS** | | |
| Chairs of the Hearings Panel and Investigation Committee | daily fee | 372 |
| **COMMITTEE MEMBERS** | | |
| Committee members (other than Council members who receive an annual fee): Investigation; Education; Standards; Registration; Companies; Audit, Risk and Finance; Nominations; and Remuneration Committees and Hearings Panel members | daily fee | 319 |
| | fee for meeting or activity between two and four hours* | 185 |
| | fee for meeting or activity of two hours or less** | 95 |
| **OTHER** | | |
| Members of the Investigation Committee (when acting as a Case Examiner) | per registrant decision fee | 159.81 |
| Investigation committee | per case fee | 103 |
| Independent assessors (for members who are not paid an annual fee, who sit on selection/ member recruitment appointment panels). Includes reading, preparation and follow-up. | daily fee | 421 |
| **READING FEES** | | |
| Hearing Panel and Investigation Committee members only. (Paid on an ad hoc basis and authorised by Director of Regulatory Operations or Head of Casework Operations.) | 500 - 1499 pages<br>1500 - 2499 pages<br>2500+ pages | 50<br>75<br>100 |
| Investigation committee members when acting as a Case Examiner only. (Authorised by the Head of Casework Operations.) | 300 – 499 pages<br>500 – 999 pages<br>1000+ pages | 55.48<br>110.97<br>166.45 |
| **CANCELLATION FEES** | | |
| Chairs of the Investigation Committee (if cancelled at five days' notice or less) | half of the daily fee | 186 |

| | | |
|---|---|---|
| Hearing Panel members will be paid half a day fee for each hearing day cancelled within five calendar days of the scheduled hearing commencement date [capped at seven calendar days].<br><br>Hearing Panel members will be paid a full fee for events that conclude earlier than anticipated [capped at full fee for day 1-2; half a fee for days 3-5; no fee thereafter]<br><br>Pay half a day fee for split event days that are within 28 calendar days of an early finish. [no fee thereafter]. Split events are defined as events scheduled over non-consecutive days. | half of the daily fee<br><br>daily fee | 159.50<br><br>319 |
| All other members who are not paid an annual fee (if cancelled at five days' notice or less) | half of the daily fee | 159 |
| **DEVELOPMENT AND INDUCTION** | | |
| For members who are not paid an annual fee | daily fee | 223 |
| | fee for an induction or development activity between two and four hours* | 127* |

*4/7th of the daily fee
**2/7th of the daily fee

**STRICTLY CONFIDENTIAL**
**REM14(22) REMUNERATION COMMITTEE - 16 June 2022**
**Member Fees and Expenses Review**

**Annex 3 – Feedback from Members**

**Summary**

1. A survey was issued to all members (apart from Council members) , including Hearing Panel and Investigation Committee members and Chairs and members of Council's Committees (registrant, lay and independent members) (approximately 120 recipients).

2. The survey asked the following questions –

    - How will the revised policy impact you (either in negative or positive terms)?
    - Any comments on the benchmarking?

3. The survey also collected the type of member responding, length of survey and some Equality, Diversity and Inclusion (EDI) data. The EDI data was intended to identify whether there were unintended adverse impacts on specific groups.

4. 22 responses were received via the survey, one response was emailed directly to the team. This gives a response rate of approximately 28%.

5. 12 responses were received from lay members, 11 from registrant members. Six of the respondents had been at the GOC for less than four years. 16 of the respondents had been a member of a GOC Committee for over four years. One response did not supply this information.

6. 12 respondents were female. 10 respondents were male. One respondent opted not to say.

7. 17 respondents listed their ethnicity as "WHITE: English / Welsh / Scottish / Northern Irish / British". Two respondents listed theirs as "ASIAN / ASIAN BRITISH: Indian / Indian British". One respondent listed themselves as "WHITE: Irish". Three respondents either did not provide information or opted not to say. There was no material correlation or emergent themes when comparing the EDI data received and the feedback provided.

**Impact – Feedback received**

| How will the revised policy impact you (either in negative or positive terms)? |
|---|
| Presently I have my fee paid to my company and so if I go on payroll it will have a very negative effect on my net reimbursement, particularly as I have main job also. If this is to be implemented do we have rights to holiday pay etc and an employment contract, as at present the GIC doesn't have to give me any minimum days a year etc? |
| No immediate changes |
| It looks fair.<br>I am not sure it is possible to answer that without knowing whether my cases will be cancelled etc. |
| I'm not sure. Historically we were paid a daily rate for a meeting that might last 3 or 4 hours however this allowed sufficient time to be spent reading the papers either the night before in the hotel or on the train. If we are only paid for say 2 hours online this will mean we are paid much less (as we have been during COVID). Those of us who work mainly in the "gig" economy have to make every hour count and if the rate is not commensurate with the work involved or the rate that can be obtained doing other work then corners are cut, by for example not reading the papers until in the meeting or only skimming over them. So many people say hardly anything at meetings it would be easy to attend without reading anything in advance. |
| I appreciate a review and continue to support the work of the Council |
| Neutral effect on me really - other than with inflation now running at approximately 9% and tax at the highest its been for 40 years, a lack of a pay rise means effectively a cut in income in real terms. |
| As a self employed person, being paid via payroll means PAYE will be deducted, and my tax return will therefore become more complicated. |
| Not greatly |
| Neutral |
| if the fees for lay member remain the same, in effect this is a negative, taking into account inflation. In addition, when I was recruited I was informed that the likely time commitment would be 30 days. Last year I was offered 8 days of work, and this year so far (up to 6.6.22) I have been offered 2 days. If I had known about the true amount of work I would be offered, I would never have accepted the role, as I could earn a great deal more annually for the other regulators, taking into account that their time estimates have been correct. |
| it is unlikely to make any difference |
| It will not impact me as the fees have remained the same |
| I think it may be less generous for cancelled cases |
| It will have no impact my renumeration remains the same. |
| Given the lack of any increase in day rates to reflect inflation since the last review the revised policy will impact me negatively |

| |
|---|
| There are 3 points which I wish to raise which might impact on me:-<br>1. I have submitted invoices to the GOC for the past 7 years as I am not an employee and I run my own business, including consultancy work for which I receive fees. I do not wish my fees for work I do for the GOC to be treated as a salary from which tax is deducted at source. I account for all my fees and expenses, including undertaking my work for the GOC, in my annual return to HMRC.<br>2. In relation to expenses, when travelling to London from just outside, I purchase a Travel Card, using my rail pass when I can, thereby reducing cost. There used to be an exception which stated that this was acceptable. I hope that continues as it is much easier to do this online or on the day of travel.<br>3. Our hearings are now mostly online and dealt with from my own home and using my broadband connection, stationery etc. There is a cost for myself as a member of the Fitness to Practise Committee, even down to such minor things as notebooks, pens, sticky notes etc which the GOC has provided in the past for live hearings. No mention is made of these expenses in the revised document. Given the changing working environment, I would hope the GOC is giving consideration as to how these expenses, which are met my FtP members, might be re-imbursed in the future. |
| The removal of invoicing of panel fees will have a detrimental affect on my income as I will pay more tax on PAYE |
| Neutral |
| Favourable change |
| Very Negative as I had expected the daily rate fee to be increased not frozen, given a) inflation b) that it has not risen for sometime and c) ( if I've understood this review correctly), now may not increase for 3 years to 2025! |
| I've only just started so no real direct impact. |
| Unsure |

**Benchmarking – Feedback received**

| Any comments on the benchmarking? |
|---|
| No. |
| No. |
| No. |
| the comparison appears sensible |
| No comment |
| The GOC appears comparable to other regulators.<br>Please can the policy be clearer the wording of the policy re when a Hearing finishes early and says will pay full amount for day 1 and 2 and then half for 3/4. Does "day 1 and 2" apply to the first and second day following on from when it finishes early, or does it relate to day 1 and 2 of the overall hearing? eg if it was scheduled for day 5 days and finishes in two days, are the following 2 days (3 and 4) paid at full or half fees? Thank you |
| GOC seems to be comparable |
| For information only - some regulators provide an 'automatic' reading fee. e.g. NMC Investigation Committee interim orders +£100 reading |

| |
|---|
| fee/ sitting day. GMC £75 reading fee/sitting.<br>Some have shorter hours e.g. commence at 10am-so this probably impacts the comparison . |
| Pragmatic approach |
| Seems fair enough but I only benchmark against what I can earn elsewhere - £250 for a day part time permanent contract, £275 for a locum day, £400 at weekends (all with no preparation or reading) £300 for giving a 1 hour CET presentation and £60 per hour preparation time. My main concern is the pay for reading - it is great that this issue has been addressed but I'd question the rate of pay. A Google search yields 6 minutes as the average time taken to read a page of dense text - so 2,500 pages for £100 is equivalent to £100 for 15,000 minutes (250 hours) is equivalent to 40p per hour. Personally I read a little quicker than that but if you are to do anything more than skim reading even if only 1 page per minute is the rate this equates to only £2.40 per hour. |
| This I feel could be better due to reading time and reflection which pushes the hours up above normal day. |
| No |
| No comment |
| None |
| It is of course helpful to see comparisons but it does not mean any fee levels are at fair level. When I was appointed, I was happy with the fee, but now I consider it very low given the commitment, responsibility, willingness to be flexible for the GOC, and lack of certainty of being appointed to Panels so receiving the expected income (15-30 days per year) |
| No |
| Yes, very useful to have this and clearly shows the GOC pays average or above average for most roles. However, how recent is the data from other agencies? Will they be increasing their pay soon? |
| Seems fair. |
| Well researched and equitable |
| 1. The benchmarks for HP and IC Chairs/Members are too limited in being confined solely to other Healthcare regulators.<br>2. Is the fee for both the NMC's IC Chairs and Members the same (at £340)? This seems unlikely.<br>3. No figures have been included for Hearings Panel Chairs at the GPhC. As one myself I can supply these if you wish. |
| I am a Chair of the FtP and I see that the fee for Chairs is the highest comparator. However it is not exceptional and I would hope that the GOC retains the daily fee level of £372. |
| I think it is sensible that all regulators have a similar remuneration. |
| Generally good although there is a red flag about the development and induction rates which are significantly below the comparable benchmarked median rates... |

**C20(22)**

**COUNCIL**

## Committee Terms of Reference

**Meeting: 29 June 2022** **Status:** For decision

**Lead responsibility:** Leonie Milliner, Chief Executive and Registrar
**Paper Author(s):** Andy Spragg, Head of Governance
**Council Lead(s):** Dr Anne Wright CBE, Chair of Council

## Purpose

1. To consider proposals to update the terms of reference of Council's committees and its Advisory Panel.

## Recommendations

2. Council is asked to:
   - **approve** the proposed terms of reference for Council's committees (Education; Registration; Standards and Companies (annexes 2 - 5).
   - **approve** the Advisory Panel terms of reference (annex 1); and

## Strategic objective

3. This links across the three GOC strategic objectives as it concerns the primary activities of the Council.

## Background

4. The Advisory Panel was formed in July 2019 with the intention of replacing separate meetings of Council's four committees (Education, Registration, Companies and Standards Committees) with a central Advisory Panel from which separate task and finish groups would be formed in line with business needs.

5. The Advisory Panel terms of reference were approved by Council in July 2019 and were subsequently amended and updated by Council in September 2021. The July 2019 Council paper C28(19) Governance describes the rationale for the formation of the Advisory Panel and feedback received at the time. The terms of reference for the four Council's committees have not been updated since 2018 and are now significantly out of date.

6. Feedback on the operation and effectiveness of the Advisory Panel was gathered from its members in July 2021 aligned to the GOC priority: "building on a culture of continuous improvement." The outcome of the Advisory panel effectiveness review was considered by the Advisory Panel on 24 February 2022. One outcome of this this review was to update the terms of reference for the four Council's committees

forming the Advisory Panel, and to update the terms of reference for the Advisory panel itself, to strengthen and secure advice provided by the committees to Council, whether the committees are meeting as a part of an Advisory Panel or as a separately constituted committee.

7. The proposed terms of reference for each of the four Council's committees have been drafted to reflect current practice and are in line with the GOC's legislation. Committee chairs have each been consulted and provided feedback as part of the drafting process.

## Analysis

8. The revised terms of reference ensure that the role of the Advisory Panel and Council committees, and the relationship between each, are clearly articulated. The committee chairs have provided feedback to ensure that the terms of reference remain clear and support the committees in delivering their statutory responsibilities. Changes identified have also been reflected in the Advisory Panel terms of reference, to ensure consistency of terminology and practice.

9. Approval of the terms of reference will also support feedback received during the GOC performance review with the Professional Standards Authority (PSA). In its review of GOC's performance the PSA identified that the GOC wished to promote greater transparency of the Advisory Panel and its associated committees. As result, the minutes for the Advisory Panel and its committees will be reported to Council and made publicly available on the GOC's website.

## Finance

10. There are no financial impacts identified from the proposed amendments to the committees' and Advisory Panel's terms of reference.

## Risks

11. The risks associated with governance are extensive and can have significant issues in terms of the delivery of statutory responsibilities and organisational priorities. This risk is mitigated in part by reviewing governance practices and processes on a regular basis. A wider Governance Review for 2022-23 has been scoped, and the proposed updates to the committees' terms of reference are aligned to the direction of travel anticipated by the wider Governance Review.

## Equality Impacts

12. There are no direct implications on equality, diversity and inclusion as a result of the proposed amendments.

## Devolved nations

13. There are no direct implications on the devolved nations as a result of the proposed amendments.

## Other Impacts

14. The are no other impacts identified.

## Communications

### External communications

15. Assuming Council approves the new terms of reference, they will be published on the GOC's website.

### Internal communications

16. The new terms of reference will be circulated to committee members for information.

## Next steps

17. Assuming Council approves the terms of reference, the next formal review will be 2025. The Governance Review for 2022-23 has only included changes to terms of reference in its scope where this are intended to facilitate the delivery of the review's outcomes and objectives.

## Attachments

Annex 1: Advisory Panel Terms of Reference
Annex 2: Companies Committee Terms of Reference
Annex 3: Education Committee Terms of Reference
Annex 4: Registration Committee Terms of Reference
Annex 5: Standards Committee Terms of Reference

## ADVISORY PANEL - TERMS OF REFERENCE

### 1. Purpose

1.1 The Council's committees (Companies, Education, Registration and Standards) which form the Advisory Panel are established by statute for the purpose of giving advice and assistance to Council (whether or not in response to a request from them) on:

- matters relating to business registrants other than matters required by the Opticians Act to be referred to the Investigation Committee, the Registration Appeals Committee or the Fitness To Practise Committee;
- matters relating to optical training, education and assessment;
- matters relating to registration, other than matters required by the Opticians Act to be considered by the Registration Appeals Committee; and
- matters relating to the standards of conduct and performance expected of registrants or those seeking admission to the register.

1.2 The Advisory Panel is a meeting of the four Council's committees in plenary session.

### 2. Membership, Chair, Secretary and Quorum

2.1 Each of Council's Committees (Companies, Education, Registration and Standards) are constituted according to the General Optical Council (Committee Constitution Rules) Order of Council 2005 and the General Optical Council (Committee Constitution) (Amendment) Rules Order of Council 2008.

2.2 The quorum for a meeting of the Advisory Panel will be determined by the quorum for each constituent committee. If there is no quorum for any constituent committee then the meeting of the Advisory Panel may go ahead as a joint meeting of the remaining committees, but no advice will be offered from the committee that is absent.

2.3 Meetings will be chaired by a Chair of one of the four Council's committees. The Chair shall rotate annually.

2.4 When Council's committees meet separately for the purpose of giving formal advice to Council, the chair of each committee will be as specified in that committee's own terms of reference.

2.5 The Advisory Panel will be supported by the Chief Executive and Registrar and other GOC staff as appropriate. The Chair of Council and members of the

senior management team (SMT) may attend and speak at meetings of the Advisory Panel. Other members of the Executive and representatives from stakeholder organisations may be invited to attend and speak for all or part of any meeting by the Chair of the Advisory Panel. For the purposes of clarification, the Chair of Council and GOC staff (including the executive) do not form part of the membership of the Advisory or count towards the quorum (apart from the Registration Committee's responsible officer who is either the Director of Corporate Services or Head of Registration)

2.6 A member's attendance via electronic means is permissible.

2.7 Where the Chair of the Advisory Panel considers it appropriate, decisions may be taken by email. An audit trail of decisions taken by email will be maintained by the Governance team.

## 3. Frequency and Notice of Meetings

3.1 The Advisory Panel shall meet at least twice per year.

3.2 As described above, the Council's committees may meet together as an Advisory Panel in a plenary session and separately as committees during the same time period, as well as break-out sessions, which may be committee-specific or mixed according to the topic.

3.3 Meetings of the Advisory Panel shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Chair of the Advisory Panel, Chair of Council, Chief Executive and Registrar or a member of SMT. For a meeting to proceed, the secretary of the Committee must be present. A Chair will be elected by the remaining Chairs of the four Council's committees in the event the appointed Chair has given their apologies.

3.4 Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. Notice of each meeting confirming the login details, venue (if not online), time and date together with an agenda of items to be discussed and supporting papers, shall be forwarded by electronic means to each member of the Advisory Panel and any other person required to attend, no later than five working days before the date of the meeting

## 4. Minutes of Meetings

4.1 A member of the governance team shall minute the discussion, actions and advice to Council of all meetings of the Advisory Panel, including recording the names of those present and in attendance.

4.2 Draft minutes of the Advisory Panel will be circulated to all members of the Panel once agreed by the Chair of the Advisory Panel. Draft minutes will be considered and approved by the Panel at its next meeting. In the event of a dispute, the Chair of the Advisory Panel will have the casting vote.

## 5. Accountability & Reporting Responsibilities

5.1 As described above, the Council's committees may meet together as an Advisory Panel in a plenary session and the committees may meet separately during the same time period.

5.2 The draft minutes of the Advisory Panel and any meetings of the Council's committees will be circulated to the next public Council meeting, along with a report from the Advisory Panel Chair highlighting any issues for Council's discussion/consideration. Draft minutes will be considered and approved by the Advisory Panel at its next meeting. In the event of a dispute, the Chair of the Advisory Panel will have casting vote.

## 6. Other

6.1 The Advisory Panel will review its effectiveness every three years, including how it is performing against its terms of reference and report the results to Council.

6.2 The terms of reference will be reviewed and any changes recommended to Council every three years.

## 7. Authority

7.1 The Advisory Panel is authorised by Council to consider and provide advice on any matter within its terms of reference and in accordance with the GOC's Scheme of Delegation.

## COMPANIES COMMITTEE TERMS OF REFERENCE

**1. Purpose**

1.1. The purpose of the Companies Committee ("the Committee") is to advise and give assistance to the Council (whether or not in response to a request from them) on matters relating to business registrants, other than matters required by the Opticians Act 1989 (as amended) to be considered by the Investigation Committee, the Registration Appeals Committee or the Fitness to Practise Committee.

1.2. The Committee should provide advice to Council on:

1.2.1. proposed changes to GOC standards and accompanying guidance insofar as such changes impact upon the GOC's business registration/regulation policies and procedures; and

1.2.2. policy developments and/or sector developments, including legislative change, that relate to the GOC's business registration/regulation function.

1.3. The Committee will review its effectiveness, every three years, including how it is performing against its terms of reference and report the results to Council.

**2. Membership, Chair, Secretary and Quorum**

2.1. The Committee shall comprise of eleven members but may operate with fewer than eleven members while a vacancy exists provided the quorum is maintained.

2.2. The Committee will include at least:

2.2.1. one registered optometrist;

2.2.2. one registered dispensing optician;

2.2.3. one lay person;

2.2.4. one registered medical practitioner; and

2.2.5. seven members selected from persons who are not members of the Council who represent the interests of business registrants (these members can be members of business corporates such as non-registrants, e.g. practice managers or directors).

2.3. Council shall appoint a Chair for the Committee from amongst the members of the Committee for a period of two years.

2.4. Appointments for the Committee will expire on 31 December each year and as per the requirements of the General Optical Council (Committee Constitution) Rules 2005, all (non-Council) members of the Committee are subject to formal reappointment annually.

2.5. Annual reappointment is subject to evidence of satisfactory performance. Appointments and reappointments will be made by the Nominations Committee, in consultation with the Companies Committee Chair. Repeated reappointments are permitted to promote continuity and develop committee member

understanding, and the expiration of reappointments, where possible, will be staggered to assist with this.

2.6. The Committee will be supported by the Director of Regulatory Strategy and other GOC staff as appropriate. Other members of the Executive may be invited to attend for all or part of any meeting by the Committee Chair. For the purposes of clarification, GOC staff (including the executive) do not form part of the membership of the Committee or count towards the quorum.

2.7. In the absence of the Committee Chair, the remaining members present shall elect one of their number to chair the meeting.

2.8. The quorum necessary for the transaction of business shall be four members and shall include at least two members appointed under paragraph 2.2.5.

2.9. Members' attendance via electronic means is permissible.

2.10. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in as outlined in section 1 of these terms of reference, or exercisable, by the Committee.

2.11. The Chair of the Committee will have a casting vote in the event of a tied decision. In instances where the casting vote is used for something which is being recommended for approval by Council, the use of the Chair's casting vote will be reported to Council in the relevant covering paper.

2.12. Where the Chair of the Committee considers it appropriate, decisions may be taken by email. An audit trail of decisions taken by email will be maintained by the Governance team.

## 3. Frequency and Notice of Meetings

3.1. The Committee shall meet at least twice per year. The Committee may meet with the other Council committees in a plenary session as an "Advisory Panel" and separately as a Committee during the same time period.

3.2. Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Regulatory Strategy. For a meeting to proceed the secretary of the Committee must be present. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies.

3.3. Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. Notice of each meeting confirming the login details, venue (if

not online), time and date together with an agenda of items to be discussed and supporting papers, shall be forwarded by electronic means to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting

## 4. Minutes of Meetings

4.1. A member of the Governance team shall minute the discussion, decisions and actions of all meetings of the Committee, and Advisory Panel, including recording the names of those present and in attendance.

4.2. Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have casting vote.

4.3. Draft minutes of Committee meetings shall form part of the Advisory Panel minutes.

4.4. As described above, the Committee may meet with the other Council committees in a plenary session called the "Advisory Panel" and separately as a committee during the same time period.

4.5. The approved minutes of the Advisory Panel and any sessions of the Council committee meetings will be circulated to the next public Council meeting, along with a report from the Advisory Panel Chair highlighting any issues for Council's discussion or consideration. In the event of a dispute, the Chair will have casting vote.

## 5. Terms of Reference

5.1. The terms of reference will be reviewed and any changes recommended to Council every three years.

## 6. Authority

6.1. The Committee is authorised by Council to consider and provide advice on any activity within its terms of reference and in accordance with the GOC's Scheme of Delegation.

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## EDUCATION COMMITTEE TERMS OF REFERENCE

1. **Purpose**

1.1 The purpose of the Education Committee ("the Committee") is to advise and give assistance to the Council (whether or not in response to a request from them) on matters relating to optical training, education and assessment including the requirements (outcomes and standards) for the approval of qualifications leading to the entry to the register or a register category and their quality assurance and enhancement.[1]

1.2 The Committee will also review its effectiveness, every three years, including how it is performing against its terms of reference and report the results to Council.

2. **Membership, Chair, Secretary and Quorum**

2.1 The Committee shall comprise of a minimum of nine members and a maximum of eighteen members. The Committee may operate with fewer than nine members while a vacancy exists provided the quorum is maintained.

2.2 The Committee will include at least:
1.2.1. three registered optometrists;
1.2.2. two registered dispensing opticians;
1.2.3. three lay persons; and
1.2.4. one registered medical practitioner.

2.3 Council shall appoint a Chair for the Committee from amongst the members of the Committee for a period of two years.

2.4 Appointments for the Committee will expire on 31 December each year and as per the requirements of the General Optical Council (Committee Constitution) Rules 2005, all (non-Council) members of the Committee are subject to formal reappointment annually.

2.5 Annual reappointment is subject to evidence of satisfactory performance. Appointments and reappointments will be made by the Nominations Committee, in consultation with the Education Committee Chair. Repeated reappointments are permitted to promote continuity and develop committee member understanding, and the expiration of reappointments, where possible, will be staggered to assist with this.

2.6 The Committee will be supported by the Director of Regulatory Strategy and other GOC staff as appropriate. Other members of the Executive may be invited to attend for all or part of any meeting by the Committee Chair. For the purposes of clarification, GOC staff (including the executive) do not form part of the membership of the Committee or count towards the quorum.

2.7 In the absence of the Committee Chair, the remaining members present shall elect one of their number to chair the meeting.

2.8 The quorum necessary for the transaction of business shall be five members and shall include at least:

1.10.5. one registered optometrist;
1.10.6. one registered dispensing optician;
1.10.7. one lay person.

2.9 Members' attendance via electronic means is permissible.

2.10 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in the Committee, as outlined in Section 1 of these terms of reference, or exercisable by the Committee.

2.11 The Chair of the Committee will have a casting vote in the event of a tied decision. In instances where the casting vote is used for something which is being recommended for approval by Council, the use of the Chair's casting vote will be reported to Council in the relevant covering paper.

2.12 Where the Chair of the Committee considers it appropriate, decisions may be taken by email. An audit trail of decisions taken by email will be maintained by the Governance team.

## 3. Frequency and Notice of Meetings

3.1. The Committee shall meet at least twice per year. The Committee may meet with the other Council committees in a plenary session as an "Advisory Panel" and separately as a Committee during the same time period.

3.2. Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Regulatory Strategy. For a meeting to proceed, the secretary of the Committee must be present. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies.

3.3. Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. Notice of each meeting confirming the login details, venue (if not online), time and date together with an agenda of items to be discussed and supporting papers, shall be forwarded by electronic means to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

## 4. Minutes of Meetings

4.1. A member of the Governance team shall minute the discussion, decisions and actions of all meetings of the Committee and Advisory Panel, including recording the names of those present and in attendance.

4.2. Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have casting vote.

4.3. The minutes of the Committee meeting shall form part of the Advisory Panel minutes.

4.4. As described above, the Committee may meet with the other Council committees in a plenary session called the “Advisory Panel” and separately as a Committee during the same time period.

4.5. The approved minutes of the Advisory Panel and of any meetings of the Education committee will be circulated to the next public Council meeting, along with a report from the Advisory Panel Chair highlighting any issues for Council’s discussion/consideration.

## 5. The Terms of Reference

5.1. The terms of reference will be reviewed and any changes recommended to Council every three years.

## 6. Authority

6.1. The Committee is authorised by Council to consider and provide advice on any activity within its terms of reference and in accordance with the GOC’s Scheme of Delegation and Education decision-making framework.

**Approved:** June 2022
**Review:** June 2025

General Optical Council

## REGISTRATION COMMITTEE TERMS OF REFERENCE

### 1. Purpose

1.1. The purpose of the Registration Committee ("the Committee") is to advise and give assistance to the Council (whether or not in response to a request from them) on matters relating to registration, other than matters required by the Opticians Act 1989 (as amended) to be considered by the Registration Appeals Committee. The Committee may also be required to provide advice to the Chief Executive and Registrar.

1.2. The Committee should provide advice to Council on:

- 1.2.1. the making or revision of rules regarding the nature and style of the information contained on the register and keeping of registers, registration and entry of specialities;
- 1.2.2. the making or revision of rules specifying types and amounts of adequate and appropriate indemnity insurance required of registrants;
- 1.2.3. maintenance, accuracy and publication of the registers;
- 1.2.4. proposed changes to GOC standards and accompanying guidance insofar as such changes impact upon the GOC's registration policies and procedures; and
- 1.2.5. external policy developments and/or sector developments, including legislative change, that relate to the GOC's registration function.

1.3. The Committee should provide advice to the Chief Executive and Registrar as to the exercise of his/her powers set out in relation to information which may be sought from UK and non-EEA applicants for registration, retention or restoration.

1.4. The Committee should keep under review the registration and training, registration appeals and subsidiary rules relating to the work of the Committee and propose revisions to Council as appropriate.

1.5. The Committee will also review its effectiveness, every three years, including how it is performing against its terms of reference and report the results to Council.

### 2. Membership, Chair, Secretary and Quorum

2.1. The Committee shall comprise of a minimum of seven members and a maximum of fourteen members. The Committee may operate with fewer than seven members while a vacancy exists provided the quorum is maintained.

2.2. The Committee will include at least:

- 2.2.1. two registered optometrists;
- 2.2.2. two registered dispensing opticians;
- 2.2.3. two lay persons; and
- 2.2.4. one responsible officer (this is the Director of Corporate Services or Head of Registration).

2.3. Council shall appoint a Chair for the Committee from amongst the members of the Committee for a period of two years.

2.4. Appointments for the Committee will expire on 31 December each year and as per the requirements of the General Optical Council (Committee Constitution) Rules 2005, all (non-Council) members of the Committee are subject to formal reappointment annually.

2.5. Annual reappointment is subject to evidence of satisfactory performance. Appointments and reappointments will be made by the Nominations Committee, in consultation with the Registration Committee Chair. Repeated reappointments are permitted to promote continuity and develop committee member understanding, and the expiration of reappointments, where possible, will be staggered to assist with this.

2.6. The Committee will be supported by the Director of Corporate Services and other GOC staff as appropriate. Other members of the Executive may be invited to attend for all or part of any meeting by the Committee Chair. For the purposes of clarification, GOC staff (including the executive) do not form part of the membership of the Committee or count towards the quorum (apart from the Committee's responsible officer who is either the Director of Corporate Services or Head of Registration).

2.7. In the absence of the Committee Chair, the remaining members present shall elect one of their number to chair the meeting.

2.8. The quorum necessary for the transaction of business shall be three members and shall include at least:

2.8.1. one registered optometrist;
2.8.2. one registered dispensing optician;
2.8.3. one lay member.

2.9. Members' attendance via electronic means is permissible.

2.10. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in as outlined in Section 1 of these terms of reference, or exercisable, by the Committee.

2.11. The Chair of the Committee will have a casting vote in the event of a tied decision. In instances where the casting vote is used for something which is being recommended for approval by Council, the use of the Chair's casting vote will be reported to Council in the relevant covering paper.

2.12. Where the Chair of the Committee considers it appropriate, decisions may be taken by email. An audit trail of decisions taken by email will be maintained by the Governance team.

## 3. Frequency and Notice of Meetings

3.1. The Committee shall meet at least twice per year. The Committee may meet with the other Council committees in a plenary session as an "Advisory Panel" and separately as a Committee during the same time period.

3.2. Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Corporate Services. For a meeting to proceed, the secretary of the Committee, must be present. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies.

3.3. Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. Notice of each meeting confirming the login details, venue (if not online), time and date together with an agenda of items to be discussed and supporting papers, shall be forwarded by electronic means to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting

## 4. Minutes of Meetings

4.1. A member of the governance team shall minute the discussion, decisions and actions of all meetings of the Committee, and Advisory Panel, including recording the names of those present and in attendance.

4.2. Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have casting vote.

4.3. The minutes of the Committee meetings shall form part of the Advisory Panel minutes.

4.4. As described above, the Committee may meet with the other Council committees in a plenary session called the "Advisory Panel" and separately as a Committee during the same time period.

4.5. The approved minutes of the Advisory Panel and any sessions of the Council committee meetings will be circulated to the next public Council meeting, along with a report from the Advisory Panel Chair highlighting any issues for Council's discussion/consideration.

## 5. Terms of Reference

5.1. The terms of reference will be reviewed and any changes recommended to Council every three years.

## 6. Authority

6.1. The Committee is authorised by Council to consider and provide advice on any matter within its terms of reference and in accordance with the GOC's Scheme of Delegation

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## STANDARDS COMMITTEE TERMS OF REFERENCE

**1. Purpose**

1.1. The purpose of the Standards Committee ("the Committee") is to advise and give assistance to the Council (whether or not in response to a request from them) on matters relating to the standards of behaviour and performance expected of registrants or those seeking admission to a register.

1.2. In matters relating to the standards of behaviour and performance expected of registrants or those seeking admission to a register, the Committee may review and provide advice to the Council on:

- 1.2.1. areas/issues requiring regulatory intervention, e.g. resulting from feedback from GOC fitness to practise processes or external feedback;
- 1.2.2. the provision or revision of GOC standards and associated guidance to registrants;
- 1.2.3. advice on regulatory interventions other than production of standards and guidance, e.g. Continuing Professional Development (CPD) needs;
- 1.2.4. making of or changes to rules; and
- 1.2.5. making or changes to legislation, including Part IV of the Opticians Act 1989.

1.3. In the areas listed in 1.2, the Committee may provide advice to the Council on:

- 1.3.1. information, research and consultations relevant to inform advice;
- 1.3.2. conclusions from research and consultation findings; and
- 1.3.3. how best to engage and communicate with registrants to promote best practice and the standards of conduct and performance.

1.4. The Committee will review its effectiveness every three years, including how it is performing against its terms of reference and report the results to Council.

**2. Membership, Chair, Secretary and Quorum**

2.1. The Committee shall comprise of a minimum of nine members and a maximum of eighteen members. The Committee may operate with fewer than nine members while a vacancy exists provided the quorum is maintained.

2.2. The Committee will include at least:

- 2.2.1. three registered optometrists;
- 2.2.2. three registered dispensing opticians;
- 2.2.3. two lay members;
- 2.2.4. one registered medical practitioner.

2.3. Council shall appoint a chair for the Committee from amongst the members of the Committee for a period of two years.

2.4. Appointments for the Committee will expire on 31 December each year and as per the requirements of the General Optical Council (Committee Constitution)

Rules 2005, all (non-Council) members of the Committee are subject to formal reappointment annually.

2.5. Annual reappointment is subject to evidence of satisfactory performance. Appointments and reappointments will be made by the Nominations Committee, in consultation with the Standards Committee Chair. Repeated reappointments are permitted to promote continuity and develop committee member understanding, and the expiration of reappointments, where possible, will be staggered to assist with this.

2.6. The Committee will be supported by the Director of Regulatory Strategy and other GOC staff as appropriate. Other members of the Executive may be invited to attend for all or part of any meeting by the Committee Chair. For the purposes of clarification, GOC staff (including the Executive) do not form part of the membership of the Committee or count towards the quorum.

2.7. In the absence of the Committee Chair, the remaining members present shall elect one of their number to chair the meeting.

2.8. The quorum necessary for the transaction of business shall be five members and shall include at least:

2.8.1. one registered optometrist;

2.8.2. one registered dispensing optician; and

2.8.3. one lay member.

2.9. A member's attendance via electronic means is permissible.

2.10. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in as outlined in section 1 of these terms of reference, or exercisable, by the Committee.

2.11. The Chair of the Committee will have a casting vote in the event of a tied decision. In instances where the casting vote is used for something which is being recommended for approval by Council, the use of the Chair's casting vote will be reported to Council in the relevant covering paper.

2.12. Where the Chair of the Committee considers it appropriate, decisions may be taken by email. An audit trail of decisions taken by email will be maintained by the Governance team.

**3. Frequency and Notice of Meetings**

3.1. The Committee shall meet at least twice per year. The Committee may meet with the other Council committees in a plenary session as an "Advisory Panel" and separately as a Committee during the same time period.

3.2. Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Regulatory Strategy. For a meeting to proceed, the secretary of the Committee must be present. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies.

3.3. Notice of each meeting confirming the login details, venue (if not online), time and date together with an agenda of items to be discussed and supporting papers, shall be forwarded by electronic means to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

## 4. Minutes of Meetings

4.1. A member of the Governance team shall minute the discussion, decisions and actions of all meetings of the Committee including recording the names of those present and in attendance.

4.2. Draft minutes of committee meetings will be circulated to all members of the Committee once they have been agreed by the Committee Chair. Draft minutes will be considered and approved by the committee at its next meeting. In the event of a dispute, the Chair will have casting vote.

4.3. The minutes of the Committee meetings shall form part of the Advisory Panel minutes.

## 5. Accountability and Reporting Responsibilities

5.1. As described above, the Committee may meet with the other Council committees in a plenary session called the “Advisory Panel” and separately as a Committee during the same time period.

5.2. The draft minutes of the Advisory Panel and any meetings of the Council committees will be circulated to the next public Council meeting, along with a report from the Advisory Panel Chair highlighting any issues for Council’s discussion/consideration. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have casting vote.

## 6. Terms of Reference

6.1. The terms of reference will be reviewed and any changes recommended to Council every three years.

## 7. Authority

7.1. The Committee is authorised by Council to consider and provide advice on any matter within its terms of reference and in accordance with the GOC's Scheme of Delegation

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**Council**

## Council Member Committee Appointments and Council Member Recruitment Campaign

**Meeting:** 29 June 2022 **Status:** For decision

**Lead Responsibility:** Andy Spragg, Head of Governance
**Paper Author(s):** Andy Spragg, Head of Governance / Nadia Denton, Governance Officer

## Purpose

1. To seek approval for the appointment of Council members to Council's committees, and recruitment for two new Council members.

## Recommendations

2. Council is asked to:

- **approve** the appointment of Council members to Council's committees as set out in annex 1.
- **approve** the planned Council recruitment campaign to commence in quarter two of 2022/2023 for:
  - one Lay Member with expertise in audit, risk and finance; and
  - one Registrant Member (Dispensing Optician or Contact Lens Optician).
- **note** the mix of skills and experience required of Council members to meet the future needs of Council, as agreed by the Nominations Committee (annexes 3 and 4);
- **note** the terms of offices (paragraph 18), timetables (paragraph 20), and advertising for the campaign (paragraph 23); and
- **note** the membership for the appointment panel (paragraph 17), role profiles and person specification (annex 3).

## Strategic Objective

3. This work contributes towards the strategic objective of continuous improvement and is included in the Business Plan under member support – managing Council and committee member appointments, reappointments, appraisals and development and evaluation of performance. As part of the Governance Review, the recruitment process will be reviewed during 2022/2023.

## Background

4. Council is responsible for the appointment of Council members to its committees and as Council leads for areas of strategic interest. Following discussions with the Chair, Chief Executive and Registrar and Council members, a number of changes to committee membership and Council leads are proposed and set out in annex 1. These changes are intended to ensure continutiy of membership accros committees, and to ensure that the Council is taking steps to support Council member development and sucession planning in line with the GOC's strategic objectives. Council is asked to approve the appointments marked in bold set out in annex 1, with changes taking affect as indicated in the header row.

5. The Nominations Committee is responsible for considering and recommending to Council plans for Council member appointments. Council is required to evaluate the balance of skills, knowledge and experience on Council and agree a role description and person specification required for a particular vacancy.

6. Council has delegated authority to the Nominations Committee to:
   - agree who will sit on the selection panel for a particular vacancy; and
   - be responsible for identifying and nominating for the approval of Privy Council, candidates to fill Council vacancies as and when they arise following the agreed selection process as described in this policy and process.

7. On 17 May 2022, the Nominations Committee agreed the draft role description, candidate pack and person specification for Council's approval, and request prior approval of the processes from the PSA. Once the PSA has given prior approval for the selection process, the appointed selection panel will carry out the selection process and make a recommendation for appointment to the Privy Council.

8. The processes set out in the candidate pack are in accordance with the *PSA Good Practice in Making Council Appointments: Guidance for regulators making appointments* which are subject to section 25c scrutiny, and the GOC's own Council and Committee Appointments Process. The PSA is responsible for ensuring that our appointments process adheres to the four principles of a good appointments process (merit, fairness, transparency and openness and inspiring confidence). In order for the PSA to be able to advise the Privy Council that it can have confidence in the process, we need to demonstrate that our approach meets the required standard, and that it is in accordance with relevant legislation, however they do not prescribe the appointments process that we use.

9. Two long-standing members of Council are due to come to the end of their tenure on 31 December 2022:
   - Rosie Glazebrook, Lay Council member and Chair of the Registration Committee, and;
   - Glenn Tomison, Registrant Council member (DO) and Senior Council member.

## Analysis

10. The candidate information pack has been drafted and included at annex 3 of this paper for approval.

11. It is good practice for Council to regularly review its future skill needs as these are likely to change over time. It also needs to ensure that the selection criteria and competencies used to select council members reflect the current and expected future needs of Council.

12. It is good practice when reviewing criteria and competencies ahead of an appointments process to consider the existing mix of skills and expertise on Council, to ensure that new members complement and fill any identified gaps or new requirements identified. A summary of the skills and experience of members of Council is set in annex 2.

13. The PSA guidance advises Council to also consider the diversity of the current Council and decide whether it may be desirable to actively seek applications from under-represented groups.

14. At the February 2022 meeting the Nominations Committee discussed the need for a new registrant DO/CLO Council member given that Glenn Tomison was due to demit at the end of 2022. The PSA has been asked if this recruitment campaign could be limited to DOs or CLOs only. The PSA have confirmed that they have no concerns regarding this proposal and have asked the GOC to undertake the advance notice as soon as possible. This will take place following Council approval. The Chair of the Audit, Risk and Finance Committee will be moving to a different role and demitting within the next 18 months, so there is an identified need to bring in additional expertise in this area. The Nominations Committee were asked to consider:

- the mix of skills and experience required of Council members to meet the current and future needs of Council and identify whether there are any specific gaps which need to be filled within this appointment; and
- whether this campaign should be targeted at individuals (most likely lay) from Northern Ireland given previous difficulties in recruiting from this area. This will also allow for suitable succession planning for the current Northern Ireland Council member who demits in 2024.
- whether there is a need to bring a greater balance to Council in relation to ethnicity and disability and whether this should be considered as part of the advertising strategy.

15. Nominations Committee reviewed the mix of skills and experience required of Council members to meet the future needs of Council at its meeting on 17 May 2022. Comments and changes were incorporated into the attached candidate information pack and role advert (annexes 3 and 4).

**Appointments Panel Membership**

16. In considering the make-up of the Appointments Panel, the Nominations Committee gave due consideration to diversity and the balance of skills and experience. The risk in opting for a smaller panel is that there is no provision for absence of members. The Nominations Committee therefore approved the following appointment panel:

| **Council Member Recruitment Campaign** | **Proposed Panel** |
|---|---|
| Panel Chair | Dr Anne Wright CBE |
| Panel member | Dr David Parkins |
| Panel member | Clare Minchington |
| Independent member | Ranjit Sondhi |

## Term of Office

17. The Privy Council is responsible for making all Council related appointment decisions, including the term of office. Council members can be reappointed up to a maximum of eight years. The initial term of appointment proposed for the new member is for an appointment of four years.

## Conflict of Interest

18. Candidates will be asked to make any declarations of interest in line with the GOC Management of Interest policy.

## Timetable

19. Council is asked to note the following timetable which provides for flexibility should it be necessary to accommodate panel members' diaries.

| **Task** | **Campaign**: Council 1 x DO; 1 x lay |
|---|---|
| PSA: Intent to appoint submission (after Nominations Committee and Council) | Week commencing Monday 11 July 2022 |
| Approval from PSA | Week commencing Monday 25 July 2022 |
| Preparation for Advertising Campaign | 25 July – 19 August 2022 |
| Signing off of marketing | Week commencing 22 August 2022 |
| Campaign Launch | Week commencing Thursday 1 September 2022 |
| Deadline for applications | Sunday 2 October 2022 |
| Pre-sifting / shortlisting | Week commencing Monday 3 October 2022 |
| Shortlisting teleconference | Week commencing Monday 17 October 2022 |
| Undertake due diligence checks / request references | Week commencing Monday 20 October 2022 |
| Informal opportunity for candidates to meet Lisa Gerson and Tim Parkinson | Week commencing Monday 31 October 2022 |
| Interviews | Week commencing Monday 7 November 2022 |
| Complete PSA Reporting | Week commencing Monday 14 November 2022 |
| Submit PSA Recommendation to Appoint | Week commencing Monday 21 November 2022 |
| Appointment by | Sunday 1 January 2022 |

## Advertising

20. Council is asked to note a shift in how roles are advertised, with a greater emphasis on online platforms and social media, targeted to the two roles (lay and registrant/DO) linked to the GOC website. This means potential candidates would be sign-posted to the recruitment pack.

21. To ensure the widest circulation and best possible quality and diversity of applications the following promotional methods will be used:
    - an email will be sent to the GOC registrant and stakeholders mailing list (registrant members);
    - an email will be sent to the GOC appointments mailing list (lay and registrant members)
    - a paid advert will be placed with the Guardian and suitable specialist alternative (lay members) and optical press (registrant);
    - a posting will be made on GOC social media including Twitter and LinkedIn;
    - HM Government Public Appointments listing (lay only)
    - GOC Council members will be encouraged to circulate the advert amongst their networks; and
    - Association of British Dispensing Opticians (ABDO) have offered to host a Q&A webinar to support our recruitment campaign for a DO/CLO member of Council. It was also proposed by NomCo that the lay member role could also be advertised via the specialist professional associations' social media (CIMA, ACCA, etc.), and this will be taken forward.

## Application Format

22. Candidates will be asked to submit their CV and a covering letter of no more than two pages.

## Equality, Diversity and Inclusion (EDI)

23. In making appointment decisions, the Nominations Committee and Council must show due regard to eliminating unlawful discrimination; advancing equality of opportunity; and fostering good relations. Embedding EDI considerations in the process should ensure a diverse field of applicants. This will be done by:
    - ensuring the appointment process is professional and based on fair, honest and transparent decision-making;
    - appointment advertising strategies that are inclusive and accessible, in order to attract the widest pool of suitable candidates;
    - designing sifting and selection processes that are barrier-free and making suitable adjustments where necessary;
    - ensuring employees are conversant with latest EDI practices;
    - flexible scheduling throughout the process to match work/life patterns and other EDI considerations; and
    - 'equalities proofing' all our advertising and candidate materials, to make them as accessible as possible to all participants

## Finance

24. The budget for the Guardian advert is covered in a package that was bought in 2021/2022. The adverts for the optical and specialist press and attendance fees for the independent recruitment panel member have been budgeted for in 2022/2023.

## Risks

25. The process will need to comply with our appointments guidance and follows Professional Standards Authority (PSA) guidelines for the appointment of Council members. In addition compliance with the process will be monitored by the Independent Assessor, in line with the policy. We believe that adherence to the policy mitigates against risk in relation to equality, diversity and inclusion as well as ensuring due process in making these appointments.

## Equality Impacts

26. Duties in relation to equality, diversity and inclusion (EDI) are embedded in appointment activities and are considered throughout the paper.

## Devolved Nations

27. Members are appointed from across the four devolved nations. In this campaign we are encouraging applicants from Northern Ireland.

## Other Impacts

28. There are no other impacts identified.

## Communications

29. Council will be informed of the Privy Council's decision via the Strictly Confidential Council meeting on 6 December 2022, if it is received in time. Should this not be possible, Council will be informed by email.

## Next Steps

30. Once agreed by Council, the campaign will commence as set out in the report.

## Annexes

| | |
|---|---|
| Annex 1 | Council Current Membership |
| Annex 2 | Council Skills Matrix |
| Annex 3 | Council Member Candidate Information Pack |
| Annex 4 | Role Advert |

| Member | Maximum term/ renewal date | Current | | From 29th June 2022 | | From 1st Jan 2023 | |
|---|---|---|---|---|---|---|---|
| | | **Committee Chair** | **Committee Member and/or Council lead** | **Committee Chair** | **Committee Member and/or Council lead** | **Committee Chair** | **Committee Member and/or Council lead** |
| Glenn Tomison | 31 December 2022 (second term) | Remuneration Committee | Investment Committee, Nominations Committee &Senior Council member | Remuneration Committee | Investment Committee, Nominations Committee & Senior Council member | N/A | N/A |
| Rosie Glazebrook | 31 December 2022 (second term) | Registration Committee | Nominations Committee | - | Nominations Committee | N/A | N/A |
| David Parkins | 14 March 2024 (second term) | | Audit, Risk and Finance Committee Council lead Leg. Reform | | Audit, Risk and Finance Committee Council lead Leg. Reform | - | Audit, Risk and Finance Committee & **Investment Committee** Council lead Leg. Reform |
| Sinead Burns | 30 September 2024 (second term) | Companies Committee | Audit, Risk and Finance Committee Investment Committee | Companies Committee | Audit, Risk and Finance Committee Investment Committee | **Audit, Risk and Finance Committee** | - |
| Clare Minchington | 31 March 2025 (second term) | Audit, Risk and Finance Committee | | Audit, Risk and Finance Committee | | **Remuneration Committee** | **Senior Council Member** |
| Josie Forte | 31 March 2025 (second term) | Standards Committee | ESR lead Registration Committee | Standards Committee | Registration Committee | Standards Committee | **Remuneration Committee** |
| Mike Galvin | 31 March 2025 (second term) | Education Committee | Audit, Risk and Finance Committee & Council lead for GOC Refresh | Education Committee | Audit, Risk and Finance Committee & Council lead for GOC Refresh | Education Committee | Audit, Risk and Finance Committee & Council lead for GOC Refresh |
| Roshni Samra | 31 March 2025 (second term) | | Registration Committee | | Registration Committee & **Council lead GOC (People Plan)** | - | Registration Committee & Council lead for GOC refresh (People Plan) |
| Tim Parkinson | 15 April 2028 (first term) | Investment Committee | Remuneration Committee & Council lead FtP | Investment Committee | Remuneration Committee | Investment & **Companies Committee** | Council lead FtP |
| Anne Wright | 18 Feb 2029 (first term) | Nominations Committee | | Nominations Committee | | Nominations Committee | |
| Lisa Gerson | 30 April 2029 (first term) | | Council lead for FtP | **Registration Committee** | **Nominations Committee** | Registration Committee | Nominations Committee & Council lead FtP |
| Frank Munro | 4 July 2029 (first term) | | | | **Education Committee** | - | Education Committee |
| New (Lay) | 31 December 2030 (second term) | | | | | **-** | **Audit, Risk and Finance Committee** |
| New (Registrant) | 31 December 2030 (second term) | | | | | - | **Nominations Committee** |

* Appointments requiring Council approval marked in bold

**ANNEX 1** **C19(22)**

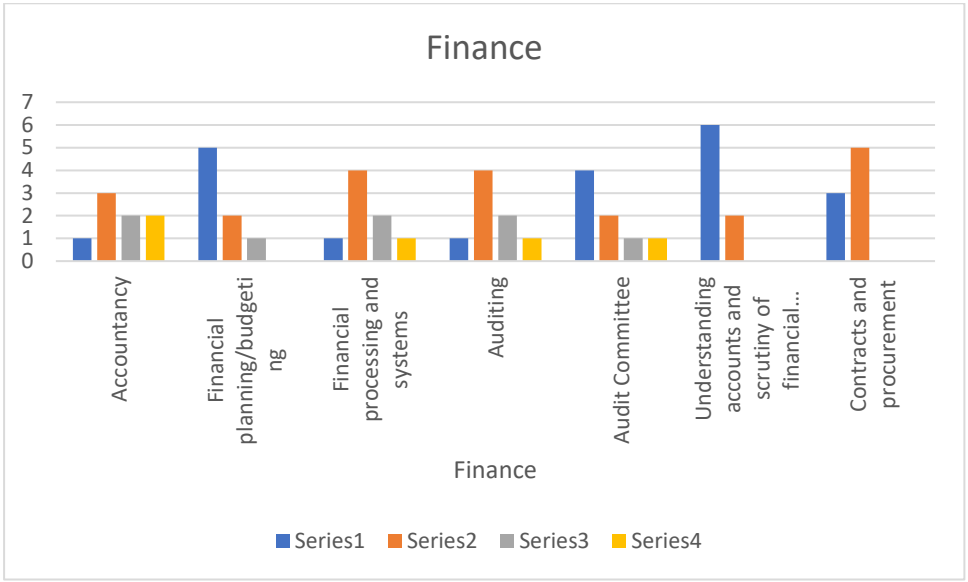
## Current Council Membership

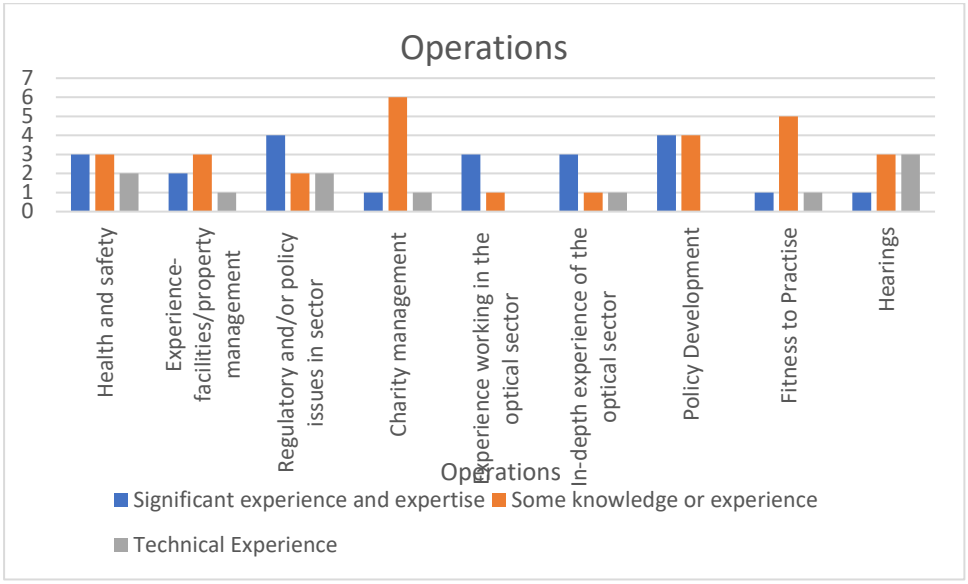
| Member | Type | Maximum term renewal date |
|---|---|---|
| Sinead Burns | Lay | 30 September 2024 (second term) |
| Josie Forte | Registrant (OO) | 31 March 2025 (second term) |
| Mike Galvin | Lay | 31 March 2025 (second term) |
| Lisa Gerson | Registrant (OO) | 30 April 2029 (first term) |
| Rosie Glazebrook | Lay | 31 December 2022 (second term) |
| Clare Minchington | Lay | 31 March 2025 (second term) |
| Frank Munro | Registrant (OO) | 4 July 2029 (first term) |
| David Parkins | Registrant (OO) | 14 March 2024 (second term) |
| Tim Parkinson | Lay | 15 April 2028 (first term) |
| Roshni Samra | Registrant (OO) | 31 March 2025 (second term) |
| Glen Tomison | Registrant (DO) | 31 December 2022 (second term) |
| Anne Wright | Lay (Chair) | 18 February 2029 (first term) |

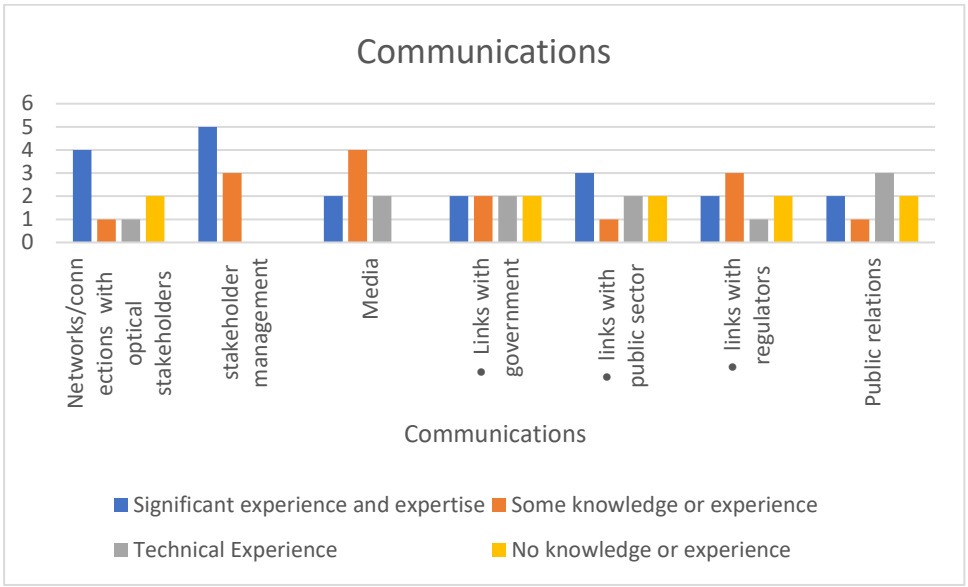
Annex 2

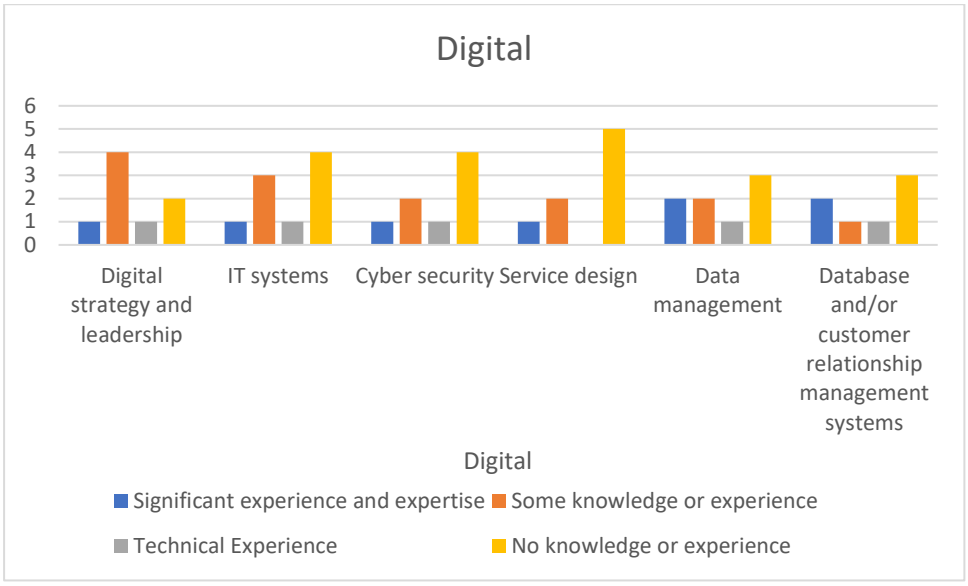

Governance and Leadership
10
8
6
4
2
0
Chairing
Experience in a leadership role
Legal duties of Council members and best practice in governance
Charity law and compliance
Strategic planning
Monitoring and evaluating organisational performance
Governance and Leadership
Significant experience and expertise
Some knowledge or experience
Technical Experience
No knowledge or experience


People
8
7
6
5
4
3
2
1
0
HR
recruitment
performance management
staff management
Developing organisational culture
Learning and development
Stakeholder engagement and...
Pay structures and policies
People
Significant experience and expertise
Some knowledge or experience
Technical Experience

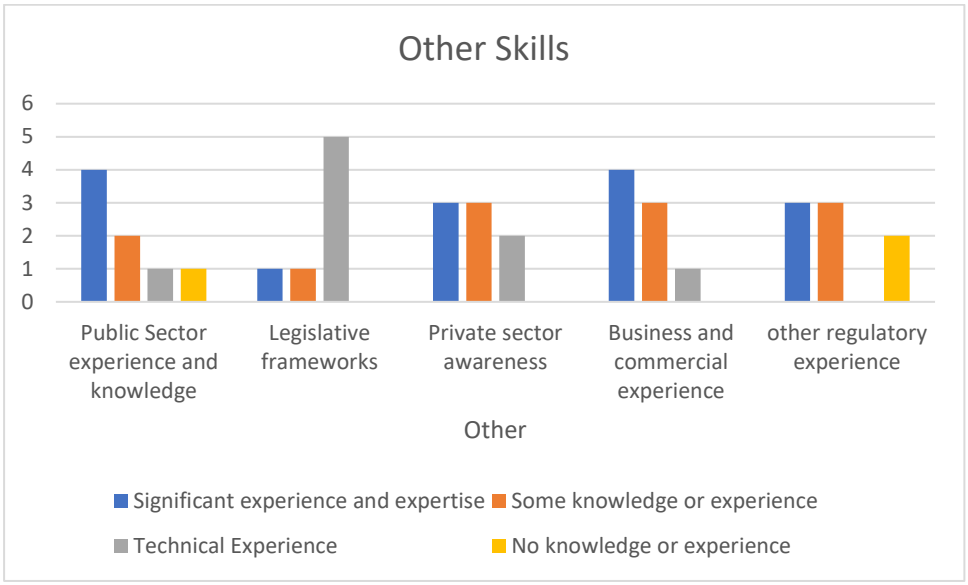

Finance
7
6
5
4
3
2
1
0
Accountancy
Financial planning/budgeting
Financial processing and systems
Auditing
Audit Committee
Understanding accounts and scrutiny of financial...
Contracts and procurement
Finance
Series1
Series2
Series3
Series4


Operations
7
6
5
4
3
2
1
0
Health and safety
Experience-facilities/property management
Regulatory and/or policy issues in sector
Charity management
Experience working in the optical sector
In-depth experience of the optical sector
Policy Development
Fitness to Practise
Hearings
Operations
Significant experience and expertise
Some knowledge or experience
Technical Experience


Communications
6
5
4
3
2
1
0
Networks/connections with optical stakeholders
stakeholder management
Media
• Links with government
• links with public sector
• links with regulators
Public relations
Communications
Significant experience and expertise
Some knowledge or experience
Technical Experience
No knowledge or experience


Digital
6
5
4
3
2
1
0
Digital strategy and leadership
IT systems
Cyber security
Service design
Data management
Database and/or customer relationship management systems
Digital
Significant experience and expertise
Some knowledge or experience
Technical Experience
No knowledge or experience


Marketing
6
5
4
3
2
1
0
1
1
2
1
Branding and brand development
Marketing strategy and business development
Marketing and communications
Digital marketing
Marketing
Significant experience and expertise
Some knowledge or experience
Technical Experience
No knowledge or experience


Other Skills
6
5
4
3
2
1
0
Public Sector experience and knowledge
Legislative frameworks
Private sector awareness
Business and commercial experience
other regulatory experience
Other
Significant experience and expertise
Some knowledge or experience
Technical Experience
No knowledge or experience

# Candidate Information Pack
# Appointments to Council:

Two vacancies:

One lay member
One registrant member (Dispensing Optician)

**Ref: GOC02/22**

**September 2022**

This information pack is available in alternative formats (for example large print).

Please submit your request to the Governance Team (appointment@optical.org)

# Introduction



# Welcome Letter

Thank you for expressing your interest in becoming a Council member. At its core, the role of a member of Council is to lead on the GOC's mission to protect and promote the health and safety of the public and patients; as well as maintain confidence in the profession.

We are seeking to appoint one lay member to the GOC Council with expertise in audit, risk and finance and one registrant member, who will be a dispensing optician.

The role of Council is to lead on the GOC's mission to protect and promote the health and safety of the public and patients; as well as maintaining public confidence in the professions. Successful candidates will contribute to Council by, exercising oversight, ensuring effective corporate governance, and making high-level policy decisions. They will be able to operate strategically and impartially, listen, communicate, and influence effectively, exercise judgment, and inspire confidence and support amongst our stakeholders.

Who are we looking for? Critical thinkers able to express their point of view and who can provide objective advice. Although your professional knowledge of the work of our registrants may be one of the things that you will bring to the Council, it's not the be all and end all. All Council members, be they registrant or lay, are equivalent to non-executive directors: they share equal responsibility for all aspects of the Council's work and each is expected to contribute to all strategic decisions.

Being a Council member gives you the opportunity to share your particular skills and experience while learning from others too. We are committed to supporting personal and professional development in the role.

If you welcome the challenge of helping to shape optical regulation at this time, we will be delighted to hear from you. Please email appointment@optical.org for further information and we will aim respond to your query within 48 hours. Please quote reference **GOC02/22** on all correspondence.

**Dr Anne Wright CBE, Council Chair**
**September 2022**

# Timeline

## Key dates for this appointment are as follows:

### Application Deadline

Sunday 2 October 2022 (midnight)

### Interviews

First stage – week commencing Monday 31 October 2022

Second stage –week commencing Monday 7 November 2022

### Appointment Start Date

From Sunday 1 January 2023

### Induction*

Week Commencing Monday 9 January 2023

*Subject to all the appointment processes having been completed beforehand, the successful candidates will be expected to attend schedule inductions.

**Key contact:** appointment@optical.org

# About the GOC

## Background

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. We are the regulator for the optical profession in the UK. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

## We have four core functions:

**Setting standards for optical education and training, performance, and conduct**

**Approving qualifications leading to registration**

**Maintaining a register of those who are qualified and fit to practise, to train or carry on business as optometrists and dispensing opticians**

**Investigating and acting where registrants' fitness to practise, to train or carry on business is impaired**

## Legislation

Our primary legislation is the Opticians Act 1989 (as amended) and we also have a series of related rules that describe how we carry out our statutory functions. This information can be found on our website

## Our values

The interests of patients and the general public are at the heart of all we do, and we aspire to the timeless seven (Nolan) public sector principles of public life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership).

Our values underpin the way we work with each other, and with the public, our registrants and partner organisations:

- We act with **integrity**
- We pursue **excellence**
- We **respect** other people and ideas
- We are **agile** and responsive to change
- We show **empathy**
- We behave **fairly**

# Overview of the Role of Council

We are governed by a Council which sets the GOC's strategic direction. The Council is composed of six lay members (including the Chair) and six registrant members (i.e., optometrists and dispensing opticians). At least one member of the Council must work wholly or mainly in each of England, Northern Ireland, Scotland and Wales. One Council member acts as a Senior Council Member whose role is to carry out the Chair's appraisal as well as provide a sounding board for the Chair and serve as an intermediary for Council members, Executive and stakeholders as necessary.

The Council meets in public and private a minimum of four times a year (March, June, September and December). In the interest of transparency, the Council conducts the majority of its business in public. Certain issues are reserved for private discussion, including those where there are certain commercial/financial sensitivities or issues that touch upon specific individuals. The Council also meets to evaluate the performance of itself, to consider strategy and to engage in member development.

## Members share corporate responsibility for

- providing strategic direction and making policy and strategic decisions in the interests of public protection;
- ensuring the Council's statutory functions are delivered effectively and efficiently by holding the Executive to account, monitoring performance and ensuring equality of opportunity, accountability, openness and transparency;
- delegating authority to the Chief Executive and Registrar, Executive and committees of the Council where appropriate;
- agreeing policy on important issues relevant to the Council, including standards of education, conduct and performance;
- ensuring compliance with relevant legislation;
- setting registration fees;
- accounting for its performance to Parliament, the Charity Commission and the Professional Standards Authority (PSA) and publishing an annual report;
- appointing members and the Chief Executive and Registrar;
- exercising oversight of the Council's activity through financial stewardship;
- ensuring effective communication with the public, registrants, professional bodies, government, and other interested parties;
- promoting public confidence in regulation and enhancing the Council's reputation;
- managing the charity's resources responsibly; and
- acting in the charity's best interests.

# Appointment Information and Expectation

## Remuneration and Time Commitment

An annual fee of £13,962 is paid monthly. This is in line with our member fees policy. This is taxable and subject to Class 1 National Insurance (NI) contributions. It is not pensionable.

Members can claim expenses, at rates set centrally, for travel and subsistence costs incurred on Council business as set out in our expenses policy.

This role is part time with a commitment of approximately two to three days per month, including time spent preparing for meetings. Meetings will usually take place via MS Teams. We are moving to hybrid meetings in future, and we may on occasion hold meetings at the GOC offices, 10 Old Bailey, London EC4M 7NG or other suitable venues.

The Council currently meets in public and private a minimum of four times a year. Dates for Council meetings in 2022/2023 (as well as previous agendas and papers) can be found here. Members also participate in seminars/workshops to discuss key areas of work, such as strategy and performance.

Members might be asked to become a member of one or more of Council's committees and/or a Council lead for a strategic issue or project, as identified in our strategic and business plans.

No additional remuneration is payable for attendance at training, development or induction.

## Appointment and Tenure of Office

The initial tenure will not exceed four years (any decision on reappointment will be subject to the needs of Council and a satisfactory member review, up to a combined maximum of eight years).

This role is a public appointment / statutory office, rather than a job, and is therefore not subject to the provisions of employment law.

## Lay member

Applicants for lay member of Council is only open to lay individuals who are not registered with the GOC as an Optometrist or Dispensing Optician.

## Registrant members (Dispensing Optician only)

Applicants for the registrant member of Council must be a Dispensing Optician or Contact Lens Optician.

## Member Reviews

All Council members are required to take part in our member review process, which involves self-assessment and one to one meetings with the Chair of Council and third-party feedback on completion of a specified term of office. A satisfactory review will normally be required for Council members to continue to hold office.

## Training and Development

Appropriate training and induction will be provided and tailored to the appointed candidate. Induction will take place prior to appointment where possible. All members are expected to undertake routine refresher training on key areas – such as information governance and equality, diversity and inclusion as a condition of appointment.

## Standards in Public Life

You will be expected to demonstrate high standards of corporate and personal conduct including impartiality, integrity and objectivity in the execution of the role and its responsibilities.

To ensure that these values are maintained by those in public service, the successful candidate will be required to subscribe to our code of conduct on appointment.

You must also confirm that you understand the standards of probity required by public appointees outlined in the "Seven Principles of Public Life". These principles are included within our Code of Conduct.

You should be aware that this post is a public appointment or statutory office, rather than a job and therefore is not subject to the provisions of employment law.

## Disqualification

Appointments to healthcare professional regulatory bodies are governed by regulations which include details of the circumstances in which an individual may be disqualified from holding office.

The criteria for disqualification from appointment as a Council member are set out in Part 2 of The General Optical Council (Constitution) Order 2009). Please read this carefully before you submit an application.

**Due to our statutory requirements, lay roles are only open to lay individuals who are not registered with the GOC as an Optometrist or Dispensing Optician.**

## Management of Interests

You should note your requirement to declare any interests you hold which relate to the advertised role. These are:

- Business or personal interests that might be relevant to our work, and which could lead to a real or perceived conflict of interest were you to be appointed, should be declared at the application stage.

- Any close personal relationships with any GOC employees, workers or Council, committee or Hearings Panel members. Any actual, potential or perceived conflicts of interest will be fully explored by the selection panel at shortlisting and interview stage. Candidates will be given an opportunity to propose how they would manage or eliminate the conflict.

It is possible that certain interests will not be manageable or might be dealt with as a condition of appointment (for example, a candidate needing to terminate their conflicting activity in order to take up the role).

**We strongly recommend that you read our Management of Interests policy, which can be found on our website, and consider any interests that may conflict with the role before deciding to apply.**

Examples of interests that will require the candidate to give up their interest prior to taking up appointment as a Council member include:

- member of the GOC Hearings Panel or Investigation Committee;
- GOC Case Examiner;
- GOC employee;
- GOC Education Visitor Panel member; and
- Independent members of the GOC non-statutory advisory committees: Audit and Risk; Nominations and Remuneration.

On appointment you will be required to declare any interests you hold which could conflict or be perceived to conflict with your role as a lay independent member. In order to be transparent, these interests will be published on our website.

If you wish to discuss an interest before submitting your application, please email appointment@optical.org or call the Governance team on 0207 307 3934.

# Person Specification

Candidates will be required to provide in their application examples of how their experience matches the essential criteria outlined below. Candidates who additionally provide examples of how their experience matches the desirable criteria outlined below may be better positioned to demonstrate that they meet the challenges of the appointment. For applicants who have a similar level of skills, knowledge and experience evidenced against the essential criteria, an assessment against the desirable criteria will be made in order to rank applications.

## Essential Criteria

E1. An active interest in ensuring public safety of optical services in the UK.

E2. Ability to listen, communicate and influence effectively, articulating clear reasoning and showing regard to the views and advice of others

E3. Ability to analyse and interpret substantial volumes of complex documentation and evidence, demonstrating impartiality and intellectual flexibility

E4. Ability to participate in discussions and decision making actively and constructively, using evidence and exercising sound judgment in formulating advice, making recommendations and building consensus to support collective decision making

E5. Commitment to equality and diversity and inclusion; aware of how individual and corporate actions contribute to and make a difference to the equality agenda.

E6. Understanding of corporate governance and corporate performance management

*Registrant member only:*

E7a. Registered dispensing optician with significant leadership and management experience in the delivery of services in optical primary and/or secondary care and/ or dispensing optician higher or further education and/or its quality assurance.

*Lay member only:*

E7b. Suitable financial qualification and membership of relevant professional body, eg. ICAEW, ACCA, CIMA with significant leadership and management experience in corporate strategic planning, financial management, risk management and audit, preferably in a regulated industry, charitable or professional body of comparable size and complexity

## Desirable Criteria (Lay only)

D1. Understanding of professional regulation and charity management and its impact on public protection

D2. Specialist expertise relating to the work of the GOC in in one or more of the following: corporate strategic planning; business performance and reporting; financial management; risk management and/or audit in a field such patient safety, patient advocacy, public involvement, higher or further education, fitness to practise, optical and/or NHS service delivery.

D3. Understanding of technology as a driver/facilitator of transformational change

## Desirable Criteria (Registrant Only)

D4. An understanding of primary and/or secondary care services for patients in relation to any of the following: paediatrics; low vision; dementia; or learning difficulties.

D5. Significant experience as a Contact Lens Optician, ideally in practice, hospital and/or higher education

D6. Specialist expertise in the leadership and management of GOC approved qualifications in dispensing optics or contact lens optician and/or its quality assurance

## Desirable Criteria (Registrant and Lay)

D7. Works wholly or mainly in Northern Ireland.

We are committed to ensuring that in exercising all of our functions we operate in a fair and transparent manner and in a way that is free from discrimination, harassment and victimisation. Within all of our functions, we are committed to promoting equality; valuing diversity; being inclusive; and meeting our equality duties.

We will not discriminate on age; disability; gender reassignment; race/ethnicity; religion or belief; gender; sexual orientation; marriage and civil partnership; pregnancy and maternity or geographical locations outside of London

# How to Apply

## Your Application

Please apply with your CV and a statement giving examples of how your experience matches the essential criteria (no more than 150 words per criteria) in the person specification for the vacancy you are applying for. The desirable criteria for each role will be explored further at interview.

Your CV should outline your employment history, any relevant voluntary work, public service or other experience; together with any relevant professional, academic or vocational qualifications.

## Equality Monitoring

We would welcome applications from individuals who are disabled and from diverse ethnic backgrounds as these are currently under-represented on our council and committees.

When submitting your application, you will also be asked to complete equality, diversity and inclusion (EDI) monitoring information. This is to ensure all candidates are treated fairly, through our process. The form can be accessed here.

Please note the information you submit will be treated in the strictest confidence and used for monitoring purposes only. This will be separated from your application and will not be seen by anyone directly involved in the selection process.

## Deadline

Please complete your application by **midnight on Sunday 2 October 2022.**

If you have any questions, please email them to appointment@optical.org and we will aim to respond to you within 48 hours. You may also contact us by telephone 0207 307 3934.

# Appointments Process

For more information on our appointments process, read our Member Appointments Guidance.

We will process your application as quickly as possible and keep you informed at key stages. **Please read the information below carefully, which outlines important information and our process once we receive your application:**

- We will acknowledge receipt of your CV, statement and EDI form (by email) and check it for completeness and eligibility.

- Due diligence checks (including google/LinkedIn/Facebook searches, director/trustee checks) and references will be taken up **before interview** for the candidates that are invited to interview.

- You will be offered the opportunity to talk to our out-going Senior Council member, Glenn Tomison (Registrant DO) **before interview**.

- There will be two stages to the recruitment campaign. In the first instance, you will be invited to meet on-line with Lisa Gerson (Registrant Council member) and Tim Parkinson, (Lay Council member) for an informal chat as part of the final process in the week commencing Monday 31 October 2022.

- This will be followed by an on-line interview with an appointments panel. The appointments panel will be comprised of:

    - Dr Anne Wright CBE (Chair)
    - Dr David Parkins (Registrant Council Member)
    - Clare Minchington (Lay Council member)
    - Ranjit Sondhi (Independent Member)

- The appointments panel will rely only on the information you provide in your CV and statement whether you have demonstrated that you meet selection criteria, as set out in the person specification.

- Where 30 or more applications are received for a role, applications will be “pre-assessed” before being forwarded to the full appointments panel for consideration. In this event, you should be aware that your application might not be considered in full by all appointment panel members.

- **Candidates shortlisted for interview will be notified in the week commencing Monday 24 October 2022.**

- If you have **not** heard from us by this date, please assume you have not been invited to interview. This will be confirmed to you via email at a later date. Please

note that individual feedback will only be available to candidates who attend interview (but are not appointed).

- Interviews will take place remotely via Microsoft Teams in the week commencing Monday 7 November 2022.

- Where a candidate is unable to attend an interview on the published dates, the selection panel *may* consider a new date, but at their discretion and in light of those interviewed first time.

- If invited to interview, the selection panel will question you about your experience and expertise and ask specific questions to find whether you meet the selection criteria.

- Written references from two referees and other due diligence checks (including google/LinkedIn/Facebook searches, director/trustee checks) for the candidates invited to interview will be undertaken before interview**.** Please ensure that your referees are aware and will be able to respond when contacted.

- All candidates who have been interviewed will be notified of the outcome once the final decision has been made which we expect to be by mid December 2022.

- On appointment, you will receive further information about training and induction.

# Equal Opportunities and Accessibility

## Equality Diversity and Inclusion

We strive to be as diverse as the public we protect and welcome applications from everyone, regardless of age, disability, gender reassignment, race/ethnicity, religion or belief, gender, sexual orientation, marriage and civil partnership, pregnancy, maternity and geographical locations outside of London. We are committed to equality of opportunity for all, and appointments will be made solely on merit. We believe that for any organisation to be successful, it needs to work with the most talented and diverse people available. We positively encourage applications from people from all of the community, from all backgrounds and with a broad range of experience.

To ensure all candidates are treated fairly, we monitor diversity at all stages of the appointments process. The application process includes a monitoring section which is submitted online. Providing this information is optional, but we would be grateful for your co-operation.

Information provided will be treated as strictly confidential and will be used for monitoring purposes only. It will not be seen by anyone directly involved in the selection process and will not be treated as part of your application. No information will be published or used in any way which allows any individuals to be identified. Monitoring information gathered from application processes is published annually in our monitoring report. Our approach to monitoring can be viewed on our website.

## Access Requirements

We have a duty to promote equality of opportunity for people who have disabilities. One of the ways we are doing this is through identifying barriers to opportunity facing people with disabilities and making reasonable adjustments to remove them.

If you would like to discuss your requirements for reasonable adjustments at any stage of the recruitment process in more detail, please contact the Governance team on 0207 307 3934. If you would like more information on reasonable adjustments please read this link: https://www.gov.uk/reasonable-adjustments-for-disabled-workers

# Your Data

## Data Protection

Our data protection policy is published on our website. We are required to retain information about the people who apply for public appointments, and make this available for audit purposes, if requested to do so. Our retention policy in relation to the information we collect in respect of public appointments is that we keep the following information for one year for unsuccessful candidates and six years for successful candidate and then it is destroyed:

- initial contact details, including your name and address;
- application form and any supporting documentation; and
- monitoring information.

Some of the information requested on the application form will be made public if you are appointed (e.g. your name, brief career/background history, other public appointments held, any other information that it is in the public interest to disclose). Moreover, we may be required to release information, including personal data, on request under the UK Data Protection Act 2018. However, we will not permit any unwarranted breach of confidentiality, and where possible will look to gain consent from the individual. Nor will we act in contravention of our obligations under the UK General Data Protection Regulation (UK GDPR).

## Questions and Concerns

We aim to process all applications as quickly as possible. However, if you have a complaint about the process used in this recruitment campaign, please refer to our Corporate Complaints and feedback Procedure which provides guidance on what can and cannot be considered and how to raise concerns. In the first instance, you should raise your concern/complaint informally within 72 hours of the action you are complaining about.

You can raise you concern by email (appointment@optical.org) or telephone (0207 307 3934).

General Optical Council
10 Old Bailey
London
EC4M 7NG

Tel +44 (0)20 7580 3898

www.optical.org

Email: goc@optical.org

Twitter: @GOC_UK

**C19(22)**
**ANNEX 4**

# Vacancies on the GOC's Council

## About the GOC

We are the regulator for the optical professions in the UK. Our purpose is to protect the public by promoting high standards of education, performance and conduct. For more information about us please visit our website: **optical.org**

## About the Council

The role of Council is to lead on the GOC's mission to protect and promote the health and safety of the public and patients; as well as maintaining public confidence in the professions. The Council is composed of six lay members (including the Chair) and six registrant members (i.e. registered optometrists and dispensing opticians). At least one member of the Council must work wholly or mainly in each of England, Northern Ireland, Scotland and Wales. One Council member acts as a Senior Council Member whose role is to carry out the Chair's appraisal as well as provide a sounding board for the Chair and serve as an intermediary for Council members, Executive and stakeholders as necessary.

The successful candidates will contribute to Council by, exercising oversight, ensuring effective corporate governance, and making high-level policy decisions. They will be able to operate strategically and impartially, listen, communicate, and influence effectively, exercise judgment, and inspire confidence and support amongst our stakeholders.

## The Vacancies

**One Lay member with expertise in audit, risk and finance**

**One Registrant member who will be a dispensing optician**

## Remuneration and Time Commitment

Council members are remunerated in accordance with our member fees policy (£13,962 per annum plus reasonable travel and subsistence expenses). The member fee includes time for reading and preparation.

The appointed member will be expected to commit approximately 2-3 days per month. Meetings will usually take place via MS Teams but may on occasion be held at the GOC Offices at 10 Old Bailey, London EC4M 7NG or other suitable venues.

## How to Apply

Please apply with your CV and a statement of no more than two sides of A4 indicating how you meet the person specification. When submitting your application, you will also be asked to complete an equality, diversity and inclusion (EDI) monitoring form.

We would welcome applications from individuals who are disabled and from diverse ethnic backgrounds as these are currently under-represented on our council and committees.

For more information about these roles please download the candidate information pack.

**APPLICATION DEADLINE: midnight on Sunday 2 October 2022.**

Online interviews will be held in the week commencing Monday 7 November 2022.

If you have any questions, please email them to appointment@optical.org and we will aim to respond to you within 48 hours.

We strive to be as diverse as the public we protect and welcome applications from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy, maternity and geographical locations outside of London.

General Optical Council

**PUBLIC COUNCIL**

**Report from the Chair of Council**

**Meeting:** 29 June 2022 **Status:** For noting

**Lead Responsibility and Paper Author:** Dr Anne Wright, Chair of Council

## Introduction

1. This report covers my principal activities since the last Council meeting on 16 March 2022. This will be Leonie's second Council meeting as Chief Executive and Registrar. I would like to thank her for her leadership so far and to offer my support in working together for the future.

2. I would like to welcome members of SMT who have joined the GOC since the last meeting, including the new Director of Regulatory Strategy, Steve Brooker. We also welcome a new Head of Governance, Andy Spragg.

## Management

3. I have had weekly catch-up meetings with the Chief Executive and Registrar as well as briefings from members of the Senior Management Team (SMT), Leadership Team and Governance on a range of priorities.

4. I have held quarterly 1:1 meetings with individual SMT members as well as other meetings on specific priorities and issues.

5. I have had introductory meetings with the new Head of Programmes, Phil Ryan and the new Head of Governance, Andy Spragg on 12 May 2022. I met the new Head of Customer Experience Development, Anthony Conway on 23 May 2022, and the new Director of Regulatory Strategy, Steve Brooker on 24 May 2022. Additionally, I met with the new Equality, Diversity and Inclusion (EDI) Manager, John Duncan for an introductory meeting on 13 June 2022.

6. I attended some activities of the GOC EDI networks including Women's network on 25 March 2022 where Leonie Milliner gave a presentation on 'Women and The Built Environment' to mark Women's History Month. The presentation was followed by a Q&A with staff. In addition, I joined the 'GOC Lunch and Learn - Dispensing opticians (DO's)' session on 09 June2022 with the Association of British Dispensing Opticians (ABDO. The session, aimed at lay GOC Council and Committee members, was presented by Alistair Bridge and Saima Begum, and covered the roles of Dispensing Opticians and how these are evolving.

## Council and Committees

7. I attended meetings of the Remuneration Committee (RemCo) (26 April 2022), and the Audit, Risk and Finance Committee (ARC) (03 May 2022). I have chaired a meeting of the Nominations Committee (17 May 2022). In addition, I joined the Investment Committee meeting on 13 June 2022.

8. I have held fortnightly meetings with the Senior Member Glenn Tomison, and chaired regular informal Council catch-up sessions and a couple of Council member virtual coffee mornings. I held 1:1 Council member review meetings in March/April 2022 with all member reviews now signed and completed. I have completed the CEO's annual appraisal and agreed her objectives for the coming year.

9. I had introduction meetings respectively with the RemCo Independent Member, Nigel Sully (05 May 2022) and ARC Independent Member, John Cappock (19 May 2022).

## Stakeholders

10. 16 March 2022: Optometry Schools Council (OSC) Introductory Meeting with the academic community - Senior Lecturer (Teaching & Scholarship) William Holmes.

11. 22 March 2022: Long-Term Strategic Framework Programme - Third Deliberative Event with the relevant sector bodies and organised by Health Education England (HEE) Strategic Framework.

12. 24 March 2022: 'Sector Strategic Implementation Steering Group (SSISG) Meeting' with the relevant sector bodies.

13. 03 May 2022: 'GOC calls for evidence on need to change the Opticians Act' meeting, accompanied by Leonie Milliner and with Health Science Services (HSS) Primary Care and Mental Health Division - David O'Sullivan, Chief Optometric Advisor, Julie Freeman, and Adams O'Sullivan.

14. 16 June 2022: 'Dr Anne Wright (GOC) and Professor Dame Carrie MacEwen General Medical Council (GMC)' introductory meeting.

15. 27 June 2022: 'ABDO/GOC Bilateral Meeting' accompanied by Leonie Milliner with ABDO's new president, Daryl Newsome. Tony Garrett and Alistair Bridge, who will be taking over as ABDO's CEO when Tony steps down at the end of this year.

**PUBLIC C23(22)**

**COUNCIL**

**Chief Executive and Registrar's Report**

**Meeting:** 29 June 2022 **Status:** For noting

**Lead responsibility and paper author:** Leonie Milliner, Chief Executive and Registrar

**Council Lead(s):** Dr Anne Wright CBE, Council Chair

## Purpose

1. To provide Council with an update on stakeholder and other meetings attended by the Chief Executive and Registrar and activities not reported elsewhere on the agenda.

## Recommendations

2. Council is asked to note the Chief Executive and Registrar's report.

## Strategic objective

3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2022/23 Business Plan.

## Background

4. The last report to Council was provided at the 16 March 2022 meeting.

## Analysis

5. Since the last Council meeting we have welcomed Steve Brooker who has joined GOC as our new Director of Regulatory Strategy. I would like to place on record our thanks to Marcus Dye, who provided a vital contribution while acting up so ably on an interim basis. Steve's appointment completes the changes to the Senior Management Team (SMT) and places us in a prime position to deliver our business plan and strategic objectives in 2022/23. It also enables us to accelerate the progress in delivering our 'Fit for the Future' 5-year strategic plan.

6. John Duncan joined the GOC on 6 June 2022 as our Equalities Diversity and Inclusion (EDI) Manager. Andy Spragg joined GOC on 2 May 2022 as the Head of Governance, I would like to thank Sarah Martyn, Governance and Compliance Manager, for so ably managing the Governance department during this transitional period on an interim basis and I wish Sarah all the best in her new role. We are looking forward to our new Head of Communications, Vikki Julian, joining us in

August 2022

Change

7. The governance framework for the delivery of the strategic projects that form part of our Fit for the Future strategy is now in place. The three programme boards (Organisational Redesign; People Plan and Digital Transformation) had their inaugural meetings in May and June. This allowed for members of the board to review the projects that form part of their programme, commission health check for project already underway and start to agree prioritisation over the year. Project managers have been assigned to each programme board and will work closely with chairs on delivery of the programme outputs.

8. The next phase is the inception of the Strategic Change Board (SCB), scheduled to be in place by end of July. Reporting directly into SMT, the SCB will provide quarterly reports of assurance, as well as escalation of any high-level risks to delivery of the organisation's strategic priorities.

9. Regulatory Operations are well underway with their directorate restructure. With the new Director now in place, consultation with staff on options for proposed structure of the directorate continues, with phase one due for completion by end of August. Early engagement and visioning have now begun with the Governance team.

Corporate Services

**Facilities**

10. Negotiations continue for the rent review at 10 Old Bailey. The Director of Corporate Services and Chief Executive continue to meet with the building owner and seek a resolution.

**Health and Safety Annual Report 2021-22**

11. The health and safety of those that work for us is of paramount importance. We are pleased to report that we had no major health and safety incidents reported during the year.

12. In May 2021 an independent health and safety report concluded:

*13. The General Optical Council maintain an excellent set of offices on the first floor of 10 Old Bailey, London. The building is managed by a third-party management organisation, who are responsible for communal areas and plant, such as the lifts, the electrical systems, the water systems, fire alarms and some of the reception and security personnel. However, the General Optical Council are responsible for maintenance, upkeep and management of their demised areas within the first floor, which has been completed to an excellent standard.*

14. Our overall score for the Health & Safety Compliance Audit is 94.26% which is a Gold standard.

15. There is close monitoring by the entire organisation regarding the management of risk of infection of Covid-19 at the office, to staff, stakeholder and registrants. Regular meetings of our dedicated taskforce anticipated measures that central Government were likely to take in adjustments to our office protocols and risk assessment. Lateral Flow Tests (LFT) are still available to staff and members visiting the office for free whilst stocks last and vaccinations are strongly encouraged.

**HR**

16. The pay and reward project progresses, with consultants now appointed and timescales agreed. It is anticipated that the initial diagnostic and documentation review will be completed by mid-July. Staff focus groups are underway, and we have now consulted with our key stakeholders. Benchmarking data is being gathered and will be used to inform our decision making. The solution design will commence in mid-July and run until November. Completion is scheduled for January 2023.

17. We continue to review our agile working practices, and an all-staff survey has now been completed. We have begun to analyse the key themes and draft proposals for updating our approach will be developed by SMT based on this feedback.

Regulatory Operations

18. We have launched our improvement programme for 2022-2025. This prioritises our continued commitment to improve our timeliness in fitness to practise and focusses on areas where we have identified scope for further improvement. This includes developing policies that will support our success in diverting low level concerns away from fitness to practise, as well as ensuring that we can continue to share learning from decision at each stage of the investigative process.

19. The phased restructure of our casework teams into a number of multi-role investigation pods continues with slow but steady recruitment into our legal team. We hope to have filled all remaining leadership posts by the end of August. This should secure consistent and timely legal input into concerns that are raised with us from the earliest opportunity through to case closure.

20. Early indications are positive with almost 60 per cent of all open cases currently under one year old and of those over two years old, just four have yet to reach Case Examiner stage.

Regulatory Strategy

**Legislative reform**

21. We have continued to engage with the Department of Health and Social Care's (DHSC) work on reforming the legislation of the healthcare regulators. We received a draft copy of the legislation for the General Medical Council at the end of March and have been working with the other healthcare regulators to review and feedback on the draft. The draft legislation concentrates on the areas of legislation that are common to all regulators: fitness to practise, registration, education and training, and governance and operational. We will continue to engage with the DHSC in the

coming months, attending roundtable meetings along with the other healthcare regulators to discuss our comments and views on the draft legislation. We expect the DHSC to formally consult on a final draft later in the year.

22. We are using the opportunity to carry out preparatory work ahead of legislative change for the GOC by reviewing the Opticians Act 1989. We issued a public call for evidence on 28 March 2022 giving stakeholders an opportunity to tell us whether they think any changes are required to the Opticians Act and providing evidence to support these. The consultation will be open until 18 July 2022. We have been engaging with various stakeholders during the consultation period, including charities that represent the patient perspective.

23. On 31 March 2022 we issued a response to the DHSC's consultation on Healthcare regulation: deciding when statutory regulation is appropriate. Our response is available on our website.

**Education**

24. In September 2021, Council delegated approval of qualifications to the Registrar as part of our updated Scheme of Delegation. The first full approval decision, for the University of Central Lancashire's MSci Optometry (until all cohorts have completed the programme) and MSc Optometry qualifications, was granted in April 2022. Whilst the decision has moved from Council to the Registrar, the process that underpins this remains the same – with annual quality assurance visits to the provider, and the final decision and report presented by the Education team to the Registrar. We will be updating our website to include a section on approval decisions now this will no longer be in the Council papers, to ensure transparency of the process and decisions made.

25. We continue to engage with existing GOC-approved providers to discuss their plans to adapt to the new education and training requirements. We are due to receive our first completed notification of adaptation in July.

26. Education visits against the current handbooks are ongoing, and we held two face-to face visits in March and April 2022, with the majority of visits continuing to be held virtually.

27. Two providers remain under our Serious Concerns Review (SCR) process, however the status of the SCR for both providers is due to be reviewed for both once the visit outcomes and reports have been finalised.

28. As part of our annual monitoring return, the sector report has been drafted and included in the Council papers. Individual programme reports will be drafted and shared with the providers, based on their responses to our annual monitoring return.

*Approved Qualifications for Contact Lens Opticians*

29. Following approval of our updated education and training requirements for approved qualifications for Contact Lens Opticians (CLOs) in March 2022, Council requested that the executive consult with the CLO Expert Advisory Group (EAG) in relation to

the allocation of Miller's level for Outcome 5.14 (which is at the 'knows how' level) and its alignment with Outcome O3.5a (iv) in the requirements for approved qualifications for Dispensing Opticians approved in February 2021(which is at the 'does' level). Council also requested the EAG review the inclusion of the references within the indicator to Outcome 5.14 the College of Optometrists' published clinical management guidelines. For ease of reference;

a. The CLO Outcome 5.14 reads:

*O5.14 "Understands and applies relevant local protocols and professional guidance on the urgency of referrals e.g. The College of Optometrists' clinical management guidelines." [Knows how]*

b. Dispensing Optician Outcome 3.5a (iv) reads:

*DO O3.5a (iv) "Accurately identifies patients' conditions and their potential need for medical referral in a timely way, including when urgent or emergency attention is required." [Does]*

30. As requested by Council, in May the executive asked the CLO EAG to consider the alignment of CLO Outcome O5.14 at 'knows how' on Miller's Pyramid of Clinical Competence with the DO Outcome O3.5a at the 'does' level.

31. The response of the CLO EAG was that in framing the Outcomes for CLO approved qualifications the intention of the EAG was to draft requirements that were above and beyond the requirements for Dispensing Opticians, to allow for skill progression and to reflect the more advanced scope of practice expected as a CLO at entry level, as compared to an entry-level DO. Outcome 5.14 for Contact Lens Opticians relates to the scope of practice of a CLO and the EAG's view is that it's decision to adopt Miller's level 'Knows how' is intended to reflect that difference. For this reason, the CLO EAG was conscious to avoid replicating content present in the Outcomes for Dispensing Opticians unless it reflected the difference of scope of practice. The EAG group therefore does not recommend the allocation of Miller's level be adjusted CLO Outcome 5.14 to the 'does' level. Similarly, the EAG was content that the reference to the College of Optometrists' clinical management guidelines should be retained in CLO Outcome O5.14 as an example of 'relevant local protocols and professional guidance.' The EAG in response noted that the CLO outcomes contain two additional outcomes that mention referral which provides additional safeguards. These are:

*O3.4 Evaluates results using evidence-based knowledge to make differential diagnoses and inform an appropriate management plan including referral within scope of practice when appropriate. [Does];* and

*O3.6 Recognises the signs and symptoms associated with relevant ocular conditions, (including, but not exclusively, anterior eye disease, dry eye, red eye and foreign body), differentiates normal from abnormal findings, manages the conditions appropriately and refers where necessary. [Shows How]*

32. Education and Standards Committees were asked by correspondence if they agreed with the advice from the EAG or if it was their view that approval be sought from Council for further adjustments to CLO Outcome 5.14. The Education and Standards Committees agreed with the views and clear rationale provided by the EAG and therefore no changes to CLO Outcome 5.14 are recommended. It was also noted that in the Delphi verification exercise, retention of this outcome including the current wording was a score of 8.6 with an agreement of 86%.

33. Finally, Council also requested a list of changes made by the CLO EAG to the CLO education and training requirements following the public consultation earlier this year. We have produced a table itemising all changes with a rationale provided which explains the reason for each adjustment and in addition, a copy of the CLO education and training requirements with highlighted track changes for ease of reference. These documents are attached as annexes to this report.

**Research**

34. We are in the process of reviewing the output of our three recently concluded annual surveys; the public perceptions survey, registrant workforce and perceptions survey, and stakeholder survey understaken for us by external market research agencies:. We expect to publish these reports over the summer months and plan to discuss the findings with Council at its September meeting.

External stakeholder engagement

35. Since the last Public Council meeting on 16 March 2022, I have attended the following external meetings and engagements:

- 16 March 2022: 'GOC MyCPD Client Project Meeting (17)' with the Chief Executive and Senior Account Manager, Perceptive.
- 18 March 2022: 'Workforce Deployment Discussion' with the relevant sector bodies.
- 18 March 2022: 'GOC and Royal Pharmaceutical Society Education Discussion' with Gail Fleming, Director of Education & Professional Development.
- 22 March 2022: Meeting with Association for Nutrition (AfN) - Chief Executive, Ms Helen Clark to discuss use of Delphi framework
- 24 March 2022: 'Sector Strategic Implementation Steering Group (SSISG) Meeting' with the relevant sector bodies.
- 25 March 2022: 'Chief Executives of Health and Social Care Regulators Steering Group (CESG) Meeting' organised by General Dental Council (GDC) with the relevant sector bodies.
- 31 March 2022: Introductory meeting with Association of Optometrists (AOP) - Adam Sampson, Chief Executive.
- 04 April 2022: Introductory meeting' with Craig Partridge, Finance Director Jisc.
- 06 April 2022: 'Advisory Committee on Degree Awarding Powers (ACDAP)' organised by the Quality Assurance Agency (QAA) for Higher Education - including the relevant sector bodies.
- 12 April 2022: Meeting with WorkNest - Tina Byrne, Employment Law Solicitor.

- 26 April 2022: Optometry Schools Council (OSC) /GOC discussion on evidencing GOC Education Standards' organised by William Holmes
- 26 April 2022: Evening networking meeting organised by Institute for Government.
- 27 April 2022: Meeting with Rap Interiors; Martyn Pilcher, Commercial Director and Alice Carr, Design Assistant.
- 28 April 2022: Introductory meeting with Dr Jayne Chidgey-Clark, National Guardian for Freedom to Speak Up, NHS England.
- 29 April 2022: Introductory meeting with Laura Fulton, GPhC Director for Scotland.
- 29 April 2022: Chief Executives of Regulatory Bodies (CEORB) Meeting organised by General Dental Council (GDC)
- 03 May 2022: Meeting with David O'Sullivan, Chief Optometric Advisor, Welsh Government, Julie Freeman, and Adams O'Sullivan, Health Science Services (HSS) Primary Care and Mental Health Division regarding GOC call for evidence
- 03 May 2022: Introductory Meeting' with Association for Independent Optometrists and Dispensing Opticians (AIO) - Dr Christian French, Chairman and Mike Ockenden, Head of Secretariat.
- 04 May 2022: ABDO Presidential Handover Dinner organised by Association of British Dispensing Opticians (ABDO) where Jo Holmes handed over the presidency to Daryl Newsome and Kevin Gutsell became Vice President.
- 05 May 2022: Introductory Meeting with Primary Eyecare Services (PES) - Dharmesh Patel, CEO.
- 06 May 2022: Chiropractic, Optical, Pharmacy, Osteopathic and Dental regulatory bodies Co-operation Pod (COPOD) Meeting' organised by General Osteopathic Council (GOsC) and the relevant regulatory bodies were present.
- 09 May 2022: HEE & Regulator Roundtable organised by Health Education England (HEE) and including the appropriate regulatory bodies.
- 10 May 2022: College of Optometrists (CoO) President's Dinner with Colin Davidson, President.
- 12 May 2022: Meeting with with WorkNest re employment advice
- 17 May 2022: Meeting with Care Quality Commission (CQC); Charles Rendell, Strategy Manager and Amanda Williams, Director of Integration, Inequalities, and Improvement o discuss CQC's role in assessing Integrated Care Systems (ICS)
- 19 May 2022: 'ACDAP Meeting' organised by the Quality Assurance Agency (QAA) for Higher Education
- 20 May 2022: 'Meeting Debbie McGill, ABDO Head of Policy, and Public Affairs.
- 23 May 2022: 'ESR SSISG Funding Workshop' organised by CoO - Ian Humphreys, Chief Executive and including the relevant sector bodies.
- 24 May 2022: Quarterly Meeting with College of Optometrists - Ian Humphreys, Chief Executive.
- 25 May 2022: 'Health and Social Care Regulators Forum' organised by CQC - Charles Rendell, Strategy Manager and including the appropriate regulatory bodies.
- 27 May 2022: 'CEORB Meeting' organised by General Dental Council (GDC), Lorna Blackwood, Executive Assistant to Chief Executive and Registrar and including the relevant sector bodies.
- 30 May 2022: Introductory meeting with Department of Health and Social Care (DHSC) - Phil Harper, Deputy Director.
- 07 June 2022: Introductory meeting with NHS Counter Fraud Authority - Alex Rothwell, CEO.
- 23 June 2022: 'Catch-up meeting' with GPhC - Duncan Rudkin, Chief Executive.

- 24 June 2022: ‘Pay & Rewards Consultants Stakeholder Interview Meeting’ with Qualification in Careers Guidance (QCG) - Peter Fairchild, Senior Consultant.

36. A range of other engagements by Directors are listed in Annex 1.

## Finance

37. This paper requires no decisions and so has no financial implications.

## Risks

38. The Strategic Risk Register has been reviewed in the past quarter and discussed with ARC.

## Equality Impacts

39. No impact assessment has been completed as this paper does not propose any new policy or process.

## Devolved nations

40. We continue to engage with all four nations across a wide range of issues.

## Other Impacts

41. No other impacts have been identified.

## Communications

### External communications

42. This report will be made available on our website.

### Internal communications

43. Staff receive regular updates on the activity described above via the Chief Executive and Registrar’s weekly bulletins.

## Next steps

44. There are no further steps required.

**Attachments**
**Annex 1 - Directors’ Stakeholder Meetings**
**Annex 2 - Education and Training Requirements for GOC-Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician**
**Annex 3 - Record of amendments to the Contact Lens Optician (CLO) Education and Training Requirements following the Public Consultation**

## Meetings/visits since last Council meeting

| Steve Brooker, Director of Regulatory Strategy (As of 23 May 2022) | Marcus Dye Director of Regulatory Strategy (Acting until 31 May 2022) | Philipsia Greenway Director of Change | Yeslin Gearty, Director of Corporate Services | Dionne Spence, Director of Regulatory Operations |
|---|---|---|---|---|
| **24.05.22 - Meeting with FODO** on call for evidence on legislative reform | **2 x Weekly UK Advisors Meeting** with:<br>• Raymond Curran – Head of Ophthalmic Services, Health and Social Care Board Northern Ireland<br>• Janet Pooley – Chief Optometric Advisor to Scottish Government<br>• David O'Sullivan - Chief Optometric advisor to Welsh Government<br>• Daniel Hardiman McCartney – The College of Optometrists | **05.04.22 - Inphase demonstrations** for potential reporting solution for strategic projects | **23.03.22 Fortesium & MyGOC Project** With Fortesium – website suppliers – and members of the IT & Change teams<br><br>**25.03.22 Risk Assurance Mapping** with Chris Harris from TIAA (our internal auditors) | **16.03.22 - Dr Louise Wallace** on Witness to Harm Project<br><br>**21.03.22 - Association of Chief Executives EDI Forum**<br><br>**30.03.21** - **Lisa Pinney, CEO of the Coal Authority** on potential collaborations |
| **25.05.22 - Meeting with ABDO** on call for evidence on legislative reform | **1 x Monthly UK-REACH STAG Project Board meetings** (March) – Government commissioned research into impact of Covid-19 on diagnosis and treatment of ethnic minorities | **10.05.22 - Victoria Curtis** Indigo Square Consulting introduction and discussion on potential SMT development and coaching | **28.03.22 Risk Management Training** with Wendy Allerton from TJA Consulting<br><br>**01.04.22 COPOD** Inter-regulatory meeting organised by Marcia Scott from the GOsC | **05.04.22 - Inphase demonstration** for potential case management software solution<br><br>**07.04.22 – Ashley Norman, TIAA** for Hearings audit planning discussion |

| Steve Brooker, Director of Regulatory Strategy (As of 23 May 2022) | Marcus Dye Director of Regulatory Strategy (Acting until 31 May 2022) | Philipsia Greenway Director of Change | Yeslin Gearty, Director of Corporate Services | Dionne Spence, Director of Regulatory Operations |
|---|---|---|---|---|
| **25.05.22 - SPOKE** quarterly catch-up meeting | **11.03.22 Meeting with Health Education England** to discuss credentialling project and how this may impact optical professions | **23.05.22 - Garath Symonds Reconnect Coaching** introduction and discussion on potential SMT development and | **28.04.22 GOC Staff Reward Project** meeting with consultant Peter Fairchild from QCG to commence review | **07.03.22 - Andrew Cackett**, Capsticks Solicitors, **Sophia Howson** and **Stephanie Beadling**, Ward Hadaway |
| **30.05.22 - Phil Harper, DHSC:** introductory meeting | **18.03.22 Meeting with Gail Fleming, Education Visitor Panel member** | **25.05.22 Paula Hays QCG** Pay and Benefit project discussion | **29.04.22 Chief Executives of Regulatory Bodies (CEORB) meeting** regular meeting of CEO's project board | **12.04.22 - Faye Brooks, Method Consulting** introduction |
| **9.06.22 - College of Optometrists:** introductory meeting with senior team | **22.03.22 DHSC IMMDS working group** looking at implementation of recommendation 8 of the report | **26.05.22 Ashley Norman TIAA** Assurance resource for Strategic Change Board | **03.05.22 DLA Piper** meeting with Jenna Clarke regarding a tribunal appeal. | **03.05.22 and 07.06.22 – Kelly Reid, TIAA** for Hearings Audit planning meeting |
| **10.06.22 - Meeting with DHSC** to discuss its Appropriate Clinical Cover (ACC) project, which is looking at the matter of indemnity cover for healthcare professionals | **24.02.22 Chaired Sector Strategic Steering Group (SSISG) meeting** | **08.06.22 Julian Khan and Paul Dobson Fortesium** My GOC Project | **03.05.22 Kelly Reid from TIAA** Hearings Process Planning meeting | **05.05.22 – Richard Boardman and Mark Payne, Mareeba / Arriga** for CRM options discussion on case management solutions |
| **17.06.22 - Chaired Workforce Deployment Discussion** | **25.03.22 Sector Education Forum** | | **05.05.22 Rachel Gledhill from HCPC –** Regulatory Reform Fee Proposals Discussion | **06.06.22 – Stephen Moore, Legal Director Specsavers UK** for case discussion |

| Steve Brooker, Director of Regulatory Strategy (As of 23 May 2022) | Marcus Dye Director of Regulatory Strategy (Acting until 31 May 2022) | Philipsia Greenway Director of Change | Yeslin Gearty, Director of Corporate Services | Dionne Spence, Director of Regulatory Operations |
|---|---|---|---|---|
| **20.06.22 - Meeting with Thomas Pocklington Trust** on call for evidence on legislative reform | **29.03.22 DHSC IMMDS working group** looking at implementation of recommendation 8 of the report | | **05.05.22 Geraldine Newbold Solicitors** - Discussion about 10 Old Bailey | **07.06.22 – Peter Fairchild and Paula Hayes, consultants** on pay and reward review |
| **20.06.22 - Meeting with Macular Society** on call for evidence on legislative reform | **05.04.22 Inphase demo** of project management software | | **11.05.22 Director of Resources Cross Regulatory** – regular meeting | **07.06.22 – Alex Rothwell, CEO NHS Counter Fraud Authority** - introduction |
| **21.06.22 - Tom Jones, General Medical Council: introductory meeting** | **26.04.22 DHSC IMMDS working group** looking at implementation of recommendation 8 of the report | | **24.05.22 Rachel Tansey, Lloyds Bank** meeting regarding Cardnet | |
| **22.06.22 - National Optometric Advisers:** regular weekly meeting | **27.04.22 NHS England Primary Care Stakeholder Forum** | | **26.05.22 QCG Stakeholder Interview** Peter Fairchild**,** Sara Hayes, Paula Datsova | |
| **24.06.22 - Elizabeth Docherty, Optometry Scotland: introductory meeting** | **28.04.22 DHSC on industry payment reporting** | | | |

| Steve Brooker, Director of Regulatory Strategy (As of 23 May 2022) | Marcus Dye Director of Regulatory Strategy (Acting until 31 May 2022) | Philipsia Greenway Director of Change | Yeslin Gearty, Director of Corporate Services | Dionne Spence, Director of Regulatory Operations |
|---|---|---|---|---|
| **24.6.22 - Fight for Sight:** introductory meeting with Keith Valentine, CEO | **17.05.22 Meeting with Charles Rendell, Angela Forsdyke and Amanda Williams of CQC** to discuss CQC role in oversight of ICS implementation | | | |
| | **19.05.22 Meeting with AOP** to discuss GOC Call for Evidence | | | |
| | **20.05.22 Interview with QCG** – pay and reward consultant | | | |
| | **25.05.22 Meeting with FODO** to discuss GOC Call for Evidence | | | |
| | **26.05.22 Meeting with ABDO** to discuss GOC Call for Evidence | | | |

## Education and Training Requirements for GOC-Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician

### Introduction

This document describes our requirements for approval of qualifications for specialist entry to the GOC register as a contact lens optician. It is divided into the following sections:

- **Section 1: Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician** ('outcomes for approved qualifications') describes the expected knowledge, skills and behaviours a dispensing optician must have for the award of an approved qualification for specialist entry to the GOC register as a contact lens optician.
- **Section 2: Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician** ('standards for approved qualifications') describes the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification for specialist entry to the GOC register as a contact lens optician.
- **Section 3: Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician** describes how we will gather evidence to decide in accordance with our duties under the Opticians Act 1989 ('the Act') whether a qualification for specialist entry to the GOC register as a contact lens optician meets our outcomes for approved qualifications and standards for approved qualifications. This method statement is common to qualifications for specialist entry to the GOC register.

### What do these documents replace?

Together, the outcomes and standards for approved qualifications for specialist entry to the GOC register as a contact lens optician replace our 'Visit handbook guidelines for the approval of training institutions and providers of schemes for registration for United Kingdom trained Contact Lens Opticians' published July 2007 and the 'Contact Lens Speciality Core Competencies' published in 2011, including the list of required core competences, the numerical requirements for trainees' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning, published separately.

Together these new documents will ensure the specialist post-registration qualifications we approve are responsive to a rapidly changing landscape in the delivery of eye-care services and fit for purpose in each of the UK nations. The documents allow for the changing needs of patients and service-users, enhanced roles for dispensing opticians within new models of service delivery (not least as a result of the COVID-19 emergency), and increased expectations of trainees and their employers so as to ensure that the qualifications we approve are fit for purpose.

**What have we consulted on previously?**

These proposals are based on our analysis of the responses to our Call for Evidence, Concepts and Principles Consultation in 2017-2018, feedback from our 2018-2019 consultation on proposals stemming from the Education Strategic Review (ESR) and associated research and our public consultations held in July-September 2020 and October 2021-January 2022. For more information, please see the GOC's consultation hub.

**Pre-registration qualifications**

We also approve two pre-registration qualifications for entry to the GOC register as either a dispensing optician or an optometrist. Our updated requirements for these qualifications (see our Requirements for Approved Qualifications in Optometry or Dispensing Optics: Outcomes for Registration; Standards for Approved Qualifications; Quality Assurance and Enhancement Method) were approved by the GOC's Council ('Council') on 10 February 2021.

**How have we developed our proposals?**

Our proposals have been guided by research and consultation and best practice from other regulators, professional and chartered bodies. You can read our research, background and briefing papers on our website.

In preparing this document we were advised by an Expert Advisory Group (EAG) and feedback from a range of stakeholder groups including our Education Visitors, our Advisory Panel (including Education and Standards Committee), the optical sector and sight-loss charities.

We would like to thank everyone who took the time to help us develop our proposals to ensure they protect and benefit the public, safeguard patients and help secure the health of service-users. You can read the EAG's terms of reference and membership on our website.

**Arrangements for current providers of GOC-approved and provisionally qualifications**

From March 2022 we will begin working with each provider of GOC-approved and provisionally approved post-registration contact lens optician qualifications to understand at what pace providers will be able to adapt their existing qualifications or develop new qualifications to meet the new outcomes and standards.

We anticipate most providers will work towards admitting trainees to approved qualifications that meet the outcomes and standards from July 2022.

Separate arrangements will be made with the Association of British Dispensing Opticians (ABDO) to ensure that for trainees who graduate from qualifications approved before 2022, their route to specialist entry to the GOC register is maintained.

## Section 1: Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician

**Introduction**

The outcomes for approved qualifications for specialist entry to the GOC register as a contact lens optician describe the expected knowledge, skills and behaviours a dispensing optician must have to be awarded an approved qualification for specialist entry to the GOC register as a contact lens optician.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register as a contact lens optician.

GOC-approved qualifications[1] will prepare trainees to meet these outcomes for specialist entry to the GOC register.

The outcomes are organised into six categories:

1. Uphold professional standards
2. Person centred care
3. Ocular examination
4. Verification and identification
5. Contact lens fitting and aftercare
6. Learning and development

Each category includes an overarching statement and outcomes which must be met if a trainee is to be awarded the approved qualification. Each outcome is described using a level based on an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence'[2] (knows; knows how; shows how; and does). We have provided a note on Miller's Pyramid on page 9 of this document.

The number of outcomes in each category varies; some categories have fewer outcomes than others. The number of outcomes in each category and their order within the category is not an indication of weight and/or volume of assessment, teaching and learning when providers design qualifications.

[1] Act gives GOC powers to approve qualifications

[2] Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 563–7.

## Outcomes for Approved Qualifications Leading to Specialist Entry to the GOC Register as a Contact Lens Optician

Contact lens opticians make the care of patients their primary concern. They take responsibility for their own actions and apply the knowledge, skills and behaviours required to practise effectively, safely and professionally.

### 1. Uphold professional standards

*Contact lens opticians establish relationships with others based on professional understanding and respect; acting as part of a multidisciplinary team they ensure that continuity of care across care settings is not compromised.*

O1.1 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to contact lens and other care, and works collaboratively to ensure the delivery, transfer and continuity of care is assured and not compromised. [Knows How]

O1.2 Undertakes a patient consultation in an appropriate setting, taking account of confidentiality and understands the issues involved in obtaining valid consent and maintaining dignity and respect in accordance with regulatory standards and contractual requirements. [Knows How]

O1.3 Introduces self and role to the patient/carer and confirms patient/carer identity. [Shows how]

### 2. Person centred care

*Contact lens opticians must have a patient centred approach, be adaptive and work collaboratively with others in the best interests of the patient. They must understand their role appreciating uncertainty, ambiguity and limits to their knowledge and the process of contact lens fitting as part of a multidisciplinary approach to a patient's ocular health.*

O2.1 Assesses the communication needs of the patient/carer and adapts consultation appropriately (e.g. for language, age, capacity, physical or sensory impairments). [Knows how]

O2.2 Works with the patient/carer in partnership to make informed choices, aiming for the optimal outcome for the patient which meets the professional aims of the practitioner. [Knows how]

O2.3 Identifies, recommends and fits contact lenses to achieve vision correction and/or eye health goals, including explaining where patient expectations cannot be met and/or when contact lenses cannot be fitted. [Does]

O2.4 Explains to the patient the potential risks and benefits of contact lens wear and any management options/treatment, including the importance of hygiene regimes, wearing compliance and when to seek further advice. [Does]

O2.5 Encourages patients to take responsibility for their ocular health and to respond to contact lens and other health conditions appropriately. [Shows how]

O2.6 Works within scope of practice and recognises when to refer or seek guidance from another member of the healthcare team or a specialist. [Knows how]

## 3. Ocular examination

*Contact lens opticians must conduct a detailed examination of the anterior eye and related structures using appropriate instrumentation and clinical techniques they have learned. They must apply their knowledge to understand the implications of their findings and identify appropriate clinical responses including diagnosis, clinical management, contact lens fitting or referral within scope of practice.*

O3.1 Demonstrate~~s~~ knowledge of appropriate instrumentation and technology for detailed inspection of the anterior segment of the eye, related ocular adnexa and tear film. This should include methods of illumination, filters, ~~and~~ other instrument attributes and related use of diagnostic stains. [Knows how]

O3.2 Assesses the anterior segment, related ocular adnexa and tear film in a systematic sequence. [Does]

O3.3 Assesses the curvature and regularity of the cornea and any other dimensions required for contact lens fitting. [Does]

O3.4 Evaluates results using evidence-based knowledge to make differential diagnoses and inform an appropriate management plan including referral within scope of practice when appropriate. [Does]

O3.5 Has acquired knowledge of common systemic conditions and their ocular impacts and contact lens implications. [Knows]

O3.6 Recognises the signs and symptoms associated with relevant ocular conditions, (including, but not exclusively, anterior eye disease, dry eye, red eye and foreign body), differentiates normal from abnormal findings, manages the conditions appropriately and refers where necessary. [Shows How]

O3.7 Recognises the signs, symptoms and contact lens implications of non-systemic (ocular) pathological conditions. [Knows]

O3.8 Manages contact lens induced complications for all types of contact lenses. [Shows how]

O3.9 Uses appropriate grading scales, imaging and other available technological information and creates and maintains accurate and contemporaneous records of all patient advice and management decisions in line with relevant legislation. [Does]

## 4. Verification and identification

*Contact lens opticians exercise personal responsibility by checking lenses applying the methods and techniques they have learned to verify that they are correct as per contact lens specifications.*

O4.1 Understands how to assess using the appropriate instruments, the dimensional measurement and other features of contact lenses to identify where possible and enable their replication. [Knows how]

O4.2 Understands how contact lens parameters are measured to International Organisation for Standardisation (ISO) standards of tolerance. [Knows how]

O4.3 Recognises and differentiates between the design features of contact lenses. [Shows how]

## 5. Contact lens fitting and aftercare

*Contact lens opticians take a shared approach to evidence-based decision-making (sometimes in complex and unpredictable contexts) by assessing patients' planned use / clinical needs and recommending an appropriate lens to achieve desired outcomes, managing the fitting and aftercare of patients with contact lenses and adapting the management plan where necessary.*

O5.1 Takes a comprehensive history eliciting any information relevant to the fitting, aftercare and use of contact lenses. [Does]

O5.2 Interprets and investigates appropriately the presenting symptoms of the patient. [Does]

O5.3 Interprets relevant patient records to ensure knowledge of the patient's ocular and contact lens history and management to date. [Shows how]

O5.4 Interprets relevant patient information (i.e. spectacle prescription, history and any relevant information supplied by any other health care ~~optometrist or medical~~ practitioners) and clinical findings to assess the indications and contraindications for contact lens fitting. [Shows how]

O5.5 Discusses contact lens options and makes appropriate recommendations allowing patients to make an informed choice; selects and fits the most appropriate contact lens and parameters for the planned use and clinical needs of the patient. [Does]

O5.6 Assesses the fitting of a contact lens (soft, rigid and new modalities/materials where applicable) using a variety of techniques; adjusts lens parameters where appropriate. [Does]

O5.7 Issues unambiguous and complete contact lens specifications which meet legal requirements. [Shows how]

O5.8 Instructs the patient in contact lens handling (i.e. hygiene, insertion and removal, etc) and how to wear and care for the lenses including appropriate action to take in an emergency. [Shows how]

O5.9 Demonstrates a routine contact lens aftercare consultation in compliance with the requirements of the Opticians' Act. [Does]

O5.10 Investigates, identifies and manages any contact lens adaptation or aftercare issues. [Shows how]

O5.11 Informs patients of the importance of continuing contact lens aftercare and regular eye examinations, ~~general ocular aftercare~~ and provide~~s~~ information on arranging aftercare and relevant emergency procedures. [Shows how]

O5.12 Selects and fits the most appropriate complex/specialist contact lens for the planned use and clinical needs of the patient (e.g. refractive management, therapeutic, prosthetic and cosmetic contact lenses); manages the ongoing contact lens care of own patients. [Shows how]

O5.13 Recognises the signs and symptoms of sight threatening conditions/ocular emergencies requiring immediate treatment and manages them appropriately. [Shows how]

O5.14 Understands and applies relevant local protocols and professional guidance on the urgency of referrals e.g. The College of Optometrists' clinical management guidelines. [Knows how]

## 6. Learning and development

*Contact lens opticians must maintain their clinical and contact lens knowledge and skills appropriate to their scope of practice; they must work within their areas of expertise and competence to achieve desired patient outcomes.*

O6.1 Understands common ocular conditions, presenting symptoms and urgency e.g. glaucoma, retinal detachment and age-related macular degeneration (AMD) in the context of contact lens practice. [Knows]

O6.2 Understands the principles and maintains knowledge of evidence relating to myopia management. [Knows how]

O6.3 Demonstrates knowledge of refractive techniques including the principles of binocular vision management in the context of contact lens practice. [Shows how]

O6.4 Understands the range of lenses available including soft, rigid and new materials/modalities. [Knows]

O6.5 Understands the clinical application of all contact lens types e.g. optical, therapeutic, protective, diagnostic, prosthetic and cosmetic. [Knows]

O6.6 Understands and safely applies knowledge of the drugs and staining agents used in clinical practice, including any relevant risks and side effects. [Knows how]

O6.7 Understands the various forms of ocular surface diseases (e.g. dry eye) and maintains knowledge of available management options. [Knows how]

O6.8 Implements infection prevention and control in optical practice. [Does]

O6.9 Understands the methods of disinfection of contact lenses / contact lens containers including awareness of the different solutions used in contact lens practice, their constituents, the importance of maintaining sterility and common pathogens. [Knows how]

O6.10 Applies current legislation to contact lens practice and understands the relevant legislation surrounding the use of common ocular drugs. [Shows how]

O6.11 Evaluates advances in contact lens practice, the evidence behind management strategies and any emerging safety concerns. [Knows]

O6.12 Demonstrates a reflective approach to learning and own development of contact lens practice to ensure continued alignment with current best practice. [Shows how]

O6.13 Understands continuing education and professional requirements (e.g. continuing professional development (CPD)) within contact lens practice. [Knows]

[ENDS]

Note on 'Miller's Pyramid of Clinical Competence'[3]

**Knows** Knowledge that may be applied in the future.
*(Assessments may include essays, unseen examinations, practical reports, essays, oral examinations and multiple-choice questions (MCQs), etc.)*

**Knows how** Knows how to apply knowledge and skills in a defined context or situation.
*(Assessments may include essays, oral examinations, unseen examinations, short answer questions, multi-format MCQs (single best answer, extended matching questions), practical simulations, portfolios, workbooks and poster presentations, etc.)*

**Shows how** Applies knowledge, skill and behaviour in a simulated environment or in real life repeatedly and reliably.
*(Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments, oral and poster presentations, designing, conducting and reporting an experiment, dispensing tests and taking a patient history, unseen examinations involving patient cases, etc.)*

**Does** Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably.
*(Assessments may include OSCEs, simulated patient assessments and observed practice, case-based assessments, portfolios, sustained research project (thesis, poster and oral presentation) etc.)*

[3] Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 56

## Section 2: Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician

### Introduction

The standards for approved qualifications for specialist entry to the GOC register as a contact lens optician describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification for specialist entry to the GOC register as a contact lens optician.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register as a contact lens optician.

GOC-approved qualifications[4] will prepare trainees to meet these outcomes for specialist entry to the GOC register. We expect to see evidence that the outcomes are met and for this reason a minimum duration or credit volume is not provided.

The standards are organised under five categories:

1. Public and patient safety
2. Selection and admission of trainees
3. Assessment of outcomes and curriculum design
4. Management, monitoring and review of approved qualifications
5. Leadership, resources and capacity

Each category is supported by criteria which must be met for a qualification to be approved.

[4] The Act gives the GOC powers to 'approve' 'qualifications'

## Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician

### 1. Public and patient safety

*Approved qualifications must be delivered in contexts which ensure public and patient safety and support trainees' development and the demonstration of patient centred professionalism.*

Criteria to meet this standard:

S1.1 There must be policies and systems in place to ensure trainees understand and adhere to the GOC's Standards of Practice for Optometrists and Dispensing Opticians.

S1.2 Concerns about a trainee's fitness to train or practise must be reported to the GOC. (The GOC acceptance criteria should be used as a guide as to when a fitness to practise/train matter should be reported.)

S1.3 Trainees must not put patients, service-users, the public or colleagues at risk. This means that anyone who teaches, assesses, supervises or employs trainees must ensure trainees practise safely, only undertake activities within the limits of their competence and are appropriately supervised when with patients and service-users.

S1.4 Upon admission (and at regular intervals thereafter) trainees must be informed it is an offence not to be registered as a dispensing optician with the GOC at all times whilst studying on a programme leading to an approved qualification as a contact lens optician.

### 2. Selection and admission of trainees

*Recruitment, selection and admission of trainees must be transparent, fair and appropriate.*

Criteria to meet this standard:

S2.1 Selection and admission criteria must be appropriate for entry to an approved qualification leading to specialist entry to the GOC register as a contact lens optician including relevant health, character and fitness to practise checks. For overseas trainees, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.

S2.2 Recruitment, selection and admission processes must be fair, transparent and comply with relevant legislation (which may differ between England, Scotland, Northern Ireland and Wales), including equality and diversity legislation.

S2.3 Selectors (who may include a mix of academic and admissions/administrative staff) should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias in line with legislation in place in England, Scotland, Northern Ireland or Wales.

S2.4 Information provided to applicants must be accurate, comply with relevant legislation and include:

- the academic and clinical experience required for entry to the approved qualification;
- a description of the selection process and any costs associated with making the application;
- the qualification's approved status;
- the total costs/fees that will be incurred;
- the curriculum and assessment approach for the qualification; and
- the requirement for trainees to remain registered with the GOC throughout the duration of the programme leading to the award of the approved qualification.

If offers are made to applicants below published academic and professional entry requirements, the rationale for making such decisions must be explicit and documented.

S2.5 Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that trainees admitted at a point other than the start of a programme have the potential to meet the outcomes for award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by The Quality Assurance Agency for Higher Education (QAA) and/or Ofqual / Scottish Qualifications Authority (SQA) / Qualifications Wales / Department for the Economy in Northern Ireland and must not exempt trainees from summative assessments leading to the award of the approved qualification.

S2.6 Trainees upon application must have identified a suitably experienced and qualified supervisor who has agreed to supervise their clinical experience in practice. The trainee's supervisor must be a contact lens optician (with a minimum of two years' specialist registration) or optometrist (with a minimum of two years' registration with current experience of contact lens practice). (See also standard 4.)

## 3. Assessment of outcomes and curriculum design

*The approved qualification must be supported by an integrated curriculum and assessment strategy that ensures trainees who are awarded the approved qualification meet all the outcomes at the required level (Miller's Pyramid: knows; knows how; shows how; and does).*

Criteria to meet this standard:

S3.1 There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure trainees' achievement of outcomes at the required level (Miller's Pyramid) and how this leads to an award of an approved qualification.

S3.2 The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (e.g. Harden's spiral curriculum[5]), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.

S3.3 Curriculum design and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, trainees, supervisors, members of the eye-care team and other healthcare professionals.

S3.4 The approved qualification must provide experience of working with patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); and team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as *clinical practice, community, manufacturing, research, domiciliary and hospital settings* (for example, Harden's ladder of integration). This experience must increase in volume and complexity as students progress through a programme.

S3.5 The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted. Summative assessments directly related to the outcomes demonstrating unsafe practice must result in failure of the assessment.

S3.6 Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification leading to specialist entry to the GOC register as a contact lens optician.

S3.7 Assessment (including lowest pass) criteria must be explicit and set using an appropriate and tested standard-setting process. This includes assessments which occur during learning and experience in practice.

S3.8 Assessments must appropriately balance validity, reliability, robustness, fairness and transparency, ensure equity of treatment for trainees, reflect best practice and be routinely monitored, developed and quality-controlled. This includes assessments which might occur during clinical experience.

S3.9 Appropriate reasonable adjustments must be put in place to ensure that trainees with a disability are not disadvantaged in engaging with the teaching and learning process and in demonstrating their achievement of the outcomes.

S3.10 There must be policies and systems in place to plan, monitor and record each trainee's achievement of outcomes leading to award of the approved qualification.

[5] R.M. Harden (1999) What is a spiral curriculum? Medical Teacher, 21:2, 141-143

S3.11 The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies[6] (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by Qfqual, SQA or Qualifications Wales. Approved qualifications leading to specialist entry to the GOC register as a contact lens optician must be at a minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level 6 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 10.

S3.12 ~~A range of teaching and learning methods must be used to deliver the outcomes.~~ There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered.

S3.13 The approved qualification must integrate clinical experience (approximately ~~minimum of at least~~ 30 days / 225 hours) to enable the development of trainees' clinical experience to meet the outcomes. This must be under the supervision of a contact lens optician (with a minimum of two years' specialist registration) or optometrist (with a minimum of two years' registration and current experience of contact lens practice) and include active involvement in the fitting and aftercare of a wide range of lens materials, designs and wearing modalities as well as management of complications arising from contact lens wear. (See also standard 4.)

S3.14 The outcomes must be delivered and assessed in an environment that places study in an academic, clinical and professional context which is informed by research and provides opportunities for trainees to develop as learners.

S3.15 Outcomes delivered and assessed during clinical experience must be clearly identified, included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.

S3.16 The choice of outcomes to be taught and assessed during periods of clinical experience and the choice and design of assessment items must be informed by feedback from a variety of sources, such as patients, employers, trainees, supervisors, members of the eye-care team and other healthcare professionals.

S3.17 Assessment (if undertaken) of outcomes during learning and experience in practice must be carried out by an appropriately trained and qualified GOC registrant or other statutorily registered healthcare professional who is competent to measure students' achievement of outcomes at the required level (Miller's Pyramid).

S3.18 The collection and analysis of equality and diversity data must inform curriculum design, delivery and assessment of the approved qualification. This

analysis must include trainees' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment, and used to enhance trainees' experience of studying on a programme leading to an approved qualification.

S3.19 Trainees must receive regular and timely feedback to improve their performance, including on their performance in assessments and in periods of clinical experience.

S3.20 As part of the approved qualification, trainees must meet regularly with their supervisor to discuss and document their progress as learners.

## 4. Management, monitoring and review of approved qualifications

*Approved qualifications must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes that show who is responsible for what at each stage.*

Criteria to meet this standard:

S4.1 There must be a clear management plan in place for the approved qualification's development, delivery, management, quality control and evaluation.

S4.2 The organisation responsible for the award of the approved qualification must be legally incorporated (e.g. not be an unincorporated association) and have the authority and capability to award the approved qualification.

S4.3 The provider of the approved qualification must be able to accurately describe its corporate form, its governance and lines of accountability in relation to its award of the approved qualification.

S4.4 The provider must have a named point of contact for the approved qualification.

S4.5 There must be agreements in place between the trainee, their supervisor and the approved qualification provider that describe their respective roles and responsibilities during periods of clinical experience. These must be regularly reviewed and supported by management plans, systems and policies which prioritise patient safety.

S4.6 The provider of the approved qualification may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever constituted, the relationship between the constituent organisations and the ownership of the provider responsible for the award of the approved qualification must be clear.

S4.7 There must be agreements in place between the different organisations/people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice. Agreements must define the role and responsibility of each organisation/person, be regularly reviewed and supported by

management plans, systems and policies that ensure the delivery and assessment of the outcomes meet these standards.

S4.8 A trainee's supervisor (who must be either a contact lens optician or optometrist) must be trained and supported to carry out their role effectively.

S4.9 A trainee may be supervised by no more than two supervisors at any time, one of whom must assume primary responsibility for the trainee's supervision.

S4.10 The approved qualification must be systematically reviewed, monitored and evaluated across learning environments using best available evidence, and action taken to address any concerns identified. Evidence should demonstrate as a minimum:

- feedback systems for trainees and their supervisors;
- structured systems for quality review and evaluation;
- trainee consultative mechanisms;
- input and feedback from external stakeholders (patients, employers, supervisors, former trainees, etc); and
- evaluation of business intelligence including progression and attainment data.

This will ensure that:

- provision is relevant, current and informed by evidence, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or the results of research;
- the quality of teaching, learning support and assessment is appropriate; and
- the quality of clinical experience, including supervision, is appropriate.

S4.11 There must be policies and systems in place for:

- the selection, appointment, support and training of external examiner(s) and/or internal and external moderator(s)/verifiers; and
- reporting back on actions taken to external examiners and/or internal and external moderators/verifiers.

S4.12 Trainees, and anyone who supervises trainees, must be able to provide feedback on progress and raise concerns. Responses to feedback and concerns raised must be recorded and evidenced.

S4.13 Complaints must be considered in accordance with the good practice advice on handling complaints issued by the Office for the Independent Adjudicator for Higher Education in England and Wales (or equivalent).

S4.14 There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification and to identify areas requiring attention or development.

S4.15 There must be systems and policies in place to ensure that the GOC is notified of any major events and/or changes to the delivery of the approved qualification, assessment and quality control, its organisation, resourcing and constitution, including responses to relevant regulatory body reviews.

## 5. Leadership, resources and capacity

*Leadership, resources and capacity must be sufficient to ensure the outcomes are delivered and assessed to meet these standards in an academic, professional and clinical context.*

Criteria to meet this standard:

S5.1 There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resources to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced together with evidence of recommendations considered and implemented.

S5.2 There must be a sufficient and appropriately qualified and experienced staff team. This must include:

- an appropriately qualified and experienced programme leader, supported to succeed in their role; ~~and~~
- sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals benchmarked to comparable provision[7]; and
- sufficient supervision of trainee learning in practice by GOC registrants who are appropriately trained and supported in their role.

S5.3 There must be policies and systems in place to ensure anyone involved in the approved qualification is appropriately qualified and supported to develop in their role. This must include:

- opportunities for CPD, including personal, academic and profession-specific development;
- for supervisors, opportunity for training and support;
- effective induction, supervision, peer support, and mentoring;
- realistic workloads for anyone who teaches, assesses or supervises trainees;
- for teaching staff, the opportunity to gain teaching qualifications; and
- effective appraisal, performance review and career development support.

S5.4 There must be sufficient and appropriate learning facilities to deliver and assess the outcomes. These must include:

- sufficient and appropriate library and other information and IT resources;
- access to specialist resources, including textbooks, journals, internet and web-based materials; and
- specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes.
-

[7] Providers must regularly benchmark their student:staff ratio (SSR) to comparable providers (alongside seeking trainee and stakeholder feedback) to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification.

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S5.5 Trainees must have effective support for health, wellbeing, conduct, academic, professional and clinical issues.

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## Section 3: Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician

### Introduction

Our quality assurance and enhancement method describes how we will gather evidence to decide in accordance with the Act whether a qualification for specialist entry to the GOC register as a contact lens optician meets the outcomes for approved qualifications and standards for approved qualifications. This method statement is common to all qualifications for specialist entry to the GOC register.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register.

The design of the new quality assurance and enhancement method supports our outcomes-orientated approach. It moves away from seeking assurance that requirements are met by measuring inputs to evidencing outcomes. This reflects approaches taken by other statutory healthcare regulators, professional and chartered bodies.

The method does not attempt to describe every permutation of assurance and enhancement. Instead, it establishes a proportionate framework for gathering and assessing evidence to inform a decision as to whether to approve a qualification or withdraw approval of a qualification. The method sets out arrangements for periodic, annual, thematic, sample-based reviews, as well managing serious concerns and the type and range of evidence a provider of an approved qualification might consider providing to support these processes.

Underpinning our approach is a greater emphasis on the views of patients, service-users, the public, NHS, commissioners of training and education, and employers, as well as the views of trainees and previous trainees in the evidence we consider. This is to ensure the qualifications we approve are not only responsive to the needs of patients and service-users but also to the rapidly changing landscape in the delivery of eye-care services across the United Kingdom (UK).

The method is organised in seven sections:

1. Legal basis for quality assurance and enhancement
2. Quality assurance and enhancement – definitions
3. Geographic scope
4. Arrangements for current (2021) providers of approved and provisionally approved qualifications
5. Approval of new qualifications (from March 2022)
6. Periodic review, annual return, thematic and sample-based review
7. Scope of evidence
8. Decision-making

## Quality Assurance and Enhancement Method

### 1. Legal basis for quality assurance and enhancement

Our powers to undertake quality assurance and enhancement are set out in sections 12 and 13 of the Act. The Act requires the GOC to approve qualifications 'granted to candidates following success in an examination or other form or assessment which in the Council's opinion indicates that the candidate has attained all the outcomes leading to the award of the qualification'.

In part approval will be based on reports of appointed visitors (called 'Education Visitors') who report to the GOC on the 'nature of the instruction given', the 'sufficiency of the instruction given' and 'the assessments on the results of which approved qualifications are granted' as well as 'any other matters' which the GOC may decide.

The Act also gives powers to the GOC to approve 'any institution where the instruction given to persons training as opticians appears to the Council to be such as to secure to them adequate knowledge and skill for the practice of their profession'.

### 2. Quality assurance and enhancement – definitions

Quality assurance provides assurance that the qualifications we approve meet requirements in accordance with the Act for 'adequate knowledge and skill' (section 12(7)(a) of the Act), as described in our outcomes and standards for approved qualifications.

A quality enhancement process goes further than establishing that minimum requirements are met. Enhancement helps us demonstrate we are meeting our statutory obligation to understand both the *'nature'* and the *'sufficiency'* of instruction provided and in the assessment of trainees, and provides an opportunity to foster innovation and enhance the quality and responsiveness of provision to meet the needs of patients, the public and service-users.

### 3. Geographic scope

In addition to approving qualifications in the UK we may also approve qualifications outside the UK, provided that these are taught and assessed in either English or Welsh. Assurance and enhancement activity undertaken outside the UK will be charged for on a full cost recovery basis.

### 4. Arrangements for current (2022) providers of approved and provisionally approved qualifications

From March 2022 we will begin working with each provider of GOC-approved and provisionally approved post-registration qualifications to understand at what pace providers will be able to adapt their existing qualifications or develop new qualifications to meet the outcomes and standards.

We anticipate most providers will work towards admitting trainees to approved qualifications that meet the outcomes and standards from July 2022.

Separate arrangements will be made with ABDO to ensure that the route to specialist entry to the GOC register is maintained for trainees who graduate from qualifications approved before 2022.

Providers of currently approved qualifications and provisionally approved qualifications will have three options for adapting their existing qualifications or developing new qualifications to meet the outcomes and standards for approved qualifications:

a. adapt an existing approved or provisionally approved qualification and seek approval (as a course change) to a timescale agreed with us;

b. 'teach out' an existing approved qualification or provisionally approved qualification to a timescale agreed with us, alongside developing, seeking approval for and recruiting to a 'new' qualification (using the process described in section 5 below); and

c. 'teach out' an existing approved qualification or provisionally approved qualification to a timescale agreed by us and partner with another organisation(s) or institution(s) to develop, seek approval for and recruit to a 'new' qualification (using the process described in section 5 below).

Providers may, in consultation with the GOC, wish to migrate trainees from an existing approved or provisionally approved qualification to the 'new' qualification.

During the transitional phase, the 'Visit Handbook Guidelines for the Approval of: [A] Training Institutions; and [B] Providers of Schemes for Registration for United Kingdom Trained Contact Lens Opticians' (2007), including the list of required core competences, the numerical requirements for trainees' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning will apply to all existing (2021) GOC-approved and provisionally approved qualifications during the teach out or migration phase.

## 5. Approval of new qualifications (from March 2022)

We will consider applications for approval of qualifications not currently approved in accordance with the risk-based staged approach described below.

For qualifications already approved by the GOC, please see section 4 above, 'Arrangements for current (2021) providers of approved and provisionally approved qualifications'.

The number, frequency and specification for each stage for approval of new qualifications will vary depending on the proposed qualification's risk stratification, which can be summarised broadly as:

a. lower risk: a new qualification developed by an existing provider of approved speciality qualifications or provisionally approved speciality qualifications (option b. in section 4 above);

b. medium risk: a new qualification developed by a provider in a partnership or contractual arrangement with one or more organisations or institutions, one or more of which may have experience of awarding a speciality qualification approved by us; and

c. higher risk: a new qualification developed by a provider with limited or no experience of awarding a speciality qualification approved by us.

All new qualifications not currently approved by us applying for GOC approval on or after March 2022 will be expected to meet the outcomes and standards in accordance with the stages outlined below.

**Staged approach to qualification approval** *(for approval of new qualifications)*

*Stage 1.* Initial proposal for the proposed qualification. This stage will explore the strategic intent for the proposed qualification, the rationale for its design, its proposed approach to integration and resourcing, the provider's corporate form and management, and how the views of stakeholders, including patients, servicer-users, employers, NHS, commissioners of training and education, and the public will inform the development, teaching and assessment of the proposed qualification, the draft business case and an outline of the investment necessary to ensure its success, and identification of key risks. The evidence to support stage 1 will normally be a written submission, based on the evidence framework, and supported by a meeting with us (at our offices or virtually) if necessary. Stage 1 may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are on course to be met and the provider is ready to move to stage 2. The output of stage 1 will be a report to the provider which may or may not be published.

*Stage 2*. Stage 2 will examine the proposed qualification design and its resourcing in more depth (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stages 1 and 2). This stage will consider the business case, investment and proposed pedagogic approach, the development of learning, teaching and assessment strategies, the involvement of patients, servicer-users, employers, commissioners and the public in qualification design, delivery and assessment, and preparedness for delivery for the first cohort of trainees. By the end of stage 2 all arrangements with partners (if required) will be in place, as will the investment necessary to ensure the qualification's successful implementation. The evidence to support stage 2 will normally be a written submission, based on the evidence framework, and supported by a meeting with us (at our offices, on site or virtually) if necessary. Stage 2 may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are on course to be met and the provider is ready to move on to stage 3. The output of stage 2 will be a report to the provider which may or may not be published.

*Stage 3.* The purpose of stage three will be to assess the readiness of the provider to begin recruiting trainees. The focus will be on detailed curriculum and assessment design, approach to recruitment and selection of trainees, and preparedness to commence delivery of the approved qualification. Stage 3 will confirm that the resourcing of the qualification, as described in stages 1 and 2, is in place (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stages 2 and 3). By stage 3 the provider will also be expected to evidence good progress in implementing plans approved at stage 2. As stage 3 represents a higher risk to the GOC in terms of its decision-making, the evidence to support stage 3 will normally be a written submission, based on the evidence framework and an on site (or virtual) visit based on the format of a periodic review. The specification of the periodic review required will be informed by the qualification's risk profile. Stage 3 may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are likely to be met and the provider is ready to move on to stage 4. The output of stage 3 will be permission to commence recruiting trainees. Providers are reminded that the qualification is not approved until a decision of Council is made at stage 5, and to ensure recruitment and advertising material conforms to our standard conditions of approval.

*Stage 4 (a,b,c, etc.).* Stage 4 is repeated each year until the first cohort of trainees, or trainees migrated across into the programme, reach the final year's study. The focus of stage 4 is on the delivery and assessment of the integrated qualification, including its staffing, resourcing and infrastructure, risk mitigation and progress in implementing plans approved at earlier stages, alongside preparedness for the delivery for the next, and most importantly, final, academic year. At stage 4 patient, servicer-user, employer, commissioner and public engagement in qualification delivery, assessment and review is expected, along with evidence of an increasing volume of inter-professional learning and patient-facing learning and experience as trainees progress through the qualification. At stage 4 (a, b, c, etc.) the provider's preparedness for, and implementation of, its plan for the integration of patient-facing learning and experience will be examined, as well as its reflections on implementing plans approved at earlier stages, and any changes it proposes to make to the qualification as a result of trainee and stakeholder feedback. As stage 4 represents a higher risk to us in terms of our decision-making, the evidence to support stage 4 will normally be a written submission, based on the evidence framework and, for applications stratified as lower risk, a meeting with us either on site or at our offices (or virtually if necessary). For applications stratified as medium or higher risk, the meeting will take the form of an on site (or virtual) visit based on the format of a periodic review. As at other stages, stage 4 may result in conditions being imposed, which can include halting recruitment for one or more cohorts, until we are reassured that the outcomes and standards are likely to be met and the provider is ready to move on to stage 5.

If a provider is asked to halt recruitment and/or if the decision is that there is no confidence the provider is ready to move to stage 5, the provider may cease to be considered for GOC approval, and trainees will not be eligible for specialty

registration. In these circumstances, the provider must inform us how the interests of trainees currently studying on the qualification will be best served, either by transferring to an alternative provider or by being offered an alternative academic award; any costs incurred will be the responsibility of the provider.

The output of stage 4 will be a report to the provider which may or may not be published. Providers are reminded that the qualification is not approved until a decision of Council is made at stage 5, and to ensure recruitment and advertising material confirms to our standard conditions.

*Stage 5.* Stage 5 considers an approved qualification's ability to meet the outcomes and standards. It is the final stage of the process and takes place in the academic year in which the first cohort of trainees will graduate. The evidence to support stage 5 will normally be a written submission, based on the evidence framework, alongside a periodic review and our attendance at the provider's final examination board (or equivalent). The specification for the periodic review will be based on the evidence framework and the risk stratification of the qualification, which includes factors such as, but not limited to the results of stages 1 to 4, discharge of previously applied conditions and/or any serious concerns reviews and a sample-based review of the outcomes. The prime purpose of a stage 5 periodic review is assurance about whether the outcomes and standards are met. Depending on whether the application is stratified as lower, medium or higher risk, the periodic review may be desk-based, involve an on site visit or visits, and/or physical or virtual meetings.

A decision by Council as to whether to approve the qualification will rely upon its consideration of the evidence gathered during stages 1 to 5 and will be informed by the advice of the Education Visitors. If the decision of Council is to *approve* the qualification (with or without conditions), the decision will specify the date from which the qualification is approved (normally the date of the examination Board for the first graduating cohort of trainees). The duration of the qualification's approval may be limited if necessary, according to its risk profile.

A provider's progress through the staged process for approving a new qualification is advisory only until Council decides whether or not to approve the new qualification. This must be made clear to all trainees and applicants until the qualification is approved by Council.

## 6. Periodic review, annual return, thematic and sample-based review

Four methods of assurance and enhancement will together provide insight as to whether a qualification continues to meet our outcomes and standards:

- periodic review (of approved qualifications);
- annual return (of approved qualifications);
- thematic review (of standards); and
- sample-based review (of outcomes).

*Periodic review*. All approved qualifications and qualifications applying for approval will be subject to periodic review. Periodic review considers an approved qualification's ability to meet or continue to meet the outcomes and standards. It

may be desk-based, involve an on site visit or visits, and/or physical or virtual meetings. The frequency and focus of periodic reviews will be informed by the risk profile of the qualification, which includes factors such as, but not limited to, the results of annual returns, thematic and sample-based reviews, discharge of previously applied conditions and/or serious concerns reviews. The specification for a periodic review will be based on the risk profile of the qualification. The prime purpose of a periodic review is assurance as to whether the standards and outcomes are met.

*Annual return.* All approved qualifications must submit an annual return, which is a key part of our assurance method. We will publish the specification for annual returns from time to time, together with the timeframe for the annual returns. Failure to submit an annual return may contribute to a decision to refuse or withdraw a qualification's approval. Information submitted as part of a qualification's annual return will inform our risk stratification, the timing and specification of periodic review and the basis for our thematic and sample-based reviews. We may publish a summary report of annual returns from time to time.

*Thematic and sample-based review.* Thematic and sample-based reviews will be a key part of our enhancement method, providing evidence of the *'nature'* and *'sufficiency'* of approved qualifications and their assessment. They are both an assurance and an enhancement activity. Their focus is to draw out key themes, identify and share good practice, and address risk in an approved qualification or a group of approved qualifications. Thematic and sample-based reviews may be on a profession-specific/regional/national and/or UK basis. All approved qualifications must participate in thematic and sample-based reviews if required.

We will publish the specification for a thematic review from time to time, which will be based on the criteria contained in the standards, together with the timeframe for participation.

The focus of sample-based reviews will be the outcomes, to better understand how an outcome is introduced, developed, assessed and integrated within an approved qualification, how a trainee's achievement of the outcome at the appropriate level (at Miller's Pyramid) is measured and the pedagogic approaches underpinning its teaching and assessment. Like thematic reviews, we will publish the specification for a sample-based review from time to time, along with the timeframe for participation by the GOC. Sample-based and thematic reviews may be undertaken as part of a periodic review and undertaken directly by us and/or commissioned from an external contractor.

Alongside annual reviews, thematic and sample-based reviews will inform our risk stratification of approved qualifications and the timing and focus of periodic reviews. We may publish a summary report of thematic and sample-based reviews from time to time.

## 7. Scope of evidence

Demonstrating that the outcomes and standards are met should not be unnecessarily onerous, and guidance is given below on the type of evidence a

provider may wish to provide. In many cases, this evidence should be readily available standard, institutional documentation which either provides context, such as published institutional-level policies, or qualification-specific information used at programme level by staff, trainees or stakeholders. Whilst we anticipate that the majority of evidence sources will be generic, some evidence may, of necessity, need to be bespoke for this assurance and enhancement method. However, wherever possible we will limit the requirement for bespoke evidence (e.g. programme mapping) and will continue to take care that our assurance and enhancement method is manageable for providers and proportionate to the decisions we need to make.

Providers are encouraged to have an early conversation with our Education team to ensure appropriate application of our standards in the light of the context, duration or location (e.g. for qualifications awarded by specialist institutions or higher education providers outside the UK) of the qualification.

Evidence sources providers may wish to consider including or referencing within their evidence framework template may include (but are not limited to) those outlined below.

In relation to the outcomes:

- Programme specifications, module descriptors, unit handbooks, module or unit evaluation reports, curricula, timetables, mapping of outcomes to programme specification, indicative documents/subject benchmarks, examples of teaching and assessment materials.
- Description of assessment strategy and approaches to standard setting, copies of academic regulations, policies for the quality control of assessments, examples of assessment schemes, mark sheets, model answers.
- External examiner reports and evidence of responses to issues raised, reports from internal and external moderators/verifiers, copies of external examiner / internal and external moderator/verifier recruitment, retention and training/support policies, examination board terms of reference, minutes.
- Trainee feedback, and evidence of responses to issues raised.
- Evidence of stakeholder engagement and feedback, including from patients and carers, in qualification design, delivery and assessment, and evidence of responses to issues raised.
- Description of facilities and resource utilisation to support the teaching and assessment of the outcomes, supervision policies and safe practice.

In relation to the standards:

- Information about the provider, its ownership, corporate form, organisation, leadership and lines of responsibility, evidence of the contractual relationships underpinning the delivery and assessment of the award of the

approved qualification, service/local level agreements, agreements between stakeholders / placement providers, management plans.

- Information about the approved qualification, its credit load, length, form of delivery, type of academic award, evidence of internal or external validation/approval by relevant awarding body, example certificate, programme management plans, diagrams.
- Admission policies, admissions data, recruitment and selection information, application packs, recognition of prior learning (RPL) / accreditation of prior learning (APL) policies, advertising and promotional activity, fee schedules, evidence of selectors' training in equality, diversity and unconscious bias, fitness to train/practise policies.
- Evidence of engagement with service-users, commissioners, patients and the public, trainees and former trainees, employers and other stakeholders in qualification design, delivery and assessment, copies of relevant policies, stakeholder identification strategies, minutes of stakeholder engagement meetings/events, feedback and evidence of responses/action to issues raised.
- Description of the provider's quality control procedures at institutional and qualification level, evidence of responses to external examiner / internal and external moderator reports, end of programme evaluations, National Student Survey results, reports from other quality control or assurance bodies, and responses to issues raised, copies of trainee feedback, minutes of staff-trainee committees, and evidence of action in relation to issues raised, copies of examination regulations, examination board minutes, verification reports, evidence of policies and their implementation in areas such as academic misconduct, adjustments, data protection, equality and diversity, complaints.
- Description of strategies for teaching, learning and assessment, including approaches to assessment design, standard setting, assessment tariff and assessment load, approach to integration, copies of placement contracts, supervision policies; evidence of training of and feedback from placement providers; progression data, equality and diversity data.
- Evidence that there are mechanisms for securing sufficient levels of resource to deliver the outcomes to the required standards, including historic and projected resource allocation and review; evidence of physical and virtual learning resources, accommodation, equipment and facilities and assessment of their utilisation, copies of risk assessment and risk mitigation plans.
- Evidence that the staff profile can support the delivery of the outcomes and the trainee experience, including workload planning, staff CVs and staff deployment/contribution to the teaching and assessment of the outcomes, SSR, copies of policies describing the training, induction and support for those supervising trainees, external examiners, expert patients and other stakeholders and evidence of their efficacy.

- Any other evidence the provider may wish to include to demonstrate its qualification meets the outcomes and standards.

A decision as to whether to approve a qualification or withdraw approval from a qualification will depend upon the evidence provided. For that reason, we rely on providers' responsiveness to provide the information we need to support our decision-making processes.

Our decisions will be based upon a fair and balanced consideration of the evidence provided, using an approach based on the stratification of risk to decide which criteria within our standards and outcomes we will require providers to evidence, how we will gather that evidence (the frequency and type of assurance and enhancement activity), how we will we consult our Education Visitors in the consideration of the evidence provided, and how this informs our decision-making.

## 8. Decision-making

All decisions regarding qualification approval or withdrawal of approval or any other matter regarding approval of qualifications are the responsibility of Council. Council may delegate some or all of these decisions according to our scheme of delegation.

Decisions will be informed by the advice of our Education Visitors. In making its decision, Council, and those to whom Council has delegated authority, may choose to accept, reject or modify advice from our Education Visitors in relation to the qualification under consideration.

Council, and those to whom Council has delegated authority, may defer a decision in order to request further information/evidence from the provider, or to consult the statutory advisory committee and/or Education Visitors, or seek other such advice as is considered necessary.

**Date of approval**

A decision to approve a qualification will include the date from which the qualification is approved, which shall normally be the date of the final examination board for the first graduating cohort of trainees.

**Standard conditions**

Standard conditions will be applied to approved qualifications and qualifications applying for approval, and adherence to standard conditions will be monitored through periodic review, annual return, and thematic and sample-based review.

**Conditions, recommendations and requests for information**

As part of the assurance and enhancement process, conditions may be imposed, recommendations may be made and/or further information may be requested.

Conditions specified must be fulfilled within the stated timeframe to ensure the outcomes and standards continue to be met by the approved qualification.

Recommendations must be considered by the provider and action reported at the next annual review.

Information requested must be supplied within the stated timeframe. Failure to meet a condition or supply information within the specified timescale without good reason is a serious matter and may lead to the GOC conducting a serious concerns review and/or withdrawing approval of the qualification.

**Notifications of changes and events**

An important standing condition of approval is the expectation that providers notify us of any significant changes to approved qualifications, their title or other events that may impact upon the ability of a provider to meet our outcomes and standards. Failure to notify us of any significant changes or events in a timely manner may lead to the GOC conducting a serious concerns review and/or withdrawing approval of the qualification.

If we receive complaints, concerns and/or other unsolicited information about an approved qualification, or qualification applying for approval, we will consider this information as part of our risk stratification of qualifications and in the timing and focus of our future assurance and enhancement activity.

**Serious concerns review**

We reserve the right to investigate any matter brought to our attention which may have a bearing on the approval of a qualification. When making the decision to progress to a serious concerns review, we consider factors such as, but not limited to:

- results of any assurance and enhancement activity;
- concerns regarding patient safety;
- evidence of significant shortfall in meeting one or more of the outcomes or standards;
- evidence of significant shortfalls in staffing and/or resources; and
- failure to meet a condition or provide information within the specified timescale.

A serious concerns review is a detailed investigation into the concerns raised about an approved qualification. Failure to co-operate with a serious concerns review or take action required as a result may mean that Council decides to withdraw its approval of the qualification.

**Withdrawal**

A provider may, by giving notice, withdraw its qualification from our assurance and enhancement process and GOC-approval. In these circumstances, the provider must inform us how the interests of trainees currently studying on the approved qualification will be best served. Withdrawal from our assurance and enhancement process does not preclude the provider from making a fresh application for qualification approval at some point in the future.

If, through assurance and enhancement (annual return, thematic and sample-based review and/or periodic review) a provider fails to demonstrate that their qualification meets our outcomes and/or standards for approved qualifications, and/or does not

co-operate with us in the discharge of its regulatory duties, we may decide to withdraw our approval from the qualification. Should we decide to withdraw approval, we will follow the statutory process as outlined in the Act. In these circumstances, we will work closely with the provider, who retains responsibility for, and must act at all times in the best interests of, trainees studying for the approved qualification.

**Appeal**

Providers have the right to appeal a decision to withdraw our approval of its qualification, in accordance with the provisions of section 13 of the Act. In the event that Council decides to withdraw or refuse approval of a qualification (whether entirely or to a limited extent), an appeal may be made to the Privy Council within one month of the decision of Council being confirmed in writing.

ENDS

**Record of amendments to the Contact Lens Optician (CLO) Education and Training Requirements following the Public Consultation**

This table describes the CLO Expert Advisory Group (EAG) responses and proposed amendments (if any) to the proposals following feedback received during the public consultation held between Sept 2021 and Jan 2022 (and considered subsequently by Council's Committees and Council in March 2022).

| **Suggested requests, amendments and actions arising from the GOC Contact Lens Opticians' Consultation**<br>*Amendments accepted by the Contact Lens Opticians' EAG in January 2022 highlighted in Green* | | |
|---|---|---|
| Issue/Clause | Stakeholder feedback from consultation | EAG (01.22) agreed amendments |
| Miller's levels | The majority should be uplifted to 'shows how' and 'does' from 'knows how' and 'knows'. | Not accepted by CLO EAG (01.22) |
| Outcome 1.1 | Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to contact lens and other care, and works collaboratively to ensure the delivery, transfer and continuity of care is assured and not compromised [Knows How] | The EAG thought there may be potential to re-word the trust element of this outcome. However, there was no consensus as to whether respect also embodies 'trust' and in the absence of a suggested alternative, the outcome criterion was left as it is. |
| Outcome 2.2 | Works with the patient/carer in partnership to make informed choices, aiming for the optimal outcome for the patient which meets the professional aims of the practitioner. [Knows how] | 'Good outcome' should be amended to 'best outcome'. Although the best outcome may not be achieved it should still be the initial aim. This was not accepted by the EAG and the word 'optimal' was used instead. (01.22) |
| Outcome 2.3 | Identifies, recommends and fits contact lenses to achieve vision correction and/or eye health goals, including explaining where patient expectations cannot be met and/or when contact lenses cannot be fitted. [Does] | Consider changing the term 'eye health goals' to 'eye health needs'. This was not accepted by the EAG (01.22) |
| Outcome 2.5 | As healthcare practitioners CLOs will and should engage in patient communication about health issues other than just those related to contact lenses or ocular issues. For example, conversations around diabetes and the needs for regular checks, smoking cessation support, indications of possible high cholesterol levels and getting checked out. Should be expanded to read as: | This was accepted by the EAG (01.22) |

| | | |
|---|---|---|
| | *"Encourages patients to take responsibility for their ocular health and to respond to contact lens and other health conditions appropriately."* [Shows How] | |
| Category 3 "Ocular Examination" overarching statement | The 01.22 EAG advised to add "within scope of practice" to the overarching statement. | Amended accordingly |
| Outcome 3.1 | This outcome should be expanded to include the word technology, to ensure it is future-proofed for changing methods and approaches to anterior eye examination. The use of diagnostic stains should also be included: "*Demonstrate knowledge of appropriate instrumentation and technology for detailed inspection of the anterior segment of the eye, related ocular adnexa and tear film. This should include methods of illumination, filters, other instrument attributes and related use of diagnostic stains.*" [Knows How] | This was accepted by the EAG (01.22) |
| Outcome 3.4 | Evaluates results using evidence-based knowledge to make differential diagnoses and inform an appropriate management plan including referral within scope of practice when appropriate. [Does] | It needs to be linked to scope of practice with regard to diagnoses. This was accepted by the EAG (01.22) and "scope of practice" was added. |
| Outcome 3.9 | Uses appropriate grading scales, imaging and other available technological information and creates and maintains accurate and contemporaneous records of all patient advice and management decisions in line with relevant legislation. [Does] | If specifically mentioning grading scales, then it should include "or imaging". This was accepted by the EAG (01.22) and amended. |
| Outcome 4.3 | Recognises and differentiates between the design features of contact lenses. [Shows how] | It was suggested this might be better assessed as "Knows how" rather than "Shows how". The EAG (01.22) did not accept this recommendation. |
| Outcome 5.4 | Requires rewording as, although a spectacle prescription may only be provided by the optometrist or medical practitioner, other history and relevant information may be supplied by other healthcare practitioners e.g. pharmacist, dispensing optician, orthoptist. Consider changing to: *"Interprets relevant patient information (i.e. spectacle prescription, history and any relevant information supplied by any other health care practitioners) and clinical findings to assess the indications and contraindications for contact lens fitting."* | This was accepted by the EAG (01.22). |

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| Outcome 5.6 | Assesses the fitting of a contact lens (soft, rigid and new modalities/materials where applicable) using a variety of techniques; adjusts lens parameters where appropriate. [Does] | Remove new modalities/materials where applicable. Just keep to soft and rigid? The EAG (01.22) did not accept this recommendation. |
| Outcome 5.11 | This could more clearly reinforce the requirement for the CLO to inform the patient of the need for regular eye examinations with the optometrist. It is also the duty of the CLO to refer the patient to the optometrist when they become aware the patient requires a new eye examination. Consider changing to:<br>*"Informs patients of the importance of continuing contact lens aftercare and regular eye examinations, and provide information on arranging aftercare and relevant emergency procedures."* | This was accepted by the EAG (01.22). |
| Outcome 5.12 | Selects and fits the most appropriate complex/specialist contact lens for the planned use and clinical needs of the patient (e.g. refractive management, therapeutic, prosthetic and cosmetic contact lenses); manages the ongoing contact lens care of own patients. [Shows how] | This will be better assessed as "Knows" or "Knows how" (e.g. via a portfolio) rather than "Shows how". The EAG (01.22) did not accept this recommendation. |
| Outcome 5.14 | Understands and applies relevant local protocols and professional guidance on the urgency of referrals e.g. The College of Optometrists' clinical management guidelines. [Knows how] | The wording for this should be improved. Obviously we cannot test on all the local protocols and would be better for the outcome to indicate understand relevant professional guidance on the urgency of referrals (e.g. The College of Optometrists). The EAG (01.22) did not accept this recommendation. |
| Outcome 6.1 | Demonstrates appropriate clinical and diagnostic skills within personal scope of practice. [Does] | These students are GOC registrants and this aspect has already been demonstrated as part of their DO course. This qualification should cover contact lens related competencies, as registrants will continue to maintain their existing knowledge via CPD. Suggest removal of this outcome. This was accepted by the EAG (01.22). |

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| Outcome 6.2 (Now 6.1) | Understands common ocular conditions, presenting symptoms and urgency e.g. glaucoma, retinal detachment and age-related macular degeneration (AMD) in the context of contact lens practice. [Knows] | Context of outcome required. This was accepted by the EAG (01.22) and it seemed reasonable to provide this within the outcome itself. |
| Outcome 6.3 (Now 6.2) | Understands the principles and maintains knowledge of evidence relating to myopia management. [Knows how] | Could this be written more widely, i.e. maintains evidence relating to contact lens developments i.e. not just myopia management? The EAG (01.22) did not accept this recommendation. |
| Outcome 6.4 (Now 6.3) | Demonstrates knowledge of refractive techniques including the principles of binocular vision management in the context of contact lens practice. [Shows how] | Needs to be framed around contact lenses working from a certified in-date prescription. The EAG (01.22) noted the recommendation and chose to frame the outcome within the context of contact lens practice. |
| Outcome 6.5 (Now 6.4) | Understands the range of lenses available including soft, rigid and new materials/modalities. [Knows] | Remove materials/modalities? The EAG (01.22) did not accept this recommendation. |
| Outcome 6.7 (Now 6.6) | Understands and safely applies knowledge of the drugs and staining agents used in clinical practice, including any relevant risks and side effects. [Knows how] | These students are GOC registrants and this aspect has already been demonstrated as part of their DO course. This qualification should cover contact lens related competencies, as registrants will continue to maintain their existing knowledge via CPD. Suggest removal of this outcome. The EAG (01.22) did not accept this recommendation. |
| Outcome 6.11 (Now 6.10) | Applies current legislation to contact lens practice and understands the relevant legislation surrounding the use of common ocular drugs. [Shows how] | These students are GOC registrants and this aspect has already been demonstrated as part of their DO course. This qualification should cover contact lens related competencies, as registrants will continue to maintain their existing knowledge via CPD. Suggest |

| | | |
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| | | removal of this outcome. The EAG (01.22) did not accept this recommendation. |
| Standards, introduction, pp3 | The EAG (01.22) requested a comment about not including minimum (programme) duration or credit volume in introduction to Standards. | This was added to pp3: “We expect to see evidence that the outcomes are met and for this reason a minimum duration or credit volume is not provided.” |
| Standard 3.2 | Should be amended to say ....'The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (for example, Harden’s spiral curriculum)….' | The EAG (01.22) accepted this recommendation. |
| New Standard proposed (S3.4) | It should be considered that the current process to become a DO requires the trainee to already be qualified and therefore gained work experience. With the changes proposed by the GOC it may be possible for student to train to be qualified as a DO and a CLO through the same educational programme and virtually at the same time (with exception to entry onto the register). Therefore, it should be considered that an amended version of the following from the Standards for Optometrists and DOs (S3.3) is added in:<br><br>“The approved qualification must provide experience of working with patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); and team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical practice, community, manufacturing, research, domiciliary and hospital settings (for example, Harden’s ladder of integration). This experience must increase in volume and complexity as students progress through a programme.” | The EAG (01.22) accepted this recommendation. |
| Standard 3.4 (Now 3.5) | Add to Standard: 'Summative assessments directly related to the outcomes demonstrating unsafe practice must result in failure of the assessment.' | The EAG (01.22) accepted this amendment. |
| Standard 3.11 (Now 3.12) | Consider changing 3.11 to include: “There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional and clinical theories and practices in a variety of settings | The EAG (01.22) accepted this amendment and deleted the first sentence to read as shown. |

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| | and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered." | |
| New Standards proposed (S3.14 & S3.15) | The following adapted standards for Optometrists and DOs were suggested to be included:<br>New S.14 (from S3.13 – Optoms & DOs): The outcomes must be delivered and assessed in an environment that places study in an academic, clinical and professional context which is informed by research and provides opportunities for trainees to develop as learners.<br>New S.15 (from S3.16 – Optoms & DOs): Outcomes delivered and assessed during clinical experience must be clearly identified, included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification. | The EAG (01.22) accepted these additional standards. |
| Standard 3.14 (Now 3.16) | Patient views should, of course, be taken into consideration, however we suggest rephrasing this point to make clear the exact role of the patient's involvement. | The EAG (01.22) did not accept this recommendation |
| New Standards proposed (S3.17, S4.3, S4.6) | The following standards for Optometrists and DOs were suggested to be included:<br>New S3.17 (from S3.18 – Optoms & DOs): Assessment (if undertaken) of outcomes during learning and experience in practice must be carried out by an appropriately trained and qualified GOC registrant or other statutorily registered healthcare professional who is competent to measure students' achievement of outcomes at the required level (Miller's Pyramid)<br>New S4.3 (from S4.2 – Optoms & DOs): The provider of the approved qualification must be able to accurately describe its corporate form, its governance and lines of accountability in relation to its award of the approved qualification.<br>New S4.6: (from S4.4 – Optoms & DOs): The provider of the approved qualification may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever constituted, the relationship between the constituent organisations and the ownership of the provider responsible for the award of the approved qualification must be clear. | The EAG (01.22) accepted these additional standards |

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| New Standard proposed (S4.7) | S4.4 Should be amended to include the following (S4.6) from the Standards for Approved Qualifications for Dispensing Opticians and Optometrists to form:<br>New S4.7: There must be agreements in place between the different organisations/people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice. Agreements must define the role and responsibility of each organisation/person, be regularly reviewed and supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet these standards. | The EAG (01.22) accepted this additional standard |
| Standard 5.2 | It was suggested this Standard now contains three bullet points:<br>There must be a sufficient and appropriately qualified and experienced staff team. This must include:<br>• an appropriately qualified and experienced programme leader, supported to succeed in their role;<br>• sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals benchmarked to comparable provision; and<br>• sufficient supervision of trainee learning in practice by GOC registrants who are appropriately trained and supported in their role. | The EAG (01.22) accepted these additional points. |

**PUBLIC**
**C24(22)**

**COUNCIL**

# Optical Consumer Complaints Service (OCCS) Annual Report 2021-2022 'Forging the Future'

**Meeting: 29 June 2022** **Status:** For noting

**Lead responsibility:** Dionne Spence (Director of Regulatory Operations)
**Paper Author(s):** Dionne Spence (Director of Regulatory Operations)

**Council Lead(s):** There is no council lead for this item

## Purpose

1. For Council to note the content of the OCCS Annual Report 2021-2022.

## Recommendations

2. Council is asked to note and approve the annual report.

## Strategic objective

3. This report contributes towards the achievement of the following strategic objective: "transforming customer service" - and is included in our 2021/2022 business plan.

## Background

4. Nockolds Resolution has provided the Optical Consumer Complaints Service (OCCS) since 2014. Each July, the OCCS are invited to present their annual report to Council.

## Analysis

5. Registrants have benefitted from the close working relationship between the GOC and the OCCS over the last few years. This has seen a mutual, unwavering commitment by both organisations to the GOC's strategic objective in respect to transforming customer service. There is continued improvement in providing early, prompt and fair resolution to service-level complaints.

6. The OCCS provides the sector with an effective and efficient mediation service between patients and registrants on a variety of lower-level complaints which may otherwise be received into fitness to practise. This mediation improves value for money and ensures the GOC prioritises its critical role in public protection.

7. As the United Kingdom moved out of the restrictive lockdowns experienced in varying degrees over the last two years, 2021-2022 saw the OCCS receive over a fifth more referrals compared to 2020-2021 levels. This is an eight per cent increase on pre-pandemic receipts during 2019-2020. This reflects a similar trend in referrals into the GOC as well.

8. The largest proportion of complaints this year related to the provision of goods and services (46 per cent), a ten-percentage point increase on the previous year. Complaints about customer care reduced this year by five percentage points, now relating to just over 30 per cent of all complaints received.

9. This year, the GOC and OCCS embarked on greater and more frequent collaboration to ensure that concerns that could not meet the threshold for regulatory intervention – in accordance with our Acceptance Criteria - were, where appropriate, pro-actively diverted to the OCCS at the earliest stage. This provides consumers with an opportunity to secure resolution and for businesses and registrants to take forward any learning, minimising the potential for future complaints.

10. As a result of this new initiative, referrals from the GOC to the OCCS made up five per cent of the OCCS receipts in 2021-2022 – an increase from two per cent or less in previous years. To safeguard against any risk of under-prosecution, we established a fast-track return process if any information was provided during the mediation that indicated a broader regulatory concern. The OCCS referred five matters to the GOC this year.

11. There were two areas of growing interest that arose this year – complaints in the domiciliary space which, although remaining low in volume, have doubled in the last year. With the potential increased vulnerability of patients in domiciliary care, the OCCS will continue to monitor complaint trends, particularly the increase in complaints about smaller unregistered providers. The OCCS will be responding to the GOC's call for evidence on this wider point.

12. Council is also asked to note the reduced success in mediating between parties to complaints about refractive surgery, likely due to the increased complexity of such complaints. While there has been improvement in the willingness of registrants to engage in preliminary mediation, many providers are not GOC business registrants and the OCCS and GOC continue to encourage potential patients to remain vigilant and cognisant of the detailed consent process undertaken in the higher risk area of elective surgery.

13. Alongside the mediation and resolution service provided, the OCCS have continued with their prevention and upstreaming methodology – focussing on identifying and exploring trends, developing strategies to address broader issues, and then planning, delivering and reviewing impact.

14. This year also saw a return for the OCCS to in-person Continuing Education and Training (CET) events, with almost 50 per cent of their events delivered in a live environment. The OCCS continue to utilise opportunities to share key insights from complaints back to the professions through an increase in their outreach work, detailed further at the rear of the annual report.

## Risks

15. There are no identified risks associated with the completion of this report.

## Impacts

16. No equality impact assessment was necessary for the report.

## Devolved nations

17. There are no direct implications for the devolved nations and the report shows a proportionate spread consistent with population data.

## Communications

18. The report will be uploaded to the OCCS and GOC website and communicated via the social network platforms for each organisation.

## Timeline for future work

19. No further work is required.

## Attachments

| | |
|---|---|
| Annex 1: | OCCS Presentation to Council |
| Annex 2: | OCCS Annual Report 2021-2022 ‘Supporting the Professions to be Fit for the Future |

Optical Consumer Complaints Service

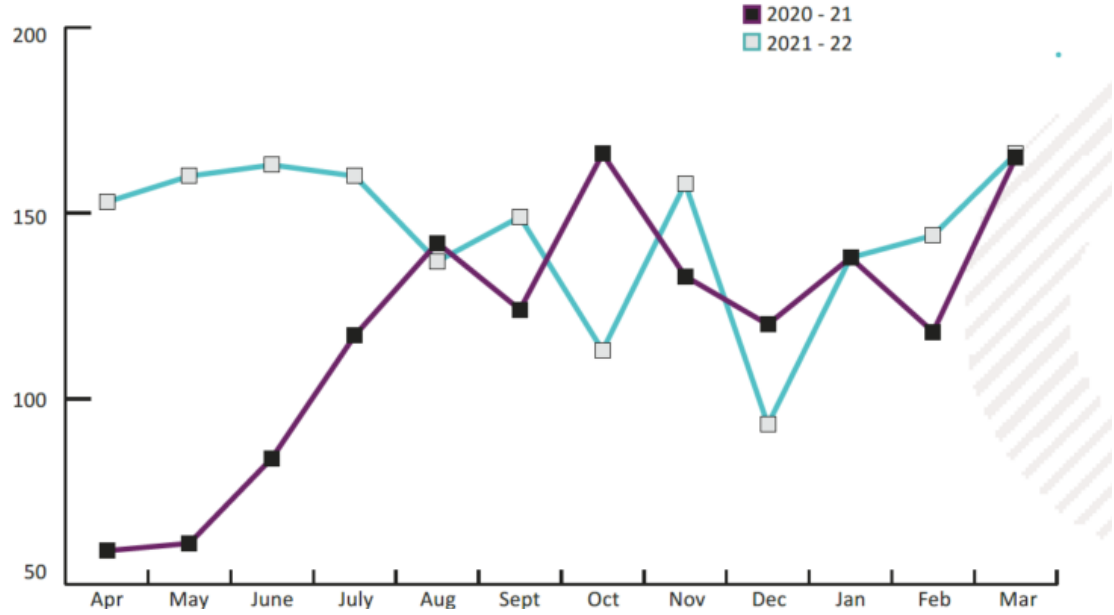
# General Optical Council OCCS Annual Review 2022

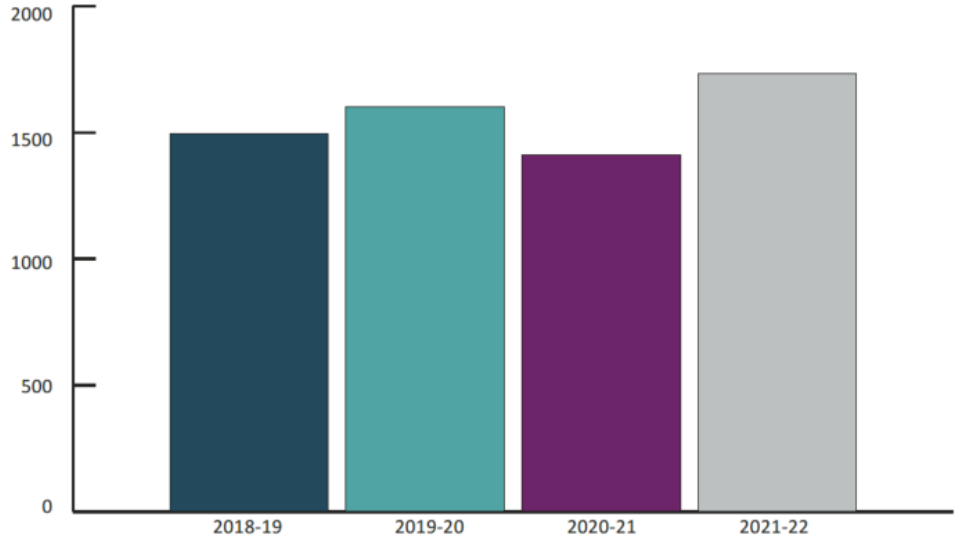
Jennie Jones, Richard Edwards & Sue Clark

# 2021-22 OCCS Activity

- Enquiry activity increased:
  - YoY 21.5%
  - Up 8% -v- 2019-20

- Reflects sector activity
- Ongoing societal tension



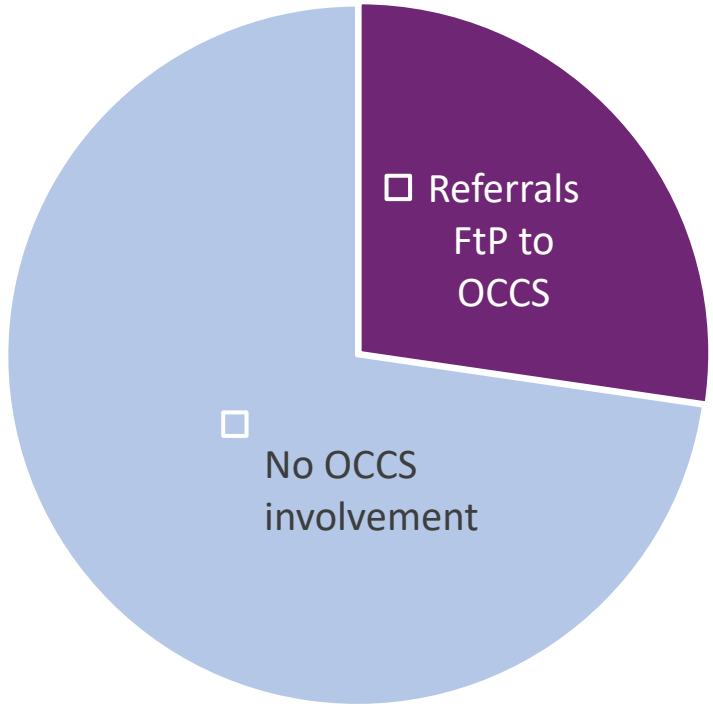



# 2021-22 OCCS Activity

- GOC / OCCS interaction
  - GOC FtP to OCCS 89
  - OCCS to GOC FtP 5

- Refined triage process supporting:
  - FtP decision making
  - OCCS red flag re-referral
  - Consistent rates – FtPC and sanctions

Outcomes of concerns referred to the GOC, where an FtP investigation was not opened (2021-22)



# 2021-22 OCCS Insights & Trends

- Nature of complaints
  - Largely reflect expected ‘return’

  - Trends - based on low volumes, however
    - Refractive – increase in activity (+30% YoY)
    - Domiciliary – monitor (18, to 38) & encourage best practice

# 2021-22 OCCS Activity

## Clinical trends

- Increase in complaints relating to cataract diagnosis and referrals
  - Likely a linked to the return to practice for elderly patients

## Upstreaming

- Increase in events and activities this year
  - Macular Spectacular in April 2021
  - CPD partnerships

**Objective 1:**

Share insights and analysis from OCCS activity to support a culture of continuous improvement & awareness of the OCCS;

**Objective 2:**

Support the GOC to continue to pro-actively develop ways of working that will support specificity within the FtP process, and meet the required performance standards assessed by the PSA with specific focus on:

- working collaboratively with the FtP team to refine the triage process;

- ensure integrity of the decision-making process and review with the GOC at quarterly meetings.

**Objective 3:**

Improve accessibility for neuro-diverse OCCS service users by collaborating with external organisations and stakeholders to improve access to, and effectiveness of mediation for optical consumers and professionals.

**Objective 4:**

Actively engage to drive and deliver effective communication strategy:

- Sector specific registrant/businesses/professional organisations

- Health care regulators- share insights and best practices to support other regulators

- Input to key reviews of health care regulation to promote optical sector as an exemplar

## Thanks for listening

# The OCCS

Complaint mediation supporting the sector, consumers, registrants & the GOC

t: 0344 800 5071

e:enquiries@opticalcomplaints.co.uk

www.opticalcomplaints.co.uk

# Optical Consumer Complaints Service

## Forging the Future

Annual Report 2021-22

# Contents

# Introduction

Shaped by the mood of society, the work carried out by the OCCS necessarily adapts to the challenges faced by patients and optical practices. Indeed, since the beginning of the pandemic, the work and mediations carried out by the OCCS have been impacted by the sharp shock that Covid-19 had on society, through the lens of the relationship between optical practices & consumers. From social distancing to economic uncertainty, the sector, and therefore the OCCS team has effectively adapted to help overcome a series of novel difficulties that came to define the height of the pandemic. As our previous reports and outputs demonstrate, the OCCS developed proven strategies that have supported patients during a particularly tumultuous time.

As we emerge into a world that lives with Covid, rather than one which proactively seeks to mitigate its spread, we find ourselves in a world that looks markedly different to the one we lived in prior to 2020. Indeed, the lasting effects of the pandemic are now being felt as the UK economy struggles with rising living costs. Whilst there's no question that these conditions have created the perfect storm, there is also no doubt that the past two years have provided the OCCS with a renewed strength to navigate such choppy waters.

The following annual report summarises the work carried out by the service over the past year, providing a rich amount of insight and data that form the foundations for existing and future trends.

Jennie Jones,
Head of OCCS
Partner at Nockolds Resolution

# Executive Summary

**1734**
enquiries received between
1 April 2021 and 31 Oct 2022

**95% of enquiries received were consumer related issues which fall within the OCCS remit**

**This is an increase of 21.5% on 2020 - 21**

Of those out of remit, 5 were referred by the OCCS to the GOC FtP team. This is 0.2% of all enquiries

Concerns which are initially received by the GOC, and referred to the OCCS as they do not amount to allegations of impaired fitness to practise, amount to 5% of all enquiries (89 in total). This is an 117% increase on 2020-21 (38 referrals).

| | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---|---|---|---|---|
| New Cases into FtP | 453 | 342 | 314 | 433 |
| Investigations Opened | 269 | 161 | 65 | 107 |
| Referrals to FTPC | 37 | 58 | 37 | 32 |
| Erased from GOC Register | 9 | 18 | 6 | 4 |
| OCCS Enquiries | 1493 | 1611 | 1427 | 1734 |
| Referrals FtP to OCCS | 68 | 59 | 38 | 89 |

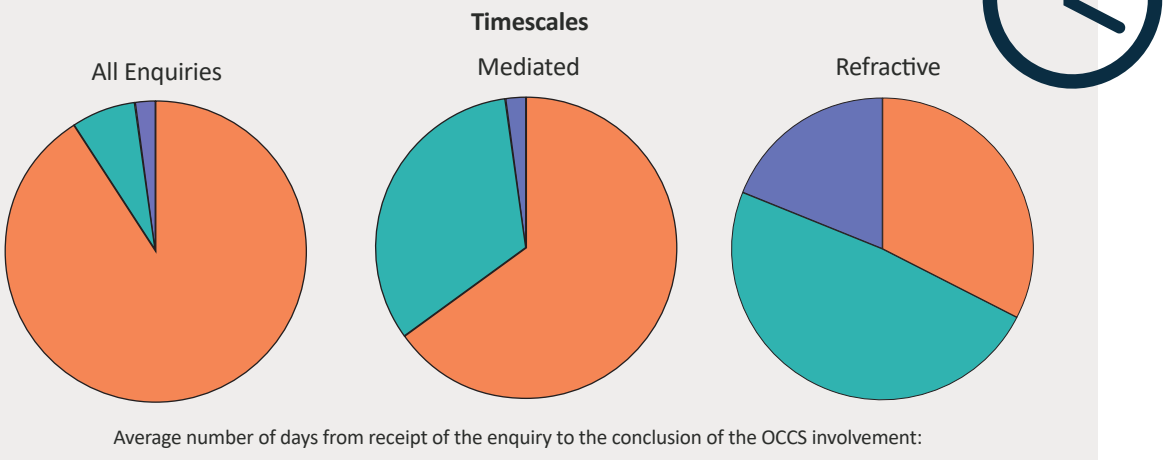
The main driver of the overall activity increase is the number of enquiries which require support at a local level (both consumers contacting OCCS for preliminary mediation and referring, back to practices reaching out for support).

The new collaborative approach to triage has been hugely successful in channelling complaints to the most appropriate body and we thank to GOC FTP team for their excellent execution of this new approach. Fully redacted case synopses are presented from which we can easily define the appropriate channel for a complaint. The process has been consistently uncontentious and easy to secure unanimous support for a course of action. We are of the opinion this is no accident and reflects the meticulous preparation behind these meetings by the GOC triage team along with an energetic and engaging delivery of each session and a high degree of mutual trust.

| Outcomes - in remit (%) | 2020-21 (%) | Numbers | 2020-21 | YoY (%) |
|---|---|---|---|---|
| Practical Advice | 4.07 | 67 | 37 | +81 |
| Preliminary mediation supporting local resolution | | | | |
| Advice Only | 29.40 | 484 | 395 | +22 |
| Referred To Practice | 36.57 | 602 | 492 | +22 |
| Consumer not to pursue | 10.57 | 174 | 150 | +16 |
| Mediation concluded successfully | 14.88 | 245 | 225 | +8 |
| Mediation unsuccessful | 4.50 | 74 | 68 | +8 |
| **Grand Total** | **100** | **1646** | | |

| Complaint Nature | Count of Complaints Nature (%) | 2020-21 (%) | Variation (%) |
|---|---|---|---|
| Goods and services | 46 | 36 | 10 |
| Customer care | 31 | 36 | -5 |
| Other | 7 | 9 | -2 |
| Product | 7 | 7 | 0 |
| Charges | 4 | 7 | 3 |
| Practice advice | 4 | 3 | 1 |
| Unknown | 1 | 2 | -1 |

The year-on-year variation reflects the increased activity in the optical sector compared to the 2020-21 pandemic period where the sector operated in 'Red' and 'Amber' conditions. The proportion of complaints relating to the goods and care/service received is consistent with pre-pandemic years.



# Objectives and Ambitions

To support the GOC strategy for effective and timely progression of fitness to practice cases to secure PSA objectives through:

| | |
|---|---|
| Effective low level complaint resolution | |
| Continuing to proactively develop ways of working that will support increased specificity and sensitivity within the FtP process. | |
| Share insight and analysis from OCCS activity to support a culture of continuous improvement | |
| Supporting the professions to manage the long-term impact of the pandemic on practice and consumer relationships | |

## PROPOSED OBJECTIVES FOR 2022-23

The 2021-22 OCCS strategic objectives are:

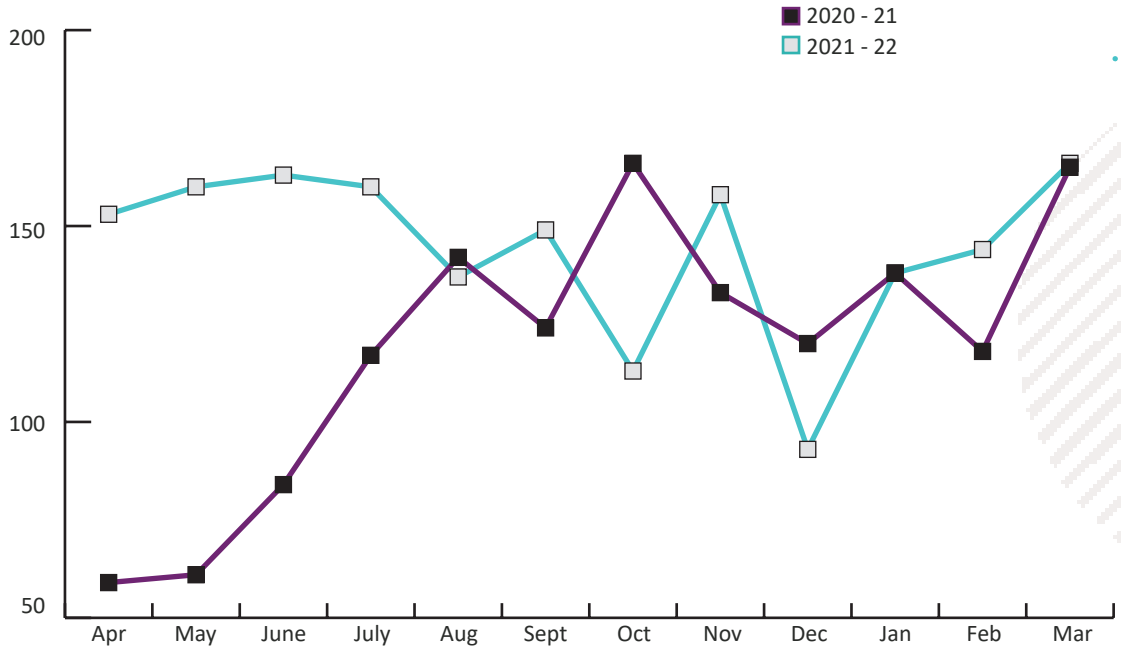
1. Share insight and analysis from OCCS activity to support a culture of continuous improvement
2. Support the GOC to continue to pro-actively develop ways of working that will support specificity and sensitivity within the FtP process, and meet the required performance standards assessed by the PSA, with specific focus on:
    - Work collaboratively with FtP team to refine triage process
    - Ensure integrity of the decision-making process and review with GOC at quarterly meetings
3. Improve accessibility for neuro-diverse OCCS service users by collaborating with external organisations and stakeholders to improve access to, and effectiveness of, mediation for optical consumers and professionals.
4. Actively engage to drive and deliver an effective communication strategy
    - Sector specific-registrants/businesses/professional organisations
    - Health care regulators. Share insights and best practices to support other regulators
    - Input to key reviews of health care regulation to promote optical sector as an exemplar

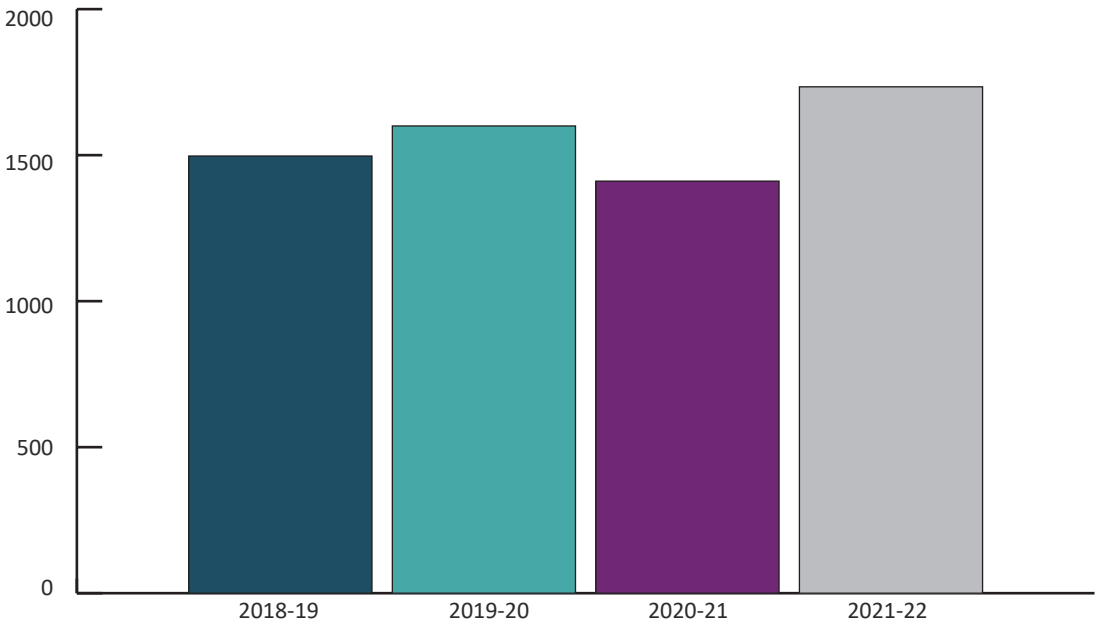
# OCCS Overview

The OCCS received 1,734 complaint enquiries between 1 April 2021 and 31 March 2022 .

This is a 21.5% increase compared with 2020-21, and 8% compared with 2019-20.

During 2021-22, the OCCS team concluded 1,737 matters, with 47 live mediations in progress as at 31 March 2022.



## ACCESSING THE OCCS

### 1. Referrals by the GOC FtP Team

As part of the GOC's remodelling of the FtP triage process and implementation of Acceptance Criteria, the GOC FtP and OCCS teams have worked closely to develop and refine an effective approach which balances the fundamental public protection role of the FtP process with proportionate resolution and a complainant focused process. From the OCCS perspective, there is a key role for the OCCS in supporting proportionate and effective complaint resolution, and the specificity of the FtP process.

Through the remodelled FtP triaged process, proportionate and effective triaging has helped to ensure that concerns are considered and handled within the most appropriate forum. GOC FtP data indicates that of the concerns received by the GOC, 75% do not fall within the Acceptance Criteria and are therefore an investigation is not appropriate. Of those 75%, 27% are referred to the OCCS for complaint mediation and resolution. This has a two fold benefit - with complaints being effective resolved, and explored under the OCCS contractual and professional obligations to refer any potential allegations of impaired fitness to practise to the GOC FtP team for triage and review.

This also demonstrates the important cross organisational work, and the supportive role of the OCCS in relation to the GOC's statutory function of public protection and maintaining confidence in the professions.

In 2021-22, 89 concerns which were initially received by the GOC, were referred to the OCCS as they do not amount to allegations of impaired fitness to practise. This amounted to 5% of all enquiries (89 in total). This is an 117% increase on 2020-21 (during which 38 direct referrals were received by the OCCS from the GOC FtP process). This demonstrates the effectiveness of the collaborative work with the GOC FtP triage team and the OCCS.

In addition to this combination of direct referrals by the FtP team and those complainants given details of the OCCS, there are also complainants who will self-triage via the GOC or the OCCS websites. There is ongoing collaboration between the OCCS and the GOC team to improve this pathway.

The outcomes of those referrals are detailed in Appendix 2.

### 2. Direct Access

While 70% of those contacting the OCCS, stated they found out about the OCCS online, via search engines and the online presence, there are other key points of interest when analysing where service users source information about escalating their complaint.

- Instances where a practice has recommended or provided detail for the OCCS to the consumer now account for 4.2% of all enquiries, and this is a 65% increase compared with last year.
- Citizen Advice services continue to be involved in an increasing number of referrals, with 56% more in 2021-22 than in 2020-21.
- The OCCS provides preliminary mediation to support local resolution. In 95% of those

interactions, the consumer considers their complaint resolved or they return to the practice for further dialogue, and the matter is resolved. In only 64 instances (5.8% of those preliminary mediation enquiries), did the consumer need to return to the OCCS for further mediation.

## 3. Remit

95% of enquiries received fell within the consumer complaints mediation remit of the OCCS, with 91 enquiries being signposted to other organisations or falling outside the OCCS remit:

- Practice not registered with the GOC or no GOC registrant involvement (36, = to 2020-21)
- The complainant was seeking compensation arising from the alleged negligence of the optical professional (19, 18 in 2020-21)
- Complaint included allegations that potentially could amount to impaired fitness to practise (5, = to 2020-21)

A critical aspect of the OCCS role is ensuring that any complaint circumstance involving potential allegations of impaired fitness to practice received by the OCCS, are referred to the GOC in order to protect the public. While these events are few and far between, it is essential that this monitoring and safeguarding aspect of our triage and mediation management is effective. The OCCS team have a good understanding of the issues and concerns which may amount to an impaired fitness to practise. This is reinforced through training and interaction with the GOC FtP team so both teams have a detailed working knowledge of how the roles differ and support each other to deliver timely and effective resolution.

In 2021-22, the OCCS referred 5 matters to the GOC FtP team as the complaint involved potential allegations of impaired fitness to practice, or the complainant considered the matter appropriate for GOC referral. Three involved behaviour and attitude of a GOC registrant, and two related to clinical diagnoses.

d. Miscellaneous enquiries - The remaining 31 (an increase from 19 in 2020-21) included:
    - A non-consumer related dispute between a practice and a member of the public
    - Employer/employee dispute
    - General enquiries on regulation, education and training of optical professionals
    - Historic issues (more than 12 months since the final response to a complaint or the last interaction between the practice and the consumer)
    - General enquiry regarding the award of public sector contracts in the optical sector.

## OUTCOMES

The OCCS has concluded 1646 matters which were in remit, between 1 April 2021 and 31 March 2022.

| Outcomes - in remit (%) | 2020-21 (%) | Numbers | 2020-21 | YoY (%) |
|---|---|---|---|---|
| **Practical advice** | 4.07 | 67 | 37 | +81 |
| **Preliminary mediation supporting local resolution** | | | | |
| **Advice only** | 29.40 | 484 | 395 | +22 |
| **Referred to Ppactice** | 36.57 | 602 | 492 | +22 |
| **Consumer not to pursue** | 10.57 | 174 | 150 | +16 |
| **Mediation concluded successfully** | 14.88 | 245 | 225 | +8 |
| **Mediation unsuccessful** | 4.50 | 74 | 68 | +8 |
| **Grand Total** | **100** | **1646** | | |

## PRACTICAL ADVICE

OCCS receive contacts from optical practices seeking assistance and support with local resolution of complaints. In 2021-22, the OCCS saw an 81% increase in practice contacts, increasing from 37 to 67 year on year. The OCCS encourages practices to contact the service for early advice and guidance, which supports early local resolution.

Qualitative analysis suggests this increase may be linked to:

- Profile raising of the OCCS so there is greater awareness of the service and also the option of practices seeking advice
- Increased confidence by the sector in the OCCS, and also to pro-actively and positively handle complaints
- The increased level of tension in the consumer relationship due to the pandemic, transitioning out of the pandemic, the impact of the cost-of-living crisis and ongoing wider societal anxiety. These have all contributed to a lower acceptance critera benchmark for complaints being raised and a heightened level of emotion within the complaints. Practices are seeking support in handling and resolving these matters locally.

## PRELIMINARY MEDIATION SUPPORTING LOCAL RESOLUTION

The OCCS team combines optical sector experience with mediation resolution skills to provide effective support and guidance at the point of initial contact by the consumer. If the complaint has exhausted local resolution, it will progress into full mediation.

In 66% of contacts within remit, the complaint is still sitting in local resolution i.e., with the practice.

The OCCS will explore with the consumer:

- The details of the complaint
- What has been done to try to resolve the matter so far
- If no contact has been made with the practice, how the complaint should be presented and the focus needed to help aid swift and local resolution
- Why the input by the practice so far has not resolved the complaint
- The basis, root cause and desired outcome for the complaint to assist the consumer in formulating and articulating a reasonable and focused complaint in their interaction with the practice.

**95% of these interactions are successful and the complaint does not return to the OCCS.**

In 2021-22, the OCCS saw a 22% year on year increase in the number of complaints assisted at this stage. This accounted for a significant proportion of the increased activity. This is to be expected given the increase in activity across the optical sector in 2021-22, compared with 2020-21 when tighter restrictions were in place across all four nations and the pandemic impacted on practice capacity.

The OCCS continues to analyse these complaints to share real time updates and guidance for practices to access during the year, to help minimise recurrence and pro-actively adjust ways of working or team focus.

## CONSUMER NOT TO PURSUE

In 10% of enquiries within the OCCS remit, the consumer opts not to proceed with mediation, even when local resolution is exhausted. This is consistent with previous years.

There are a number of reasons for this. The consumer may:

1. Decide they want an investigative, adjudication so may consider legal proceedings
2. Fail to engage further and do not return the Agreement to Mediate document
3. Consider that they do not wish to pursue the complaint further, but that their issues have been logged with the OCCS.

The OCCS does explore the reasoning behind any proposed formal escalation (such as legal proceedings or contact with the GOC) to ensure the consumer has made a fully informed decision not to try mediation over any formal adjudication.

## MEDIATIONS

Where local resolution has been exhausted, the OCCS will engage with the consumer and the practice to

mediate the complaint.

The OCCS conducted 8% more mediations in 2021-22 compared with 2020-21, with a consistent year on year resolution rate.

The assigned OCCS Resolution Manager will mediate between the consumer and the practice to assist in finding a resolution acceptable to both parties.

There is little variation in the outcomes or the need for full mediation in different types of complaint, save those complaints relating to charges and offers are more likely to be resolved at an earlier stage, without the need for full mediation.

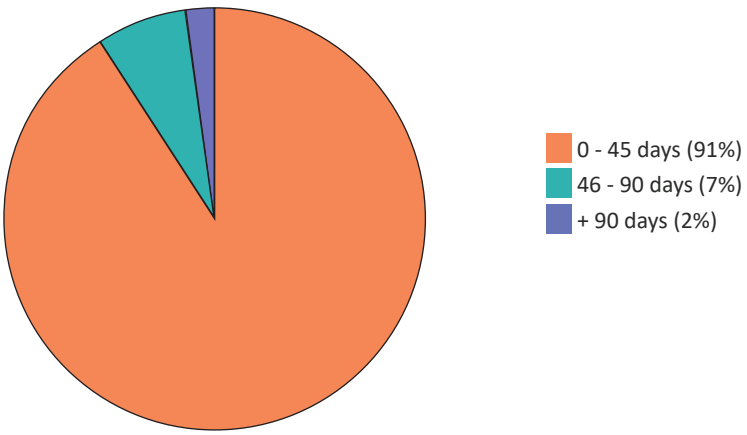
## RESOLUTIONS

The resolutions mediated within the OCCS process range from:

- Supporting the consumer to return to the practice for a further consultation, adjustment or replacement product
- Partial or full refunds
- Apologies
- Explanations and counselling
- Supplementary and complimentary product supplied
- NHS voucher reinstatement.

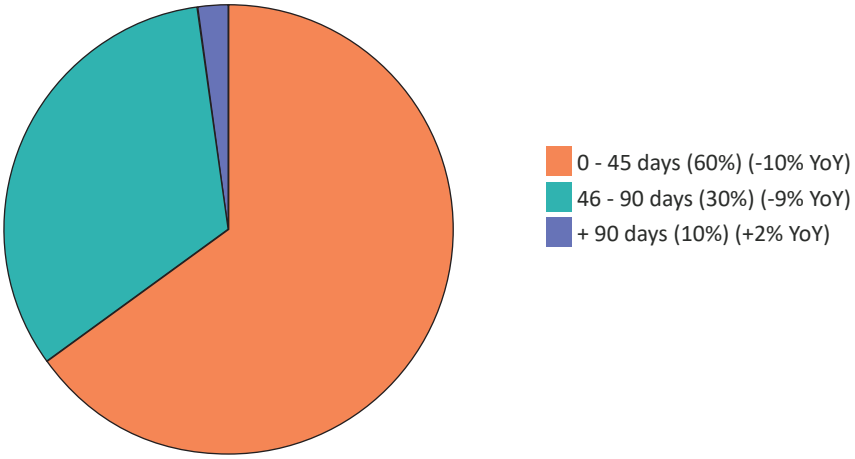
## TIMESCALES

### All enquiries



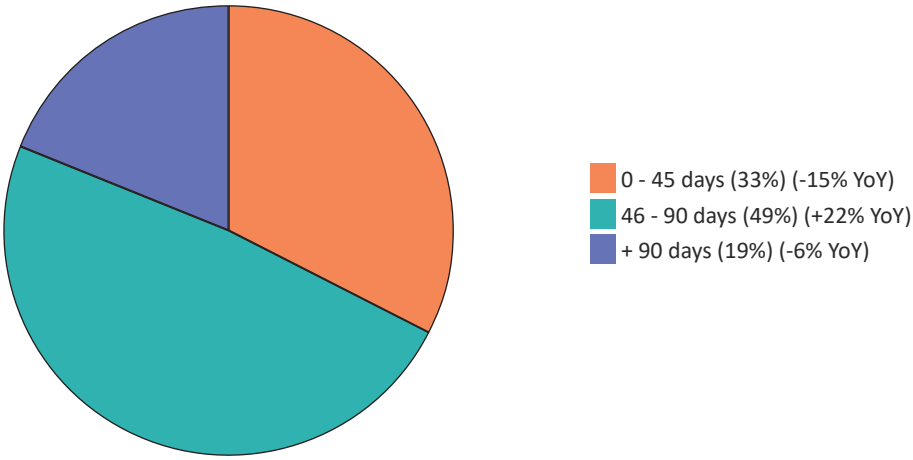

Average 14.1 days from receipt of the enquiry to the conclusion of the OCCS onvolvement (+1.7 days on 2020-21).

## Mediated Complaints




Average 39 days from date of receipt of Agreement to Mediate to conclusion.

## Refractive*




Average 66 days from date of receipt of Agreement to Mediate to conclusion

*Due to the nature of consumer complaints relating to refractive surgery, these can take longer to mediate. In previous years, the report has detailed these timescales so these are provided once again for reference.

# Feedback

Reviewing the qualitative feedback received from users, it is evident that the service continues to be well-received. Specifically, the feedback submitted over the last year revealed how users were pleased with the OCCS, even when they may not have got the resolution they had hoped for. Specifically, feedback from users suggested that they would be prepared to use the OCCS again, but were unlikely to use the respective practice involved in the dispute again. This conclusion has been reached by examining how highly people marked the question of "would use the service again" when compared with "would use the practice again". In many cases, respondents did not leave lengthy replies which went into detail about their dispute and the way in which it was handled. Indeed, it should be noted that feedback fatigue remains a challenge for the service, with a lower than desirable volume being submitted over the course of 2021. Whilst measures have been undertaken to make the feedback process as simple and as accessible as possible, the OCCS remains committed to identifying ways to enhance the overall amount of feedback submitted.

## SERVICE ISSUES

During 2021, the OCCS received one formal complaint which was managed in accordance with the OCCS Complaint Policy. This related to the scope of mediation, and a frustration that the practice could not be compelled to respond within a set timescale and required to meet the complainant's requested resolution. The OCCS also received a concern from a member of the public who supports patients who are dissatisfied with the care provided or the outcome achieved from refractive surgery. The OCCS responded in full to the points raised, in so far as they related to the role of the OCCS.

## COMPLAINT INSIGHT

### Nature of Complaint

| Complaint Nature | Count of Complaints Nature (%) | 2020-21 (%) | Variation (%) |
|---|---|---|---|
| Goods and services | 46 | 36 | 10 |
| Customer care | 31 | 36 | -5 |
| Other | 7 | 9 | -2 |

| | | | |
|---|---|---|---|
| Product | 7 | 7 | 0 |
| Charges | 4 | 7 | -3 |
| Practice advice | 4 | 3 | 1 |
| Unknown | 1 | 2 | -1 |

## BUSINESS TYPE

Enquiries received by the OCCS continue to reflect the market share between independently owned practices and those within a Multiple.

There is very little variation in the nature of complaints referred to the OCCS between Independent practices and those within a multiple, franchise or JVP group.

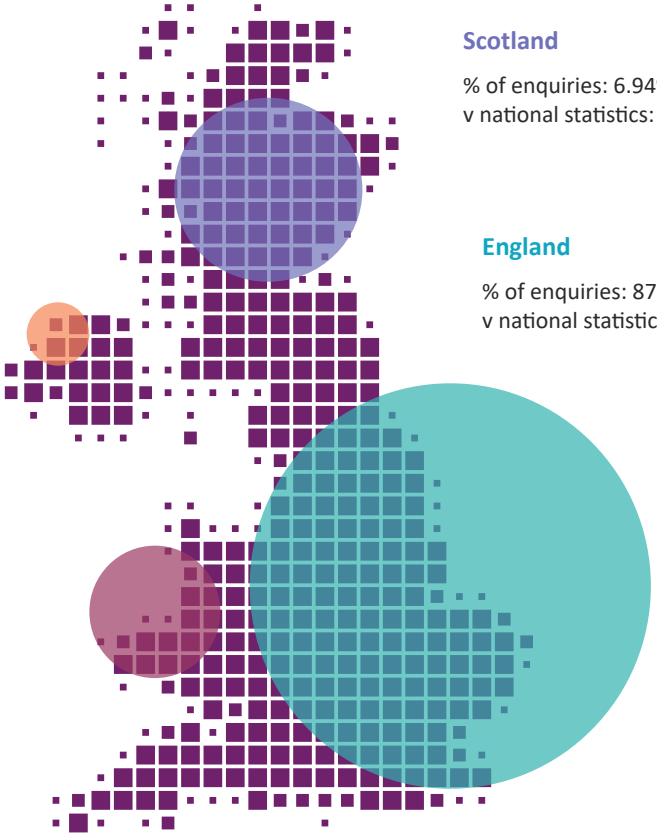
| Count of Complaint Nature | Independent (%) | Multiple (%) |
|---|---|---|
| Goods and services | 48.02 | 50.16 |
| Customer care | 32.83 | 33.19 |
| Other | 2.13 | 2.83 |
| Product | 4.86 | 8.06 |
| Charges | 5.78 | 3.35 |
| Practice advice | 6.08 | 1.99 |
| Unknown | 0.30 | 0.42 |

| Count of Outcome | Independent (%) | Multiple (%) | NHS (%) | Other (%) | Unknown (%) |
|---|---|---|---|---|---|
| Practical Advice | 6.42 | 2.09 | 0 | 0 | 6.50 |
| Out of Remit | 3.36 | 3.77 | 100 | 56.60 | 3 |
| Advice Only | 20.18 | 26.70 | 0 | 24.53 | 37.50 |
| Referred to Practice | 39.14 | 36.44 | 0 | 13.21 | 29.75 |
| Client Not to Pursue | 5.81 | 7.64 | 0 | 0 | 20.50 |
| Mediation concluded successfully | 18.04 | 18.12 | 0 | 3.77 | 2.75 |

| | | | | | |
|---|---|---|---|---|---|
| Mediation Unsuccessful | 7.03 | 5.24 | 0 | 1.89 | 0 |

The outcomes of OCCS interaction are also consistent across the sector. As expected, the OCCS does receive more practice enquiries from the iIndependently owned practices. Practice who are part of a group or a multiple will have access to support and guidance within their group. The OCCS also continues to work closely with independent stakeholders to raise awareness of the service and to share insight to support quality improvement and support local resolution.

## REGION



**Scotland**

% of enquiries: 6.94%
v national statistics: -2%

**Northern Ireland**

% of enquiries: 0.70%
v national statistics: -2%

**England**

% of enquiries: 87.96%
v national statistics: +3%

**Wales**

% of enquiries: 4.39%
v national statistics: =

## CONSUMER ED&I

Data responses suggest the ED&I data for 2021-22 is consistent with previous OCCS years, save for an increase in consumers who consider themselves to have a disability. This has increased from 18% to 21%, and now closer to the national statistics of the general population.

Full ED&I analysis is contained in Appendix 3.

## NATURE OF COMPLAINTS

Appendix 1 contains a detailed breakdown of the complaint categories received during 2021-22 and compared with 2020-21.

As in previous years, the OCCS have undertaken an analysis of the complaint issues, how categories of complaint are resolved and the qualitative insight gathered via the complaint mediations.

### Analysis - consumer cites eye examination or prescription error as primary concern

| | Return to practice with advice | Out of Remit | Advice only | Mediation successful | Mediation | Live | Total |
|---|---|---|---|---|---|---|---|
| Quality of Examination | 31 | 7 | 24 | 11 | 10 | 1 | **84** |
| Optometrist customer care | 17 | 6 | 7 | 5 | 2 | | **37** |
| Rx Error | 86 | 24 | 43 | 28 | 8 | 4 | **193** |
| **Total** | **134** | **37** | **74** | **44** | **20** | **5** | **314** |

Analysis of complaints in this category indicated that there are some covid legacy issues coming through to the OCCS. As requested at Council last year, the OCCS added a category in 2021-22 regarding consumers who considered the prescription to be incorrect. These could then be considered in contrast to the complaints which the consumer considered to be related to the dispensing of spectacles or lenses.

We noted a relatively high number of mediation unsuccessful under the category of quality of eye examination which seems to be driven by some practices being very defensive in this area. We will monitor this category with interest in the coming year.

### Analysis - consumer cites clinical diagnosis as primary concern

| | Return to practice with advice | Out of Remit | Advice only | Mediation successful | Mediation | Live | Total |
|---|---|---|---|---|---|---|---|
| Cataract | 8 | 3 | 5 | 3 | 1 | 2 | **22** |
| Glaucoma | 1 | | 4 | 2 | | 1 | **8** |
| Ret Det/PVD | 4 | | 3 | | | | **7** |
| ARMD | 2 | 2 | 5 | | | 1 | **10** |
| Misc. | 6 | 2 | 3 | 5 | | | **16** |
| **Total** | **21** | **7** | **20** | **10** | **1** | **4** | **63** |

In the 2021-22 year, the OCCS saw a significant statistical increase in complaints relating to cataracts. In most complaints, the consumer was supported by the OCCS working with the practice or directly to

ensure the consumer had an explanation of decision or the referral criteria/process.

In the 2021-22 year, the OCCS saw a significant statistical increase in diagnosis driven complaints (up from 46 to 63) reflecting increased activity returning to the sector and increased confidence in elderly members of society to return to their opticians. The largest YoY increase related to cataract where concerns increased from 8 to 22. No clinical concerns were noted in these cataract cases - the issues were primarily that of communication and patient understanding of referral criteria. As such in most complaints we were able to address the concerns swiftly in early phases of our process. Where required, the consumer was supported by the OCCS working with the practice or directly to ensure the consumer had an explanation of decision or the referral criteria/process. It is, however, a salient reminder to registrants of the need to ensure patients understand their condition and to keep good records of advice given.

Overall, in this category, the OCCS saw the majority of these complaints referred to practice with preliminary mediation, advice and local resolution support. This reflects the increasing capability and confidence of Resolution Manager in this arena, and the impact of the GOC Acceptance Criteria concerning single clinical issues.

The complaints falling outside of remit were a combination of consumers wanting to refer the matter to the GOC or to be adamant they wanted to pursue legal avenues for redress. These were signposted accordingly.

### Analysis - complaints involving refractive surgery

| | Return to provider with advice | Out of Remit | Client chose not to pursue | Advice only | Fully/ partially successful mediation | Unsuccessful mediation | Live | Total |
|---|---|---|---|---|---|---|---|---|
| Charges & Refunds | 2 | 2 | | 2 | 2 | 1 | | 9 |
| Outcome of Surgery | 18 | 7 | 7 | 25 | 17 | 9 | 6 | 89 |
| Aftercare | 3 | 1 | | 1 | 1 | 1 | | 7 |
| Complaint Management | 3 | 1 | 1 | 8 | | 1 | | 14 |
| Attitudinal | | | | 2 | | | | 2 |
| Inappropriate selling | 1 | | | | 1 | 1 | | 3 |
| Change of mind | 2 | | | 1 | | | 1 | 4 |
| **Misc.** | 1 | | 1 | 1 | | | | 2 |
| | 30 | 11 | 9 | 40 | 20 | 13 | 7 | 130 |

In 2021-22, the OCCS saw an increase of 30% YoY in complaints relating to refractive surgery driven by uplift in activity in this specialist clinical area as we emerged from COVID constraints.

Frustratingly, this includes 4 enquiries relating to providers of refractive surgery who are not GOC registrants and therefore fall outside the remit of the OCCS.

The effectiveness of mediation in these complaints has dipped slightly year on year -20 successful vs 13 unsuccessful ( 30 vs 9 last year). Last year's higher successful mediations were aided by the simple low hanging fruit of complaints relating to deposit returns for customers during the pandemic.

Mediation success rates are lower in elective surgery cases than the 'core optical' cases reflecting the increased complexity of such complaints. Many cases relate to a disappointment in the refractive outcome and we would encourage any potential patients to be vigilant and cognisant of the detailed consent process in the area of elective surgery.

The OCCS has seen an increase in the proportion of cases supported at the local resolution stage with advice and preliminary mediation along with increased signposting to other avenues when mediation was deemed inappropriate.

In 2022-23, the categories relating to refractive surgery complaints will be updated to ensure the terminology used reflects the nature of the issues and complaints raised e.g., outcome of laser eye surgery, will be retitled outcome of refractive surgery.

## OVERALL INSIGHTS

### Price Sensitivity

In the latter half of the year, anecdotal analysis indicates that the OCCS has seen the impact of financial pressures starting to flow through into optical complaints. This takes many different forms but includes: increase in pricing related issues and practices perceiving complaints to be related to consumer regret. This is likely to increase further in 2022-23 as the cost-of-living prices increases the pressures on household and practice finances.

### Communication in Clinical Complaints

The root cause and primary issue in clinical related complaints has consistently been communication and misaligned understanding of the risk, need for treatment or referral and counselling consumers to aid understanding and the clinical progression of the condition. This once again demonstrates the need and benefits of developing professional confidence and expertise in this area which minimises unnecessary patient anxiety and professional resilience.

### Provision of Prescription

In previous annual reports, we have highlighted a statistical increase in complaints relating to the provision of a prescription by the practice. The OCCS has undertaken some comms insight led work on this. Stakeholder engagement has also referenced this issue, including in feedback reports with multiples and professional bodies. In 2021-22, the OCCS saw a decrease in the number and proportion of complaints relating to this issue, reducing from 48 in 2020-21 to 28 in 2021-22.

## Domiciliary

Given the vulnerability of consumers in the domiciliary sector, the OCCS has always analysed complaints arising in this area to monitor how those consumers can access support and also trends in complaints arising.

In recent years, we have seen an ongoing commitment, with positive impact by larger providers to improve consent procedures, capacity assessments and complaint handling by with consumers and where appropriate, their families or representatives.

There is oversight in this area in terms of NHS performance controls and of course, GOC practise standards. The OCCS also has sight of the private consumer interactions which occur in this part of the sector.

This is an area of practice which comes with an increased risk around patient capacity balancing respecting a patient's right to make their own independent decisions with protection, obtaining valid and proper consent and appropriate prescribing and dispensing decisions.

Over the last 12 months, the OCCS has seen an emerging anecdotal trend, which is supported by the statistical analysis, of increasing complaints involving smaller providers of domiciliary eye care.

The numbers of complaints referred to the OCCS remain low (38) but the increase from 2020-21 (18) is significant. The impact of the pandemic and restrictions during 2020-21 may be a factor, but the OCCS continues to monitor this area.

The complaint issues can be categorised as follows:

- Concerns around consent being obtained for an eye examination by a provider who is not the consumer's usual optometrist
- Concerns and inconsistency around the assessing capacity, and then it's relevance and data protection within complaint handling
- Complaints where the consumer or their family considers the change in prescription or the visual acuity achieved with the dispensed spectacles does not justify or explain the recommended purchase. These issues may be addressed with reference to records which note sufficient detail of findings of the eye examination and refraction. Where this information is not recorded or is minimal, it is difficult to justify or reason the clinical judgment and recommendations when faced with a consumer who considers they have been inappropriately or unnecessarily advised to purchase spectacles or a particular type of lense.

While GOC registrants are involved and accountable for the care they deliver and standards of practise, some providers themselves are not GOC registrants and so currently fall outside the GOC's standards of practise for business registrants. The OCCS will continue to monitor and analyse so insight can feed into the Call for Evidence and legislative reform.

# Impact of the OCCS

Whilst it was perhaps more vital than ever during the pandemic, regular engagement was, and remains, a high priority for the OCCS. From social media campaigns to internal communications, our team has been highly active throughout 2022, ensuring that the public and professionals are fully aware of the latest initiatives. From enhanced accessibility to updated toolkits, the following summary provides an overview of the outreach and work the OCCS has conducted so far this year:

### CET TO CPD:

During 2021/22 COVID constrained our activity to deliver live CET events. Despite this we delivered 18 CET events, returning to our preferred live event modality in September 2021 and delivering approximately half of our programme live during the year. We also mitigated our constrained programme of CET activity by delivering a number of high-profile large capacity events peaking at 500 delegates for an online session with Optician magazine subscribers in April 2021.

We are delighted that interest in live events has been resurgent this year.

As the GOC transform CET to CPD this year we have already started to work more expansively than previous years. The new CPD approach is welcomed by the OCCS and is enabling the team to be nimbler in our approach for CPD clients and also tailor our content precisely and at pace.

### Macular Spectacular:

Following the publication of last year's OCCS Annual Report, the Macular Spectacular Initiative is making exciting progress. Born out of insights dating back o 2018, the initiative is focused on the communication and management of macular conditions in primary care. Designed to raise practitioner awareness, increase information sharing, and upskill professionals, Macular Spectacular has earned the support of Topcon, a manufacturer of optical equipment for ophthalmology with a significant reach. In addition to bringing greater visibility to the initiative, Topcon will also be delivering a series of co-branded CPD events across the country to their network.

Moreover, we are delighted to have commenced two strategic partnerships to amplify our volume and capacity to upstream complaint insights in three key areas.

a. Working with Topcon to increase reach in the delivery of our AMD CPD session
b. Co creating with Cooper vision a CPD session on the exciting developments in Myopia Management using OCCS insights to help registrants focus on the critical conversations that will underpin their success in myopia management provision in the future.

The OCCS would be delighted to work with other stakeholders to develop creative approaches to new CPD design and delivery in the future and ask that any interested parties contact us to discuss this further.

## OCCS Newsletters:

The OCCS has remained committed to producing a series of timely newsletters. Updating readers on the latest developments, as well as providing rich insights into emerging trends, the newsletters are designed to keep optical professionals up to the minute. Linking to blogs produced by the OCCSas well as pieces produced by the industry thought-leaders, the newsletters are curated to be as valuable as they are engaging.

## ABDO Articles:

Providing commentary and insight to the industry at large, the OCCS has been published by the Association of Dispensing Opticians (ABDO) in 2022. Exploring issues. the articles largely focus on how opticians can best respond to the novel challenges that have been brought about as a consequence of the pandemic.

*'Had the audience enthralled and there were audible gasps as the story unfolded! '*

# Customer Service Strategy

## ACCESS & ACCESSIBILITY

### ED&I Toolkit

Committed to providing our team with all of the knowledge and skills they need to do their work effectively, the OCCS updated its internal EDI toolkit earlier this year. One update was to include more information on working with the visually impaired. This update was carried out in collaboration with Visualise Training and Consultancy, a specialist consultancy which ensured that the resources our teams refer to are as up to date and effective as possible.

Another update to the toolkit included a piece on defining unreasonable behaviour. This update was made in light of growing difficulties with clients who resorted to challenging behaviour as a result of the restrictions imposed on services by the pandemic.

Looking forward, future updates to the EDI toolkit will explore how the OCCS and ADR more generally can improve inclusivity and accessibility to neurodiverse individuals. In order to carry this work out successfully, collaboration will be performed with relevant experts and existing connections in the Healthcare Regulators EDI forum.

Altogether, the toolkit has become an even greater resource for the team this year and will continue to grow in efficacy throughout 2022.

### Neuro-diversity

As part of an ongoing commitment to providing a more inclusive and accessible service to neurodiverse individuals, the OCCS team undertook training with the National Autistic Society to develop greater insight and a better understanding of how to adapt approaches, communication and interactions within OCCS mediations. This has informed a literature and communication review to improve the accessibility of the information provided.

### Unconscious Bias Training

The Nockolds Resolution team has undertaken training in unconscious bias to increase our awareness and to work on strategies to minimise the impact of our individual and collective bias when mediating.

Ultimately, the OCCS has been highly active and involved in a wide range of projects so far this year and will continue to be similarly engaged throughout the remainder of 2022.

### Regulatory Reform

The OCCS continues to feed insight into formal and informal consultations on regulatory reform and the importance of proportionate complaint resolution and insight driven quality improvement.

## Legislative reform in optics

The OCCS and Nockolds Resolution have provided insight and information relating to:

- Illegal practice
- Business regulation

The OCCS are vigilant within complaint mediations to identify and flag any perceived inappropriate use of protected titles to protect consumers and trust and confidence in regulated eye healthcare professionals.

# Conclusion

Altogether, the OCCS remains an organisation that produces positive outcomes whilst remaining focussed on operational improvement. As this annual report illustrates, the service has evolved in the face of unprecedented challenges and gone to significant lengths to prioritise accessibility. Well-prepared for all of the challenges that are produced by an uncertain economy, the OCCS remains committed to supporting resolutions at all stages of disputes. It is also imperative that future qualitative data is considered to be as significant, if not more significant, than quantitative data. The reason for this has to do with the way that comparisons to the height of the pandemic make it difficult to form meaningful measures of success or failure. Indeed, the pandemic provided much low hanging fruit that makes it easy to assume there were greater orders of success when looking at things from a distance. Instead, attention must be paid to case studies and feedback when establishing the challenges and results faced by the OCCS. Confident that we have the skills and ability to adapt, the OCCS looks forward to the challenges ahead with well-deserved optimism.

# Appendices

## APPENDIX 1: OCCS DATA

### Nature of Complaints including sub categories

| | Complaint Nature | 2020-21 |
|---|---|---|
| **Goods & Service** | 796 | |
| Cataract | 4 | 2 |
| Concerns with the examination | 84 | 43 |
| Dispense of varifocal | 84 | 60 |
| Dispensing | 162 | 106 |
| Error with prescription | 222 | 146 |
| Eye Test | 2 | |
| Missed diagnosis | 66 | 38 |
| Outcome of Laser eye surgery | 89 | 67 |
| Prescription prescribed in one practice and dispensed in another | 66 | 34 |
| Reglaze - issue with consumers own frame | 16 | 18 |
| Unknown | 1 | 3 |
| **Customer Care** | **540** | |
| After care | 16 | 13 |
| Alleged inappropriate selling | 28 | 26 |
| Attitude | 106 | 96 |
| Complaint handling | 66 | 81 |
| Consumer change of mind | 25 | 27 |
| Delay in supply | 98 | 99 |
| Excluded from store | 13 | 6 |
| Failure to deal with concerns/complaint | 60 | 26 |
| Laser surgery - complaint handling | 3 | 11 |
| NHS Voucher query | 37 | 20 |
| No prescription provided | 28 | 48 |
| Non-qualified staff issues | 4 | 1 |
| Optom customer care | 43 | 46 |

| | | |
|---|---|---|
| Pupillary Distance - entitlement | 13 | 5 |
| **Other** | **128** | |
| Miscellaneous | 122 | 120 |
| Practitioner query | 2 | 3 |
| Unknown | 4 | 6 |
| **Product** | **117** | |
| Contact lenses | 5 | 4 |
| Product – frames | 79 | 83 |
| Product - lens coating | 23 | 17 |
| Product - lenses | 10 | 4 |
| **Charges** | **73** | |
| Charges and offer | 71 | 93 |
| Unknown | 2 | 3 |
| **Practice Advice** | **66** | |
| Unknown | 66 | 45 |
| **Unknown** | **14** | |
| Unknown | 14 | 24 |
| **Grand Total** | **1734** | **1424** |

## Business Type

| Complaint Nature | | | |
|---|---|---|---|
| | **Independent (%)** | **Multiple (%)** | **Grand Total** |
| Charges | 5.78 | 3.35 | **3.97** |
| Customer Care | 32.83 | 33.19 | **33.10** |
| Goods & Service | 48.02 | 50.16 | **49.61** |
| Other | 2.13 | 2.83 | **2.65** |
| Practice Advice | 6.08 | 1.99 | **3.04** |
| Product | 4.86 | 8.06 | **7.24** |
| Unknown | 0.30 | 0.42 | **0.39** |

## Source

| Source | Source (%) |
|---|---|
| Charity | 0.06% |
| Citizens Advice Bureau | 2.25% |
| Magazine | 0.06% |
| News/Press | 0.17% |
| Other | 5.94% |
| Previous ref to practice/Advice only | 3.69% |
| Professional Event | 3.29% |
| Referral | 3.86% |
| Referral GOC | 4.90% |
| Referral Other Practice | 0.29% |
| Referral Practice | 5.54% |
| Unknown | 0.40% |
| Website | 69.55% |

## APPENDIX 2: GOC RELATED REFERRALS

| | Outcome |
|---|---|
| Out Of Remit | 4 |
| Referred To Practice | 30 |
| Advice Only | 8 |
| Client Not to Pursue | 18 |
| Partial resolution | 1 |
| Resolved at early stage | 5 |
| Resolved on mediation | 12 |
| Mediation unsuccessful | 6 |
| - | **4** |

## APPENDIX 3: EDI

| Age Range | Age Range (%) 2021-22 | Age Range (%) 2020-21 |
|---|---|---|
| 16-24 | 99 (7.70%) | 7.05% |
| 25-34 | 320 (24.90%) | 23.81% |
| 35-44 | 276 (21.48%) | 20.85% |
| 45-54 | 303 (23.58%) | 25.22% |
| 55-64 | 220 (17.12%) | 16.55% |
| 65 Or Over | 67 (5.21%) | 6.47% |
| NULL | 111 | |

| Gender | Gender (%) 2021-22 | Gender (%) 2020-21 | National Stats |
|---|---|---|---|
| Female | 940 (72.98%) | 73.17% | 50.6 |
| Male | 348 (27.02%) | 26.83% | 49.4 |
| NULL | 108 | | |

| Disability | Disability (%) 2021-22 | Disability (%) 2020-21 | Survey Data |
|---|---|---|---|
| No | 970 (81.51%) | 86.49% | 78.80 |
| NULL | 206 | | |
| Yes | 220 (18.49%) | 13.51% | 21.20 |

Increase in service user who consider themselves to have a disability

| Ethnicity | Ethnicity (%) 2021-22 | Ethnicity (%) 2020-21 | 2011 census most reliable data (%) |
|---|---|---|---|
| Asian | 40 (3.3%) | 1.90% | 7 |
| Black | 4 (0.3%) | 0.40% | 3 |
| Mixed | 26 (2.1%) | 2.20% | 2 |
| NULL | 167 | | |
| Other | 18 (1.5%) | 1.90% | 1 |
| White | 1141 (92.8%) | 93.40% | **87** |

| Sexual Orientation | Sexual Orientation (%) 2021-22 | Sexual Orientation (%) 2020-21 | Sexual Orientation National Statistics (%) 2018 |
|---|---|---|---|
| Bisexual | 18 (1.6%) | 1.16% | - |
| Gay | 43 (3.9%) | 3.74% | 2.2% |
| Heterosexual | 1004 (90.5%) | 92.81% | 94.6% |
| NULL | 286 | | |
| Other | 45 (4.1%) | 2.29% | 3.2% |

| Marital status | Marital Status (%) 2021-22 | Marital Status (%) 2020-21 | 2019 Marital Status Data |
|---|---|---|---|
| Civil Partnership | 47 (4.1%) | 4.72% | - |
| Divorced | 76 (6.6%) | 7.93% | 6.61 |
| Married | 470 (40.9%) | 45.09% | 40.7 |
| NULL | 247 | | |
| Prefer Not To Say | 63 (5.5%) | 3.91% | 0.14 |
| Separated | 14 (1.2%) | 1.12% | - |
| Single | 453 (39.4%) | 34.73% | 47.5 |
| Widowed | 26 (2.3%) | 2.51% | 4.98 |

| Religion | Religion (%) 2021-22 | Religion (%) 2020-21 | 2018 National Data Estimate (%) |
|---|---|---|---|
| Buddhist | 5 (0.5%) | 0.71% | 0.4 |
| Christian | 467 (43.8%) | 48.03% | 51 |
| Hindu | 5 (0.5%) | 0.59% | 1.6 |
| Jewish | 9 (0.8%) | 0.55% | 0.5 |
| Muslim | 23 (2.2%) | 0.63% | 5.4 |
| None | 430 (40.3%) | 40.10% | 39 |
| NULL | 329 | | |
| Other | 45 (4.2%) | 4.03% | 1.6 |
| Prefer Not To Say | 76 (7.1%) | 5.03% | - |
| Sikh | 7 (0.7%) | 0.34% | 0.6 |

| Region | Region (%) 2021-22 | Region (%) 2020-21 | v National Statistics |
|---|---|---|---|
| England | 1001 | 95.26% | +3% |
| Scotland | 79 | 2.35% | +2% |
| Wales | 50 | 1.93% | = |
| Northern Ireland | 8 | 0.46% | -2% |
| Other | 12 | - | |
| NULL | 246 | | |

## APPENDIX 4: 2020-23 STRATEGIC ACTIVITY

- Development of the OCCS to ensure it delivers world class complaint resolution
- Support the GOC in delivering the corporate and strategic plans for 2020-2027;
- The challenges faced by the sector such as an ageing population and the increased provision of ever more complex eyecare in primary settings; and
- Resource available to the OCCS, which could be linked to resource efficiencies within the GOC achieved by widening the use of the OCCS (which offers more agility and potential for economies of scale).
- Leverage the benefits FtP remodelling by delivering trusted complaint resolution in optics:
- Work collaboratively with the FtP team to extract value from introduction of Acceptance Criteria and pro-actively drive low-level complaints out of triage to OCCS for resolution;
- Work collaboratively with FtP to ensure PSA objectives are successfully delivered;
- Work collaboratively with the GOC to explore how mediation can support FtP as set outlined in the Government White Paper – Promoting Professionalism, Reforming Regulation July2019. Given the working relationship built over the past five years, the GOC and the OCCS have the opportunity to progress the already ground-breaking work in complaint mediation in regulated healthcare to lead the regulatory field.
- Deliver insight sharing activity which provides Upstreaming and supports an embedded Learning Culture
- Deliver student presentations at optometry universities and dispensing colleges to drive student awareness of OCCS, greater understanding of professionalism and expectations of consumers, the public and their regulator, and effective complaint management;
- Continue to use our CET proposition to carry positive message of change in FtP to registrants, and to incorporate learnings from FtP cases and analysis of complaints referred into both organisations;
- Increased use of online tools and medium to widen reach to members of the optical professions and share ‘bite size’ learnings and insight.
- Continually develop and improve the OCCS effectiveness, accessibility and inclusivity (Equality, Diversity and Inclusion)
- Continue to evaluate and develop initiatives to improve the accessibility of the OCCS for all consumers, and to ensure that all consumers have a clear understanding of what they can expect from their eyecare provider to assess ‘what good looks like’.
- Effective Consumer and Public Protection
- Work collaboratively with the GOC to develop greater interaction and risk management within the overall regulation of eyecare namely, NHS via performers list, employer/practice links and other bodies to ensure the public are not put at risk by a lack of knowledge or sharing of a registrant’s impairment.
- Work collaboratively to support the implementation of a reformed approach to business regulation:
- In recent years, the OCCS has seen an increase in complaints referred to the service where the

business providing eye care services and supplying spectacles/lenses was not registered with the GOC and no individual registrant was involved in the complaint. Many consumers expect all suppliers of eyecare and optical products to be regulated by the GOC. The knowledge gained, and evidence collated by the OCCS will be shared with the GOC to inform the GOC's proposed strategic aim to seek reform of the Opticians Act and business regulation. As the GOC progresses a strategic aim in this area, the OCCS will continue to work collaboratively with the GOC, to support the regulator in delivering a comprehensive, simpler and more effective system of business regulation.

- Work collaboratively with the GOC to review the remit of the OCCS given the reform of business regulation, activity in niche areas of the sector such as refractive surgery and the cross-border issues arising from online supply and sales which may expand with improving technology and the potential to increase remote sight tests and refractions.

**PUBLIC**
**C25(22)**

**COUNCIL**

## Education: A&QA Annual Monitoring & Reporting (AMR) Sector Report 2020/21

**Meeting:** 29 June 2022 **Status:** For noting

**Lead responsibility:** Steve Brooker (Director of Regulatory Strategy)
**Paper Author(s):** Philippa Mann (Head of Education), Ben Pearson (acting Education Manager)

### Purpose

1. This paper presents the Annual Monitoring & Reporting (AMR) Sector Report for the academic year 2020/21**,** which forms a key public output of the Approval and Quality Assurance (A&QA) cycle undertaken by the Education department.

### Recommendations

2. Council is asked to **note** the update and **consider** the report (**annex one**).

### Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Delivering world-class regulatory practice. This work is included in our 2022/2023 Business Plan.

### Background

4. Annual Monitoring & Reporting (AMR) is one of our quality assurance (QA) activities, alongside our quality assurance visits, notification of reportable events and changes to approved qualifications, and conditions management.

5. AMR enables us to carry out sector-wide analysis of approved qualifications and overall routes to registration, to identify key themes, trends and risks. Whilst we already require providers to notify us about key events and changes throughout the year, AMR is a mechanism that enables these notifications to be verified and considered against the broader context.

6. As well as gathering data regarding approved qualifications delivery, progression, lessons learned and good practice, this year's AMR included questions on the impacts of the COVID-19 pandemic on optical education and initial enquiries regarding providers' plans to transition to our new Education and Training requirements (one output from the Education Strategic Review (ESR) which concluded in March 2022).

7. Following the submission of AMR forms and supporting evidence, we review and analyse the information. We request any further information or clarification from the relevant qualification, as required.

8. We produce and publish an annual AMR sector report which provides a summary of our findings and an overview of the key themes and risks that our analysis identified as impacting the sector. We later issue individual qualification reports to each provider of GOC-approved qualifications.

9. Prior to finalisation, we send copies of the sector report to all providers for a final factual check. Whilst we do not envisage any major changes, having followed up with clarification queries as part of the drafting process, any significant changes will be reported to Council.

10. The publication of the AMR sector report and distribution of individual qualification reports to providers will close the 2020/21 AMR cycle.

## Analysis

11. The key findings from this year's AMR include:
    - **Delivery through the pandemic:** The pandemic continues to impact the education sector although there are indications that some pre-pandemic teaching formats and activities are gradually being re-introduced. This includes in-person teaching, teaching activities including tutorials, lectures, clinical sessions, and the return to 'closed-book' in-person examinations. Some teaching methods deployed to mitigate the effects of the pandemic, such as the enhanced use of online learning resources, may continue to remain in use for the foreseeable future.
    - **Recruitment:** Whilst applications for Optometry (OO) qualifications were buoyant in 2020/21 with an increased average Year 1 cohort from the previous year, applications were low for Dispensing Optics (DO) qualifications with less than half of the previous year's cohort (see more about this below in *Risks*). There continues to be a lot of interest for IP approved qualifications, a demand which is expected to grow. In response to this expected increase in demand some approved IP qualifications have been granted a larger student cap, and/or permitted to recruit to more frequent cohorts. Whilst CLO approved qualifications admitted over 61% of their applicants, it was stated that CLO recruitment figures have been affected due to the lockdown measures and some retailers ceasing to sponsor staff to enter CLO qualifications.
    - **Attainment, progression:** Attainment data provided by the approved qualifications illustrate that pass rates for OO and DO have increased since last year, for Independent Prescribing (IP) rates remain high, and there is no change for Contacts Lens Optician (CLO).
    - **Student satisfaction:** National Student Survey (NSS) scores for OO and DO qualifications continue to outperform the national average.

- **Resourcing and investment:** Whilst a number of providers have invested in new equipment and facilities, providers have continued to identify that maintaining adequate staffing is a significant risk. External factors, such as Brexit, COVID-19 and other political events, have the potential to exacerbate this risk (see more about this below in *Risks)*.
- **Education Strategic Review (ESR):** Most providers of approved qualifications in optometry and dispensing optics report that they plan to commence recruiting students into approved qualifications which meet the new education and training requirements in the academic year commencing Sept 2023. Whilst many providers view the changes as positive, they also mentioned that implementation of the new education and training requirements attracts risks regarding resourcing, given that approved qualifications must now integrate 48 weeks patient-facing of professional and clinical experience, and that providers will be responsible for measuring student's achievement (assessment) of the Outcomes for Registration.

**Risks**

12. **Sustainability of student numbers, particularly for DO qualifications:** DO qualifications highlighted that student numbers remain an ongoing concern. This view was expressed in the last three annual monitoring processes and is reinforced by another fall in student recruitment this year. It is suggested that the decline is caused by the ongoing pandemic which has deterred employers from funding students' studies or led to prospective students being furloughed from their work, as well as more optometry provision. Cohort data for 2021/22 suggests a slight improvement in numbers but the overall trend over five years is one of gradual decline. Starkly, the combined year 1 cohort size of all DO qualifications has fallen to 135 students (141 in 2019/20; 346 in 2018/19). We hope that the Annual Monitoring and Reporting Sector Report provides information needed for the relevant professional and representative bodies to consider the impact of this decline and explore the options to safeguard the public and secure service delivery given the potential likely decrease in workforce capacity in the medium term.

13. **Placement availability:** Restricted access to high street opticians during the pandemic was cited as having an adverse effect on the provision of placements although it is reported that the sector is now back in operation. Patient supply has been an issue with some providers investing in marketing to encourage patients to visit their clinics and some students have proactively recruited patients for clinics using social media channels. There continues to be challenges within IP qualification to secure appropriate placements in Hospital Eye Services.

14. **Resourcing and staffing**: The burden on staff throughout the pandemic and the risk of burnout were flagged by many to be a concern. This will require ongoing monitoring by providers coupled with the need that providers ensure that they prioritise staff and student welfare, as well as inform us of any significant events or changes that arise (including staffing changes), in line with our notification of reportable events and changes policy.

15. **Transition to the new Education and Training Requirements:** Many providers identified the GOC's Education Strategic Review (ESR) as an opportunity, but also as a risk to resourcing, owing to the uncertainty surrounding the sector's ability to influence and identify additional and/or reallocated funding from either the higher or further education funding councils or statutory education and training bodies in each of the four nations. The sector is beginning to develop a policy position and evidence base to inform conversations with the relevant bodies as part of the Sector Strategic Implement Steering Group (SSISG).

**AMR development**

16. We are continually developing our QA processes to be more proportionate and risk-based. One of the commitments following the closure of the Education Strategic Review is to use AMR data more strategically, alongside sample-based reviews (of outcomes) and thematic based reviews (of standards), to inform the volume and frequency of periodic reviews of our 'new' or 'adapted' approved qualifications. As such, we are continuing to develop our capacity and capability to process and analyse data in a way that positively contributes to this goal in the medium- to long-term.

17. We continue to consider all feedback received from stakeholders regarding this year's AMR process and will use this to refine the AMR process for next year.

## Finance

18. The budget for AMR activity and provider engagement is held within the Education team. There are no further budget implications.

## Risks

19. The risks and issues identified through the AMR are set out above. Risk of financial instability across the higher and further education sector is compounded by the uncertainty arising from the government's response to its commissioned review of post-18 education (the Augar Review). Given the uncertain effects of COVID-19 on future university recruitment and income, providers are understandably nervous. We are in regular contact with relevant higher and further education funding councils and statutory education and training bodies in each of the four nations, and we have also received copies of providers' student protection plans. These give us assurance that providers have policies for handling potential closures to approved qualifications.

## Equality Impacts

20. All providers submitted equality, diversity and inclusion (EDI) data this year. No issues or risks were identified from the data submitted.

21. We will look to develop our approach to EDI and the information that we seek as part of the new education and training requirements produced from the ESR.

## Devolved nations

22. There are no specific impacts of the AMR on devolved nations. Providers reported some local, regional and national changes within their AMR returns.

## Communications

23. We plan to follow the below next steps to close the year and open the next AMR.

24. We are considering publishing the individual qualification reports and will be engaging with the providers to consider their views on this.

## Next steps

25. The next steps are as follows:

| | |
|---|---|
| **July 2022** | Distribute a draft version of sector report to College of Optometrists and the ABDO |
| **July 2022** | Finalise & publish sector report |
| **September 2022** | Distribute qualification reports to providers |
| **September 2022** | Obtain and review feedback on 2020/21 AMR process |
| **September 2022** | Refine and finalise 2021/22 AMR process & documentation |
| **October 2022** | 2021/22 AMR form and guidance sent to providers |
| **January 2023** | Deadline for 2021/22 AMR form returns |

## Attachments

Annex 1: General Optical Council: Annual Monitoring and Reporting – 2020/2021 Sector Report

# General Optical Council

## GOC Approved Qualifications

## Annual Monitoring & Reporting – 2020/21

## Sector Report

## June 2022

# Annual Monitoring and Reporting Sector Report 2020/21

## 1. Summary

1.1. The sector at a glance:

**GOC-approved and provisionally approved qualifications:**

| Qualification type | Number of qualifications |
|---|---|
| Optometry (OO) | 14 |
| Independent prescribing (IP) | 6 |
| Dispensing optics (DO) | 8 |
| Contact Lens Optician (CLO) | 4 |
| Approved qualifications offered by professional associations | 4 |

**Student numbers:**

Student numbers have increased in optometry and independent prescribing.

But they have decreased significantly for dispensing optics and contact lens opticians.

Over 96% of eligible graduates joined the College of Optometrist's Scheme for Registration.

| Total students | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---|---|---|---|---|
| **OO*** | 2641 | 2826 | 3154 | 3268 |
| **IP** | 216 | 306 | 412 | 203 |
| **DO** | 1218 | 1054 | 758 | 702 |
| **CLO** | 112 | 101 | 58 | 66 |

(*excludes those on College of Optometrist's Scheme for Registration due to different reporting period)

| Total students in Year 1 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---|---|---|---|---|
| Optometry | 885 | 996 | 1089 | 1004 |
| Dispensing optics | 346 | 314 | 135 | 276 |

The decline in admissions for dispensing optics presents a substantial risk for the sector. We hope that this report provides information needed for the relevant professional and representative bodies to consider the impact of this decline and explore the options to safeguard the public and secure service delivery given the potential likely decrease in workforce capacity in the medium term.

1.2. This year's annual monitoring and reporting (AMR) process highlighted the resilience and agility of the optical education sector in its response to the Covid-19 pandemic. Providers informed us of a return to some campus-based activities with many informing us of innovations deployed during the pandemic

that will remain in place, notably those relating to enhanced online offerings. Providers also informed us about the impact on staff who have worked hard and committed themselves to address the ongoing complex challenges related to the pandemic.

1.3. We asked providers of GOC approved and provisionally approved qualifications about their plans to transition to the new requirements for approved qualifications for entry and specialist entry to the GOC register. We received an excellent response from the sector and the GOC education department is working with each respondent to discuss their plans in greater detail. Future sector reports will cover progress on implementing the new education and training requirements, once organisations have confirmed their plans and started the adaptation process.

1.4. This year approved and provisionally approved qualifications demonstrated continued strength across most metrics.

1.5. Optometry (OO) qualifications reported a high ratio of applications to admissions, strong academic qualifications (average offer) amongst prospective students, and high levels of student progression and attainment. Dispensing optics (DO) qualifications reported a lower ratio of applications to admissions, but good levels of student progression and attainment. National Student Survey (NSS) scores for OO qualifications continue to outperform both the national average and the 'Subjects Allied to Medicine' (SATM) for all categories except 'Learning Resources' for SATM. NSS scores for DO qualifications outperform the national average, and the SATM for all categories except 'Learning Opportunities' for SATM.

Independent prescribing (IP) qualifications showed increasing numbers of applicants and students admitted in 2020/21 with a high level of student attainment in exams. Qualifications run online experienced minimal effects resulting from the COVID-19 pandemic and were able to increase admissions by accepting students throughout the UK. Meanwhile, the 2020/21 cohort size for contact lens optician (CLO) qualifications (58) is significantly smaller than the cohort for 2019/20 (101).

1.6. The relaxation of social distancing restrictions enabled approved qualifications offered by professional associations affected by the COVID-19 pandemic to deal with the backlog of candidates requiring examination. A high proportion of OO and IP students passed the GOC approved qualification within the permitted timescale. Pass rates for DO approved qualification have improved compared to the previous year and pass rates for CLO approved qualification were also similar to the previous year.

1.7. Our analysis identified several systemic risks to the optical education sector and the wider optical sector. These include:

- the sustainability of student numbers, particularly for DO qualifications;

- the availability of placements for some students, particularly during periods of furloughs;
- the continued resilience of the education workforce with high workloads and within a changing sector.

1.8. Recommended actions to mitigate these sector risks are below. We will:

- raise awareness to the relevant professional and representative bodies regarding the decline in DO recruitment. The decline in admissions for dispensing optics presents a substantial risk for the sector. We hope that this report provides information needed for the relevant professional and representative bodies to consider the impact of this decline and explore the options to safeguard the public and secure service delivery given the potential likely decrease in workforce capacity in the medium term.
- continue to remind providers that they must notify us of any reportable events and changes to their qualifications, including departure of staff, and their contingency plans to ensure our standards are met, in line with our policy.

1.9. We continue to monitor other trends in the wider education sector, for example regarding degree classifications[1]. In this regard, this year we will contact providers whose awarding of first class degrees exceeds 40% to ask them to explain this occurrence.

1.10. In order to further develop our process we will:

- use the information obtained in the AMR to contribute to our assessment of providers' notifications of adaptation and sharing of good practice through SPOKE;
- continue to develop our data capabilities as part of the education and training requirements' Quality Assurance and Enhancement Method (QA&EM) to enable effective oversight and assurance of GOC approved qualifications, which will include standardising the data submitted to allow effective comparison between approved qualifications;
- look to further develop our approach to EDI and the information that we seek as part of our new QA&EM; and
- review how the 2020/21 AMR reporting process has operated and consider appropriate refinements and enhancements for the 2021/22 AMR process, as well as the changes to AMR that will be required under the QA&EM.

[1] The Office for Students published their analysis on degree classifications over time, considering the prevalence of grade inflation. Full report (OfS 2022.22) available here: https://www.officeforstudents.org.uk/publications/analysis-of-degree-classifications-over-time-changes-in-graduate-attainment-from-2010-11-to-2020-21/

## 2. Background

The GOC (also referred to as “we” in this document) are required to “keep informed of the nature of the instruction given by any approved training establishment to persons training as optometrists or dispensing opticians and of the assessments on the results of which approved qualifications are granted”, under s.13(1) Opticians Act 1989. Qualifications leading to an approved therapeutic / independent prescribing (IP) or contact lens optician (CLO) qualifiaction are also included within the GOC’s regulatory scope.

2.1. In executing this duty, we approve and quality assure qualifications leading to GOC registration or speciality registration, which includes all elements of training, learning and assessment that a provider must deliver for its students to be awarded a GOC approved qualification that meets the GOC’s requirements. and to enable students to be eligible to register with the GOC as an optometrist (OO) or dispensing optician (DO), or with an IP or CLO specialty, upon successful completion of their training and assessment.

2.2. As part of our approval and quality assurance (A&QA) of qualifications, all providers are required to demonstrate how their approved or provisionally approved qualification(s) meet our requirements, as currently listed in our handbooks. We seek assurance from providers of approved or provisionally approved qualifications(s) in several ways, including quality assurance visits, notification of reportable events and changes, conditions management, and the annual compulsory AMR submission.

2.3. Failure by a provider of a GOC approved or provisionally approved qualifications(s) to submit an AMR form on time or submitting incomplete or inaccurate data is treated seriously and may result in us undertaking additional quality assurance activities in relation to that qualification. This may include actions that may ultimately lead to a withdrawal of GOC approval for a qualification.

## 3. Annual Monitoring and Reporting process

3.1. Providers were required to report information for the period 1 September 2020 – 31 August 2021.

3.2. All providers of GOC-approved or provisionally approved qualifications(s) were required to submit information relating to qualifications changes, changes to qualification delivery and/or assessment (including risks to delivery), lessons learned, good practice, the impact of Covid-19 and plans to adapt provision to meet the new education and training requirements on our standard form.

3.3. We issued the AMR forms to providers on 12 October 2021. Providers were required to submit a completed form by 14 January 2022. The period from 12 October 2020 – 14 January 2022 is referred to as the ‘reporting period’.

3.4. Every AMR return must be signed by a ‘Responsible Officer’. The Responsible Officer is a staff member with sufficient authority to represent and bind the institution and bears ultimate responsibility for the information submitted in the return. The Responsible Officer must only sign off the form when they are satisfied that the information gives a true and fair account of the qualification.

3.5. Following the end of the reporting period, we analysed the information to identify:

- responses by each provider to the current COVID-19 pandemic;
- updates regarding key events and changes at qualification level
- current risks and issues relating to individual approved or provisionally approved qualifications(s);
- themes, strengths, and risks within the optical education sector;
- the diversity of students within the optical sector;
- examples of good practice and lessons learnt; and
- ways the GOC’s quality assurance activities could be developed.

3.6. This sector report provides a high-level summary of the outcomes of the 2021/22 AMR process. In addition to this report, we produce a short report for each approved or provisionally approved qualifications(s) (referred to as a ‘qualification report’) to provide specific feedback regarding the qualification’s submission.

3.7. The analysis and outcomes are based upon the information and data as calculated and submitted by providers of GOC approved or provisionally approved qualifications(s). We have not sought to externally verify the information submitted.

3.8. We consider all feedback from stakeholders regarding the 2020/21 AMR process and use this to help refine the AMR process.

3.9. The publication of this report closes the 2020/21 AMR process.

## 4. Themes

4.1. Compliance with this year's AMR process was very good, with all 36 returns submitted and 34 (94%) submitted by the 14 January 2022 deadline. Responses to additional queries were generally prompt. No significant compliance breaches occurred.

**Impact of the COVID-19 pandemic on the sector**

4.2. The pandemic continues to impact the education sector although there are indications that some pre-pandemic teaching formats and activities are gradually being re-introduced. This includes face-to-face teaching, teaching activities including tutorials, lectures, clinical sessions, and the return to 'closed-book' in-person examinations. Some teaching methods deployed to mitigate the effects of the pandemic, such as the enhanced use of online learning resources, may continue to remain in use for the foreseeable future.

4.3. Some mitigation measures implemented during the pandemic continue to be utilised and the temporary optometry handbook has been welcomed by some providers in offering flexibility in managing their qualifications.

4.4. As social distancing restrictions are eased, providers are adjusting at their own pace with few signs that the new post-pandemic learning environment will be the same as prior to the pandemic. Providers have responded positively to innovations introduced and whilst all of these are unlikely to remain in place in the future, some may continue to have a long-term presence, though not necessarily uniformly across the sector.

4.5. The most promising innovations appear to be focussed on the enhanced virtual learning environment. Many providers recorded lectures to be viewed later by students. One provider told us that the adoption of innovative technologies for both teaching and assessment is now well established, giving the opportunity for their continued use beyond the pandemic. The use of virtual remote clinics has also been adopted by some providers with positive feedback from students and staff. Other innovations reported this year include smaller tutorial groups, different models of supervision in clinical settings, and various providers informed us about increased investment in new equipment and facilities.

4.6. Various providers discussed having to increase the size of their Year 1 cohorts due to increased numbers of students meeting their UCAS point offers, with various reasons cited for this; one provider suggested the situation should be resolved when pre-pandemic arrangements return.

4.7. The restriction on access to high street opticians during the pandemic was cited as having an adverse effect on the provision of placements although it is reported that the sector is now back in operation. Patient supply has been an issue with some providers investing in marketing to encourage patients to visit their clinics and some students have proactively recruited patients for clinics

using social media channels.

4.8. As noted in the Sector Report for 2019/20, most providers implemented no detriment policies (also called 'safety net' policies) to ensure students were not disadvantaged by the lockdown. These were implemented at university level. These policies typically included:

- automatic progression to the next academic year; and
- basing degree classifications on students' best module marks.

4.9. There is a risk that some students would be awarded higher degree awards under the no detriment arrangements than under conventional arrangements, but degree classifications generally continue to be in line with previous years, with the exception of a couple of optometry providers with whom we will work to better understand their award distribution.

4.10. OO students who had not been able to complete the required competency assessments or clinical experience before graduating were allowed to trail incomplete competencies and clinical episodes into the pre-registration period.

4.11. Providers of approved OO and DO qualifications offered by professional associations sought to address the backlog of registration places in the past year to reach what appears to be a normal state, albeit in exceptional circumstances and with many mitigating measures taken to get to this point.

4.12. As the sector transitions towards a new normality, it does so aware that the pandemic is ongoing with uncertainty on whether social restrictions may need to be reintroduced should a significant new variant of COVID-19 emerge. Whilst the sector remains alert, agile and responsive to public health developments, the pandemic has had an impact on the wellbeing of staff. Providers have reported the heavy burden of responding to the challenges of the pandemic, that job security has been a concern, staff have felt fatigued, and income has been lost due to furlough and redundancy. Various providers reported the issue of unexpected staff absences during the pandemic due to sickness.

4.13. The GOC continues to respond to the ongoing Covid-19 pandemic by:

- processing proposals by providers for temporary changes to their qualifications to enable them to meet GOC requirements, ensuring decisions are reviewed by the Education Manager and Head of Education;
- permitting OO graduates to trail incomplete requirements into the pre-registration period; and
- continuing planned quality assurance work, including remote quality assurance visits.

**Student applications, recruitment, progression and attainment**

4.14. On average, OO qualifications reported strong application and entry figures. Whilst applications for OO qualifications were buoyant in 2020/21 with an

increased average Year 1 cohort from the previous year, applications were low for DO qualifications with less than half of the previous year's average Year 1 cohort. However, early submission of figures for 2021/22 for DO qualifications suggest that there may be a recovery under way with the Year 1 cohort more than doubling, but still slightly below 2019/20's Year 1 cohort. The long-term trend continues to suggest that DO applications and cohort sizes are on the decline which presents a risk to the sustainability of DO qualifications, with new optometry provision cited as a significant factor.

4.15. Student numbers for OO qualifications are generally close, at or above (with 10%) the GOC number cap, all citing increased numbers of students meeting their required UCAS points as the reason for this.

4.16. There continues to be a lot of interest for the IP approved qualifications, the average Year 1 cohort size was 82 (61 in 2019/20; 41 in 2018/19). This is expected to increase in subsequent years due to qualifications being granted a larger student cap, or allowed more frequent cohorts.

4.17. Meanwhile, the average Year 1 cohort size for CLO qualifications was 58 (101 in 2019/20; 112 in 2018/19). Like 2019/20, all CLO qualifications admitted over 61% of their applicants, however it was stated that CLO recruitment figures have been affected due to the lockdown measures and some retailers ceasing to sponsor staff to enter CLO qualifications, which may explain the reduced Year 1 cohort size.

4.18. In terms of progression, both OO and DO qualifications experienced a dip in Year 1 progression rates and progress to the following year, although completion rates for OO and DO are very good and average attainment rates have increased since last year.

4.19. In a similar vein, both OO and DO approved qualifications (apart from those offered by professional associations) experienced a slight drop in first year student progression rates whilst student attainment rates remain high. For those qualifications offering degrees, performance in the National Student Survey (NSS) continues to remain high. OO and DO qualifications' average scores across most NSS categories exceeded both the national average and the average for 'Subjects Allied with Medicine'.

4.20. Attainment data provided by providers of approved OO and DO qualifications offered by professional associations shows that pass rates for OO and DO have increased since last year, for IP remains high at 96.8%, and there is no change for CLO.

**Resourcing and investment**

4.21. Whilst several providers have invested in new equipment and facilities, resourcing of qualifications, retaining staff and replacing equipment reaching

the end of its lifespan has been highlighted as a significant risk.

4.22. The implementation of new education and training requirements arising from the GOC's Education Strategic Review (ESR), has been identified as a risk to resourcing, given that approved qualifications must now integrate 48 weeks patient-facing of professional and clinical experience, and that providers will be responsible for measuring student's achievement (assessment) of the Outcomes for Registration. The sector is continuing to review its funding streams and providers are reminded to ensure that the GOC are informed of any significant events or changes that arise, in line with our notification of reportable events and changes policy.

**Risk and information management**

4.23. All qualifications submitted risk analyses. This year, providers needed only to report changes (if any) to their SWOT analysis contained in their 2019/20 AMR submission.

4.24. The longstanding reputation and excellent NSS scores of many qualifications remained key strengths. Meanwhile, the implementation of the new education and training requirements was seen as presenting opportunities as well as threats to providers, particular in relation to resourcing.

4.25. Some qualifications noted changes relating to staffing and increased Year 1 admissions as a result of more students than usual meeting their UCAS point offers as a risk, although they believe this will resolve when A-level marking returns to normal.

4.26. Placement availability continues to be challenging. Restricted access to placements in high street opticians during the pandemic was cited as having an adverse effect although it is reported that the sector is now back in operation. Patient supply has been an issue with some providers investing in marketing to encourage patients to visit their clinics and some students have proactively recruited patients for clinics using social media channels. There continues to be challenges within the IP qualification to secure appropriate placements in Hospital Eye Services.

**Equality, Diversity, and Inclusion (EDI) data**

4.27. Providers were asked to submit EDI data and information regarding widening participation initiatives in operation.

4.28. Most OO students were female, of Asian ethnicity and aged 20 or under. Most DO students were female, of White ethnicity and aged 21-24, with many DO qualifications recruiting more mature students than OO qualifications.

4.29. IP and CL qualifications recruit students who are already qualified practitioners. Although most IP and CL students were over the age of 30, many were within

the 25-29 age bracket which shows an increasing interest in achieving an IP or CL qualification among more recently qualified optical professionals.

## 5. Recommendations & actions

5.1. We will:

- raise awareness within the sector regarding the decline in DO recruitment. We hope that this report provides information needed for the relevant professional and representative bodies to consider the impact of this decline and explore the options to safeguard the public and secure service delivery given the potential likely decrease in workforce capacity in the medium term.
- continue to remind providers that they must notify us of any reportable events and changes to their qualifications, including departure of staff, and their contingency plans to ensure our standards are met, in line with our policy.

5.2. We continue to monitor other trends in the wider education sector, for example regarding degree classifications. In this regard, this year we will contact providers whose awarding of first class degrees exceeds 40% to ask them to explain this occurrence.

5.3. In order to further develop our process we will:

- use the information obtained in the AMR to contribute to our assessment of providers' notifications of adaptation and sharing of good practice through SPOKE;
- continue to develop our data capabilities as part of the education and training requirements' Quality Assurance and Enhancement Method (QA&EM) to enable effective oversight and assurance of GOC approved qualifications, which will include standardising the data submitted to allow effective comparison between approved qualifications;
- look to further develop our approach to EDI and the information that we seek as part of our new QA&EM; and
- review how the 2020/21 AMR reporting process has operated and consider appropriate refinements and enhancements for the 2021/22 AMR process, as well as the changes to AMR that will be required under the QA&EM.

## 6. Programme findings

Set out below is a summary of our findings for each qualification type, as follows:

- Optometry
- Independent prescribing
- Dispensing optics
- Contact lens opticians
- Approved qualifications offered by professional associations (OO and IP)

- Approved qualifications offered by professional associations (DO and CLO)

Equality, Diversity and Inclusion (EDI) data is included at the end of the report across all qualification types.

# Optometry

Unless otherwise indicated, the comments in this section relate to all optometry (OO) qualifications, excluding the approved qualification in optometry offered by the College of Optometrists.

## 1. Themes

1.1. Overall, the information submitted indicates strong performance amongst optometry qualifications in several academic metrics. However, the inability to retain staff was identified as a risk for some qualifications and many identified the implementation of new education and training requirements as a risk.

1.2. Applications for OO qualifications remain strong and there remains a considerable range of small, medium, and large cohort sizes.

1.3. In general, student progression through OO qualifications remains high. Student attainment is very high, with a mean of 96.8% of students obtaining a 2.2 or higher (98.1% in 2019/20; 95.6% for 2018/19).

## 2. Key data – Optometry qualifications

| Total students | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---|---|---|---|---|
| Total optometry students | 2641 | 2826 | 3154 | 3268 |
| Year 1 cohort | 885 | 996 | 1089 | 1004 |

| Metric | Lowest | Mean | Highest |
|---|---|---|---|
| Proportion of applicants admitted | 10.0% | 24.9% | 70.4% |
| Average UCAS points offer | 129.3 | 136.3 | 147.0 |
| First year progression | 64.3% | 88.5% | 100.0% |
| Progression to following year | 75.4% | 93.3% | 100.0% |
| Successful completion | 83.5% | 95.6% | 100.0% |
| Degree – 2:2 or higher | 89.0% | 96.8% | 100.0% |

## 3. Observations

3.1. Admissions to OO qualifications remain strong, with applications far exceeding the number of places available. OO qualifications admitted a mean of 24.9% of applicants (22.9% in 2019/20).

3.2. With one exception, all OO qualifications admitted between 10.0% and 28.3% of applicants to their qualification. The outlier admitted 53.6% of applicants, however, this provider received fewer than thirty total applications.

3.3. The mean academic offer made by OO qualifications to prospective students was 136.3 UCAS tariff points which approximately equates to AAB grades at A-Level. This is in comparison to a mean of 134.5 (approximately equivalent to AAB) in 2019/20, and 135.6 (approximately equivalent to AAB) in 2018/19. The range extended from 112.3 UCAS points (approximately equivalent to BBC) to

147 UCAS points (approximately equivalent to AAA).

3.4. The strength of OO qualifications' admissions is shown by the large number of qualifications whose Year 1 cohort sizes are close to, or greater than, their GOC student number cap. Year 1 cohort sized filled between 85.0% and 126.7% (excluding an outlier of 15.0%) of their cap. Comparatively, in 2019/20, Year 1 cohorts filled between 87.5% and 120.0%.

3.5. The size of individual optometry qualification cohorts varies significantly. For example, the Year 1 cohort size varied from 9 to 177 students (20 to 138 in 2019/20). The mean cohort sizes across were 72 students in Year 1 (77 in 2019/20), 68 students in Year 2 (81 in 2019/20), 69 students in Year 3 (81 in 2019/20), and 29 students in Year 4 (27 in 2019/20).

3.6. The combined Year 1 cohort size for all OO qualifications has increased since the 2018/19 academic year: there were 885 Year 1 OO students in 2018/19, 996 in 2019/20, and 1167 in 2020/21. This represents a rise of 32% in the Year 1 OO cohort across the UK between 2018/19 and 2020/21.

3.7. In the light of the UK Government's changes to the grading of 2020 A-Level exams, the GOC permitted OO qualifications to exceed the GOC cap by more than 10% in 2020/21, provided that suitable arrangements were made to ensure the adequacy of teaching. As a result, five providers exceeded their admissions +10% cap.

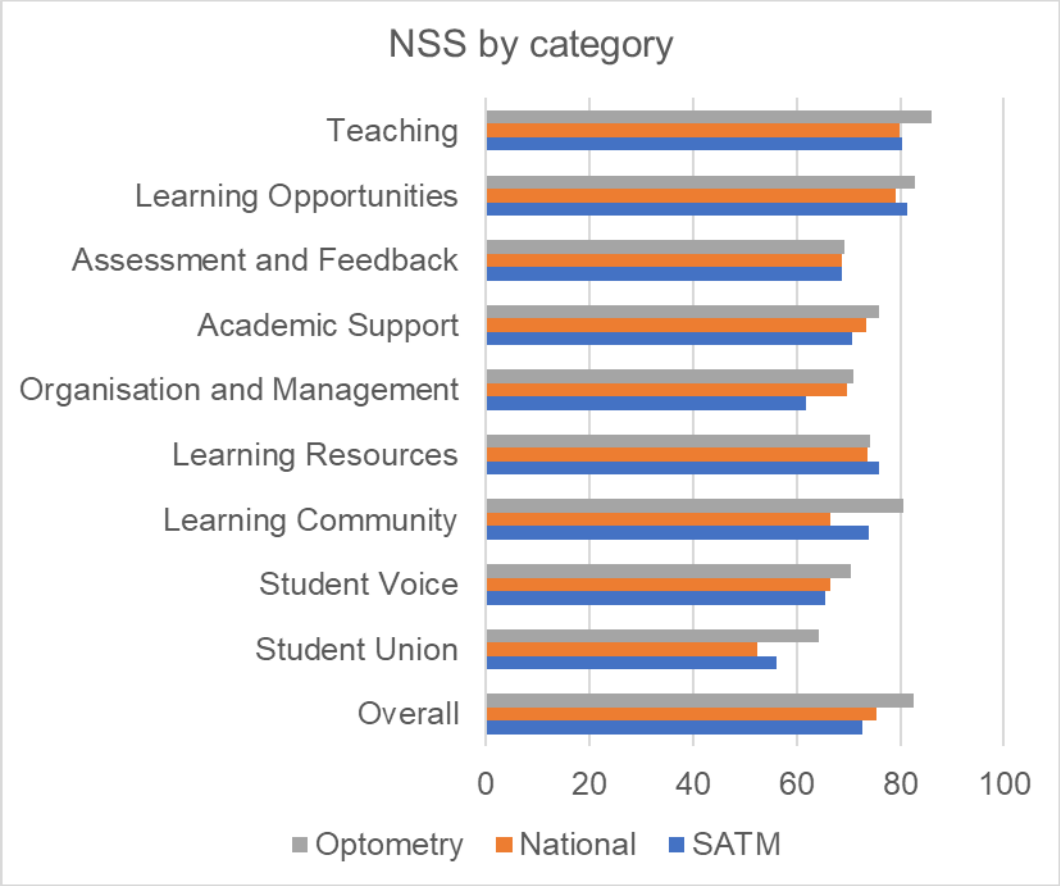
3.8. Student performance remains strong on OO qualifications. A mean of 88.5% (96.4% in 2019/20; 92.3% in 2018/19) of students progressed to the second year; a mean of 93.3% (95.9% in 2019/20; 92.5% in 2018/19) of students progressed to the following year of the qualification overall. A mean of 95.6% (96.2% in 2019/20; 97.7% in 2018/19) of students successfully completed the qualification.

3.9. With regards to EDI, the data showed that 66% of students were female (67% in both 2019/20 and 2018/19), and 64% of students were Asian (59% in 2019/20; 56% in 2018/19). There is evidence of local variation, probably reflecting the demography of the local population, with one provider reporting that 80% of its students were White but another that almost 96% of students were Asian. 56% (54% in 2019/20) of students were aged 20 years or under, with 83% (87% in 2019/20) aged 24 or under, indicating that most are recent school leavers.

3.10. Student attainment was excellent. A mean of 96.8% (98.1% in 2019/20; 95.6% in 2018/19) of students obtained a 2.2 degree or higher. Few students failed the qualification: an average of 2.3% (1.4% in 2019/20; 2.6% in 2018/19) of students failed, and all but one OO institution had fewer than 3% of students failing. Three OO qualifications awarded a high percentage of first-class degree awards (ranging between 40-49%). One provided a robust explanation to

support their award distribution on submission, the remaining two were contacted to explain their award distribution. Mitigating actions from the pandemic were cited as being key reasons behind the anomalies, such as the university's no-detriment policy.

3.11. Student satisfaction was high. By category[2], the OO mean score in the National Student Survey (NSS) for nine of the ten categories exceeded both the national average and the average for 'Subjects Allied to Medicine' (SATM), which includes OO qualifications. The averages by category are illustrated in in the chart below.




3.12. There do not appear to be any significant systemic risks to OO qualifications at present. However, external factors, such as Brexit and new COVID-19 variants, have the potential to increase systemic risk amongst OO qualifications.

3.13. Many providers cited uncertainties and costs created by implementing the new education and training requirements, but many also noted that it could lead to more opportunities to develop their qualifications.

[2] The figures refer to the proportion (%) of students expressing satisfaction in each category of their university experience. An explanation of the category groupings is provided at Appendix 2.

## 4. Recommendations & actions

We will:

- continue to monitor risk to qualifications through our existing quality assurance activities, particularly regarding staffing.
- contact providers whose awarding of first class degrees exceeds 40% to explain this occurrence.

## Independent Prescribing

Unless otherwise indicated, the comments in this section relate to all independent prescribing and therapeutic prescribing qualifications (IP) qualifications, excluding the IP approved qualification offered by the College of Optometrists.

### 1. Themes

1.1. A number of IP qualifications noted that the COVID-19 pandemic continued to pose a risk to the availability of clinical placements. Meanwhile, IP qualifications run entirely online experienced minimal impact in meeting GOC standards.

1.2. IP qualifications are not covered by the National Student Survey, but most qualifications reported the results of internal processes capturing student views. These showed positive student feedback with IP qualifications.

### 2. Key data – IP qualifications

| Total students | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---|---|---|---|---|
| Total IP students | 249 | 306 | 412 | 203 |
| Year 1 cohort | 216 | 306 | 412 | 203 |

| Metric | Lowest | Mean | Highest |
|---|---|---|---|
| Applicants admitted | 53.8% | 78.6% | 100.0% |
| Attainment – pass or higher | 76.0% | 94.2% | 100.0% |

### 3. Observations

3.1. IP qualifications continue to admit a high proportion of applicants: an average of 78.6% applicants (87.3% in 2019/20; 92.2% in 2018/19) were admitted.

3.2. The size of IP qualification cohorts varies significantly: the average Year 1 cohort size was 82 (61 in 2019/20; 41 in 2018/19) but varied from 16 to 224 (5 to 139 in 2019/20; 14 to 136 in 2018/19) students. This is expected to increase in subsequent years due to qualifications being granted a larger student cap or allowed more frequent cohorts.

3.3. An average of 94.2% (98.0% in 2019/20; 98.4% in 2018/19) of students passed the IP qualification, with four of the six qualifications having a pass rate of 100%.

3.4. There was, however, some variance in the data submitted regarding the admission and attainment of students on IP qualifications. This variance results from the structure of some IP qualifications, with some providers admitting students to specific modules rather than full qualifications.

3.5. EDI data showed that most IP students, like 2019/20, were white females aged 30 years or above. 58% of students are aged over 30, and 34% are between the ages of 25 and 29.

3.6. IP qualifications do not participate in the National Student Survey (NSS). Many IP qualifications indicated that they undertake alternative work to obtain feedback and monitor student satisfaction with the qualification and reported positive feedback among students.

## 4. Recommendations & actions

We will:

- continue to monitor risk to qualifications through our existing quality assurance activities;
- continue to develop our data capabilities as part of the education and training requirements' Quality Assurance and Enhancement Method (QA&EM) to enable effective oversight and assurance of GOC approved qualifications, which will include standardising the data submitted to allow effective comparison between approved qualifications; and
- use the information obtained in the AMR to contribute to the implementation of new education and training requirements for IP, AS and SP.

# Dispensing optics

Unless otherwise indicated, the comments in this section relate to all dispensing optics (DO) qualifications, excluding the DO approved qualification offered by ABDO.

## 1. Themes

1.1. DO qualifications maintained good student progression for most qualifications. Whilst first year progress and progress to the following year dipped slightly, completion rates are very good. Student attainment is also good.

1.2. Participation in the National Student Survey (NSS) was limited, as per usual, for reasons including qualification ineligibility. However, qualifications that did participate performed well.

1.3. DO qualifications highlighted that student numbers remain an ongoing concern. This view was expressed in the last three annual monitoring processes and is reinforced by another fall in student recruitment this year. It is suggested that the decline is caused by the ongoing pandemic which has deterred employers from funding students' studies or led to students being furloughed from their work. Cohort data for 2021/22 suggests a slight improvement in numbers but the overall trend over five years is one of gradual decline.

## 2. Key data – DO qualifications

| Total students | 2018/20 | 2019/20 | 2020/21 | 2021/22 |
|---|---|---|---|---|
| Total DO students | 1218 | 1054 | 758 | 702 |
| Year 1 cohort | 346 | 314 | 135 | 276 |

| Metric | Lowest | Mean | Highest |
|---|---|---|---|
| Proportion of applicants admitted | 11.8% | 74.2% | 200.0% |
| Average UCAS points offer | 24.0 | 66.8 | 104.0 |
| First year progression | 50.0% | 79.7% | 100.0% |
| Progression to following year | 70.0% | 87.4% | 100.0% |
| Successful completion | 69.0% | 90.4% | 100.0% |
| Degree – 2:2 or higher | 91.0% | 97.5% | 100.0% |

## 3. Observations

3.1. DO qualifications admitted a mean of 74.2% (73.7% in 2019/20; 60.4% in 2018/19) of applicants. There is significant variance across DO qualifications, with one qualification admitting 200% of its applicants (due to additional students enrolling via the UCAS Clearing process), two over 90%, two between 70% and 80%, two between 30% and 50%, and two below 20%. The qualification admitting 200% is not statistically significant due to the very small number of students on the qualification.

3.2. Four dispensing optics qualifications required A Levels for entry. The average UCAS points offer data quoted includes only these qualifications. The other four qualifications require other qualifications, typically at GCSE level with practical experience also required.

3.3. There is some variance in the mean UCAS tariff points offer made to students entering DO qualifications. The average UCAS offer was 66.8 points (approximately equivalent to DDE at A-Level) in 2019/20. This compares to an average of 36 points (DE/EE) in 2019/20 and 57.4 points (DEE) in 2018/19.

3.4. The mean cohort sizes across the qualifications were 17 students (45 in 2019/20; 58 in 2018/19) in Year 1, 39 students (55 in 2019/20; 62 in 2018/19) in year 2, and 60 students (58 in 2019/20; 63 in 2018/19). The size of individual DO qualification cohorts varies quite significantly: 4 to 50 (10 to 152 in 2019/20) in Year 1, 2 to 171 (21 to 176 in 2019/20) in Year 2, and 19 to 174 (7 to 213 in 2019/20) in Year 3.

3.5. Year 1 cohort sizes for DO qualifications often fell far below the GOC student number cap, showing that admissions are low. No Year 1 qualification admitted sufficient students to fill more than 54% of the permitted intake (90% in 2019/20). The combined Year 1 cohort size of all DO qualifications has fallen to 135 students (141 in 2019/20; 346 in 2018/19). This data demonstrates that DO qualifications are struggling to recruit students, which presents a significant risk to workforce capacity.

3.6. DO qualifications identified declining student numbers as a risk to the sustainability of their qualifications. This risk is perceived as being driven mainly by new optometry provision.

3.7. EDI data showed that almost 63% (65% in 2019/20) of DO students were female and 48% (53% in 2019/20) were white. However, students' age ranges and ethnicities vary between qualifications.

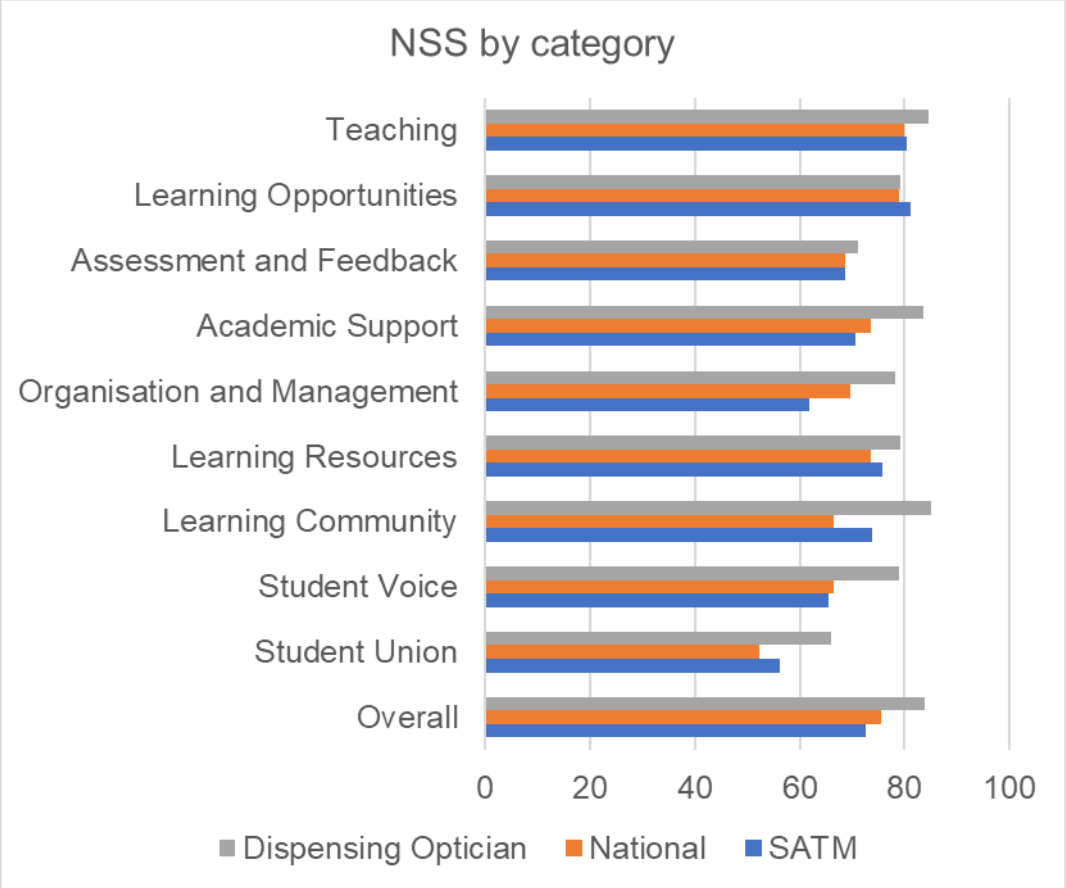
3.8. An average of 79.7% (87.7% in 2019/20; 78.1% in 2018/19) of students on DO qualifications progressed to the second year of the qualification. An average of 87.4% (91.4% in 2019/20; 89.0% in 2018/19) of all DO students progressed to the following year of DO qualifications, and an average of 90.4% (84.1% in 2019/20; 88.3% in 2018/19) of students successfully completed their qualifications.

3.9. The progression rates for DO qualifications is lower than for that of OO qualifications, and there is great variability across DO qualifications.

3.10. Analysis of student attainment is difficult for DO qualifications because not all awards are classified in the same way (some use 'pass', 'merit', and 'distinction' grades) and some are not classified at all. A mean of 97.5% (96.9% in 2019/20; 91.7% in 2018/19) of students obtained either a 2:2 or higher (for honours

degrees), or a pass or higher (for non-honours qualifications). One provider issued an exceptionally high percentage of first-class awards, which was reviewed internally and satisfactorily explained to us.

3.11. By category[3], the average score for DO qualifications in the National Student Survey (NSS) is above both the national average and the average for 'Subjects Allied to Medicine' (SATM) for all categories except 'Learning Opportunities'. The averages by category are illustrated in the chart below.




## 4. Recommendations & actions

We will:

- raise awareness of decline in admissions for dispensing optics. We hope that this report provides information needed for the relevant professional and representative bodies to consider the impact of this decline and explore the options to safeguard the public and secure service delivery given the potential likely decrease in workforce capacity in the medium term.

[3] The figures refer to the proportion (%) of students expressing satisfaction in each category of their university experience. An explanation of the category groupings is provided at Appendix 2.

# Contact Lens Opticians

Unless otherwise indicated, the comments in this section relate to all contact lens optician (CLO) qualifications other than the CLO approved qualification offered by ABDO.

## 1. Themes

1.1. There are considerable differences in cohort size amongst CLO qualifications, ranging between 4 and 41 students. This wide range was noted in 2019/20 when cohorts varied from 11 to 77, and in 2018/19 when cohorts varied from 8 to 91.

## 2. Key data

| Total students | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---|---|---|---|---|
| Total students/ Year 1 cohort | 112 | 101 | 58 | 66 |

| Metric | Lowest | Mean | Highest |
|---|---|---|---|
| Applicants admitted | 80.0% | 75.8% | 85.4% |
| Attainment – pass or higher | 49.0% | 63.5% | 77.0% |

## 3. Observations

3.1. Like 2019/20, all CLO qualifications admitted over 61% of their applicants. However, recruitment was affected due to the lockdown measures and some retailers ceasing to sponsor staff to enter CLO qualifications. One provider estimated that next year's recruitment to be better as the sector returns to a steadier state.

3.2. In terms of cohort sizes, one provider recruited a cohort of 41 students, but the other providers recruited 4 and 13 students.

3.3. CLO qualifications do not participate in the National Student Survey (NSS). Most qualifications indicated that they use alternative methods to obtain feedback and monitor student satisfaction with the qualification. These include internal surveys and the use of WhatsApp groups which allow students to raise concerns or give feedback to the qualification team. The information provided by qualifications suggested there is positive feedback for the qualifications.

3.4. EDI data showed that 77% (71 in 2019/20) of CLO students were white. 64% of CLO students (65% in 2019/20) were aged 30 years or above, which is unsurprising for a qualification taken after initial qualification.

3.5. One CLO qualification is an approved qualification which leads directly to speciality registration. Most students, however, gain two GOC approved CLO qualifications either sequentially or simultaneously, staggering their theoretical and practical examinations, and taking different parts of the examination at

different times, making it difficult to compare achievement. A CLO qualification notified us that while workplace restrictions are still in place for contact lens clinics, students starting the qualification in 2020/21 still needed to take their final practical examinations.

## 4. Recommendations & actions

We will:

- continue to monitor risk to qualifications through our existing quality assurance activities;
- continue to develop our data capabilities as part of the education and training requirements' Quality Assurance and Enhancement Method (QA&EM) to enable effective oversight and assurance of GOC approved qualifications, which will include standardising the data submitted to allow effective comparison between approved qualifications.

# GOC Approved Qualifications offered by the College of Optometrists (Optometry and Independent Prescribing)

Unless otherwise indicated, the comments in this section relate to approved qualifications offered by the College of Optometrists in Optometry (the Scheme for Registration) and Independent Prescribing (Therapeutic Final Common Assessment).

## 1. Themes

1.1. The pass rates submitted by the College of Optometrists was calculated on differing bases from each other and from academic qualification pass rates.

1.2. The College of Optometrists sought to address the backlog of registration places in the past year and appear to have reached 'near to normal' state, having implemented mitigating measures.

## 2. Key data – attainment data

| Qualification | Pass rate |
|---|---|
| Optometry (Scheme for Registration) (27-month) | 86.7% |
| Independent prescribing (Therapeutic Final Common Assessment). | 96.8% |

## 3. Attainment data

3.1. Due to the nature of the qualifications and the format of the AMR form, each professional body provided attainment data on differing bases, i.e. the basis for each calculation has been different. For clarity, an explanation of the attainment data for the College of Optometrists in Optometry (the Scheme for Registration) and Independent Prescribing (Therapeutic Final Common Assessment) is set out below.

3.2. The College of Optometrist's OO approved qualification (the Scheme for Registration) is calculated on a different basis and for an alternative time period to all other qualifications. This is due to the structure and timing of the qualification. Reporting attainment data on this basis allowed the College of Optometrists to report data that they consider to be most reflective of attainment on the qualification.

3.3. It was reported that although 2020 graduates experienced a delayed start, there has been no overall reduction in new trainees as a result of the COVID-19 pandemic, with over 96% of 2020 graduates joining the Scheme for Registration.

3.4. The pass rate reported above is the overall pass rate for students[4] who were scheduled to complete the qualification during the 2020/21 period, i.e. enrolling on the qualification in the enrolment year running 1 June 2018 – 31 May 2019. The pass rate represents the proportion of students that successfully completed the qualification within 27 months of their date of enrolment.

3.5. 16% of trainees were delayed from progressing on the Scheme with their assessments paused for between six and ten months and various extensions to their allotted time for completion of the Scheme were granted. As such, the average (mean) time taken to complete the Scheme for Registration was 15.1 months, and 41% of students completed it within 12 months or under after enrolment, and 43.1% of students completed it within 13-18 months after enrolment. However, other than the 27-month limit (which 5.75% of students exceeded), time taken to complete the Scheme is not considered to be a measure of student performance by the College of Optometrists.[5] Time taken to complete the qualification may be affected by a range of factors such as supervisor or assessor availability, a change in practice or supervisor, and a student's personal circumstances. In addition to this, final assessment sessions are available at fixed points in the year. A student may take longer to complete the qualification due to the timing of the next available assessment.

3.6. The Independent Prescribing approved qualification (Therapeutic Final Common Assessment) continues to report a high average pass rate of 96.8% (94.9% in 2019/20; 93.1% in 2018/19).

## 4. Observations

4.1. The College of Optometrist's approved qualification in Optometry (the Scheme for Registration) and Independent Prescribing (Therapeutic Final Common Assessment). do not take part in the National Student Survey (NSS), but instead use alternative methods to capture and monitor student feedback on the qualifications. Feedback was gathered from a survey of 231 Scheme for Registration trainees in May 2021. Respondents were asked to agree to a set of statements relating to Stages One and Two of the scheme. For both stages, feedback was overall very positive for questions relating to how clear the format and preparation guidance was, how supportive the assessor was, and fairness. Usefulness of feedback, which for the overarching assessment in Stage Two, was the only question with less than 60% agreement (53.8%). The awarding body's response to COVID-19 received strong support and questions about OSCE data received positive feedback.

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[4] Individuals enrolled on approved qualifications offered by The College of Optometrists are referred to by the awarding body as 'trainees'. The term 'trainees' is equivalent to 'student' on other qualifications, as used elsewhere in this document.
[5] All data for time taken for cohort to complete the Scheme for Registration in 2020/21 is extrapolated from a data set which includes extension information.

4.2. The qualitative feedback provided highlighted the emotional and operational disruption caused by delays stemming from the pandemic, as well as concern regarding the consistency between assessors for both stages, standardisation, fairness of the marking scheme in Stage Two, and confusion about how to fill out the logbook for which an instruction video was suggested. The quality of supervision was also raised including the need for a better training process and monitoring of their performance. It was noted that supervisors should be reminded to check in on trainees regularly, particularly from a welfare point of view regarding their mental health.

## 5. Recommendations & actions

We will:

- continue to monitor risk to qualifications through our existing quality assurance activities;
- continue to work with providers to develop standardised student progression and attainment data as part of the Education and Training Requirements' Quality Assurance Enhanced Methodology.

# GOC Approved Qualifications offered by ABDO (Dispensing & Contact Lens Opticians)

Unless otherwise indicated, the comments in this section relate to approved qualifications offered by ADBO in Dispensing Optics (DO) and Contact Lens Optician (CLO).

## 1. Themes

1.1. The pass rates submitted by ABDO were calculated on differing bases from each other and from academic qualification pass rates.

1.2. ABDO sought to address the examination backlog in the past year and, like the College of Optometrists, appear to have reached 'near to normal' state, having implemented mitigating measures.

## 2. Key data – student attainment data

| Programme | Pass rate |
|---|---|
| **Dispensing – Practical** | 53.0% |
| **Contact Lens – Practical** | 49.0% |

## 3. Student attainment data

3.1. Due to the nature of the ABDO qualifications and the format of the AMR form, ABDO has provided student attainment data on differing bases, i.e. the basis for each calculation has been different.

3.2. In relation to the approved qualification in Dispensing Optics, ABDO reported that due to the adaptive measures that have been put in place, there was little impact on the delivery of qualifications due to the pandemic. Practical exam sittings delayed by the COVID-19 pandemic, resumed in August 2020 and extended examinations ran until December 2020 to allow candidates to attend when they were comfortable to do so. In addition, the April 2021 resit examination was offered as a full examination to support remaining students from 2020.

3.3. In relation to the approved qualification in Dispensing Optics, ABDO reported a pass rate of 53.0% (43.8% in 2019/20; 17% in 2018/19) for the sittings of its examinations.

3.4. In relation to the approved qualification in CLO, ABDO reported that exam sittings resumed in August 2020, with an extra CL practical session in September 2020 as well as the main winter practical examinations in January 2021, plus an additional session in March, followed by the main summer session in July 2021. The intake number is healthy taking account of January intake figures, which will be reflected in the following reporting period.

3.5. In relation to the approved qualification in CLO, ABDO reported a pass rate of 49.0% (49.0% in 201920; 38.0% in 2018/19).

## 4. Observations

4.1. The approved qualifications offered by ADBO in Dispensing Optics (DO) and Contact Lens Optician (CLO) do not participate in the National Student Survey (NSS) but instead use alternative methods to capture and monitor student feedback on the qualifications such as issuing surveys to students at the time of their exams. We understand these methods were suspended during the COVID-19 pandemic and instead candidates were encouraged to provide feedback by email.

## 5. Recommendations & actions

We will:

- continue to monitor risk to qualifications through our existing quality assurance activities; and
- continue to work with providers to develop standardised student progression and attainment data as part of the Education and Training Requirements' Quality Assurance Enhanced Methodology.

## Equality, Diversity, and Inclusion (EDI) data

Unless otherwise indicated, the comments in this section relate to all qualifications (OO, DO, IP, and CLO).

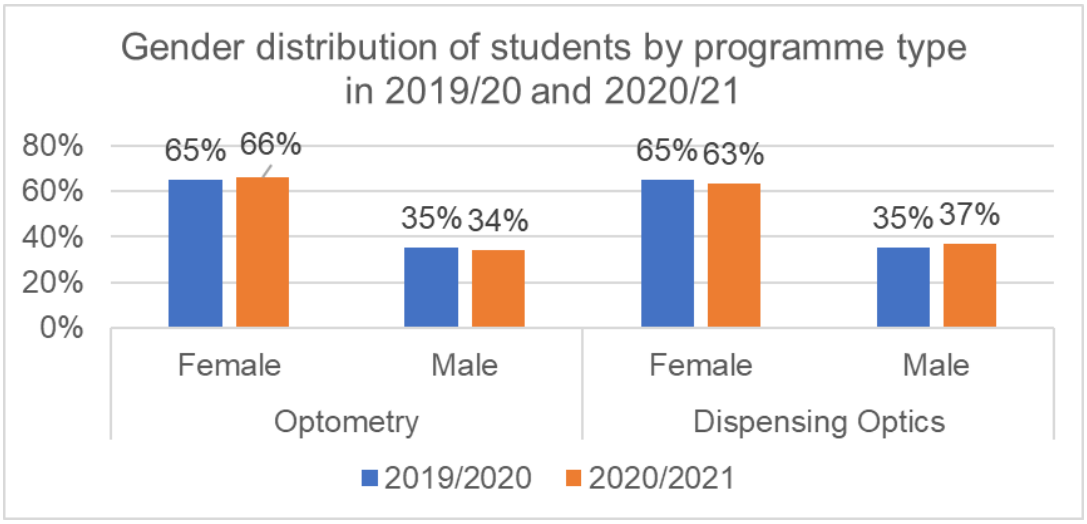
### 1. Themes

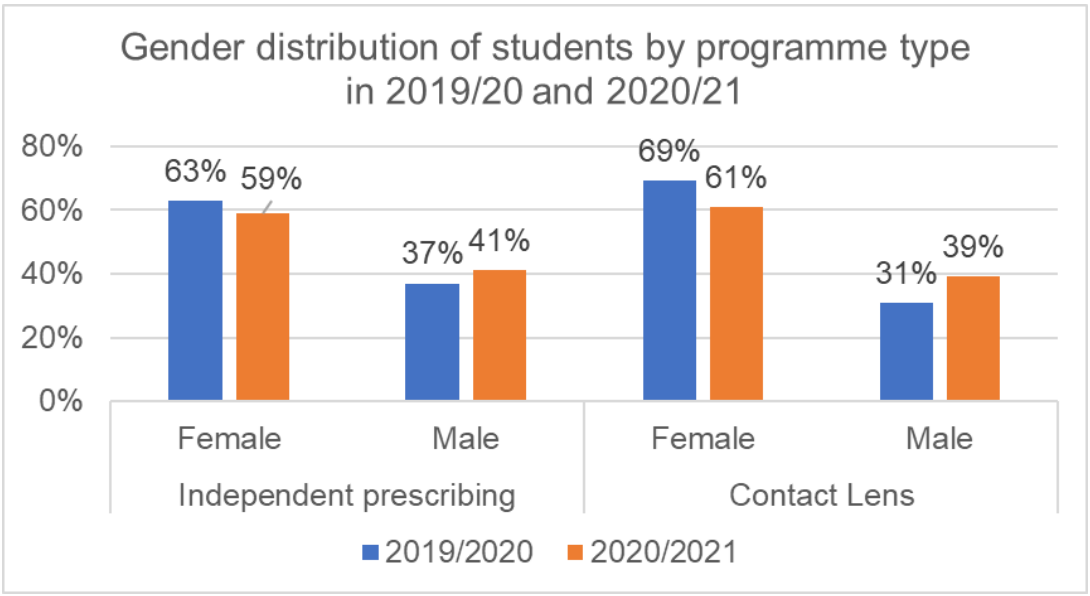
Some providers of GOC approved qualifications did not provide EDI data which was sufficiently precise to facilitate analysis – these have been discounted. We will look to develop our approach to EDI and the information that we seek as part of the new education and training requirements produced from the ESR.

### 2. Key data

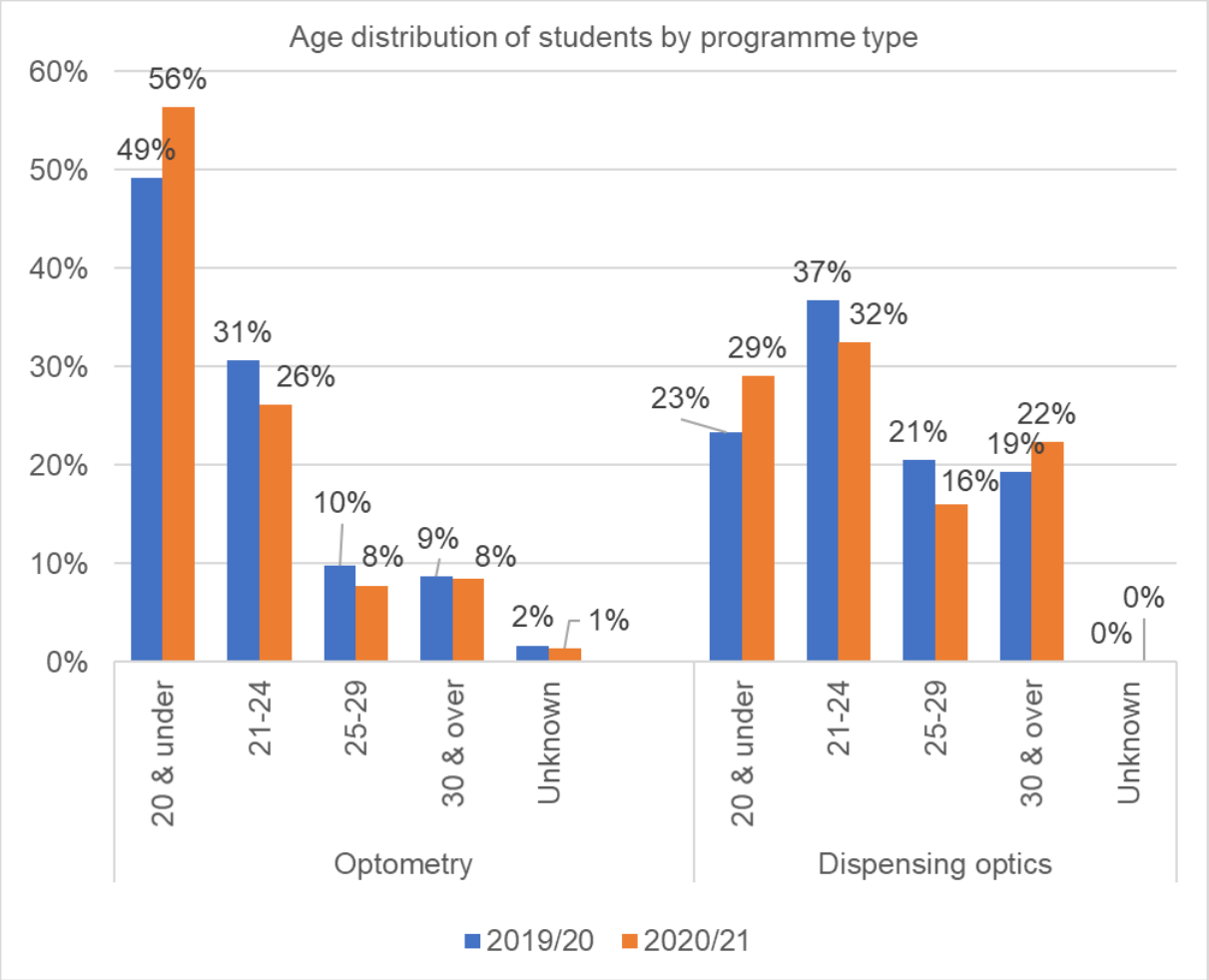
2.1. Data tables can be found in Appendix 1.

2.2. **Gender:** All qualifications have more female than male students, similar to the figures reported for the past two years.

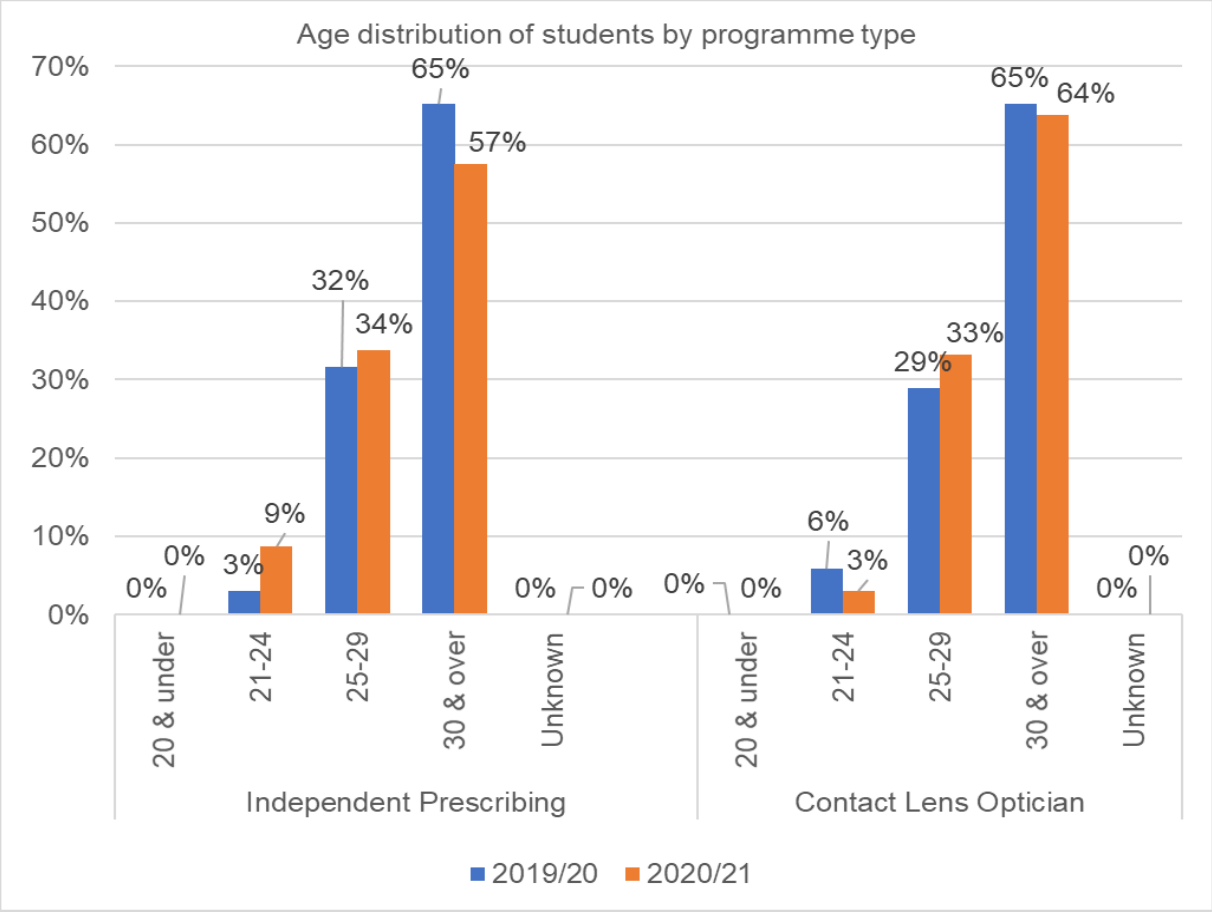


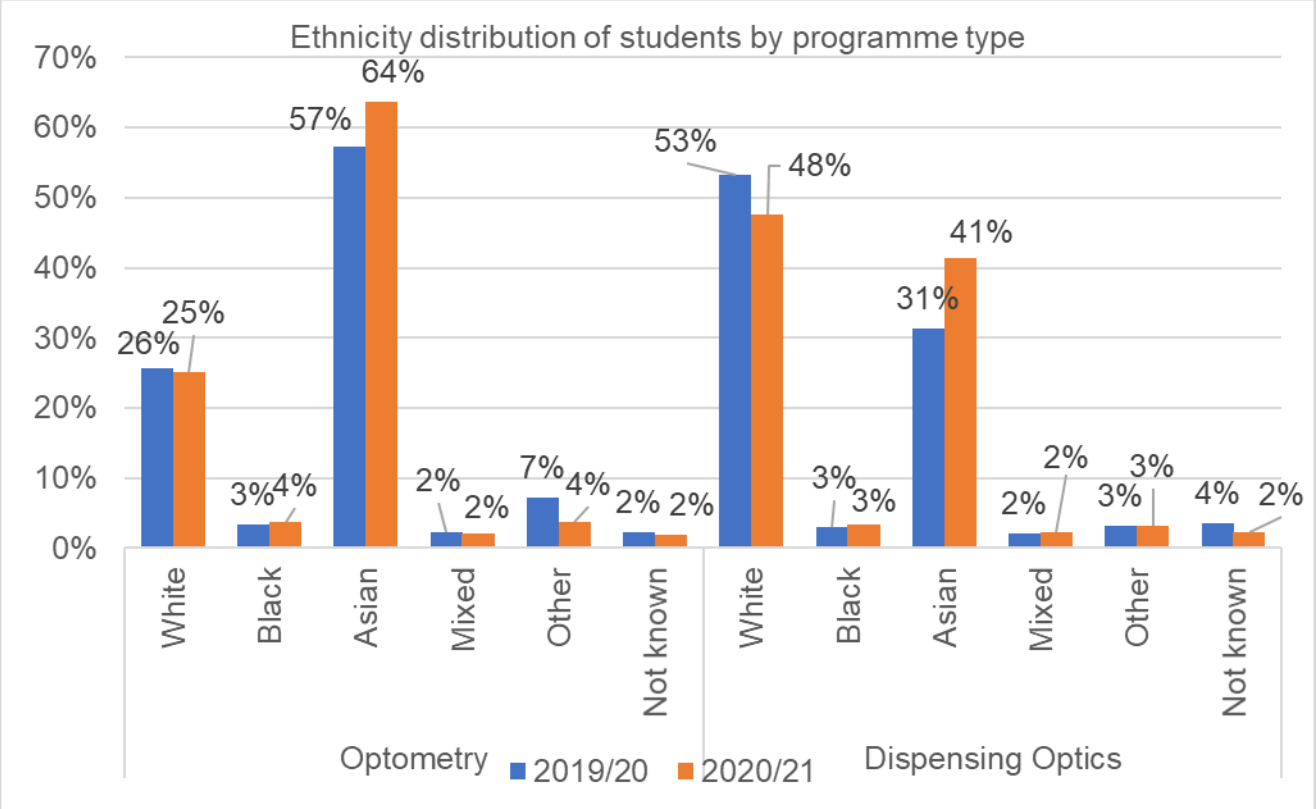
2.3. **Age:** 56% of students (54% in 2019/20) on OO qualifications are aged 20 and under. Like in 2019/20, compared to OO qualifications, DO qualifications have a wider distribution of ages and a higher proportion of students aged 30 years and over; this reflects the larger proportion of mature students enrolling on part-time DO qualifications.

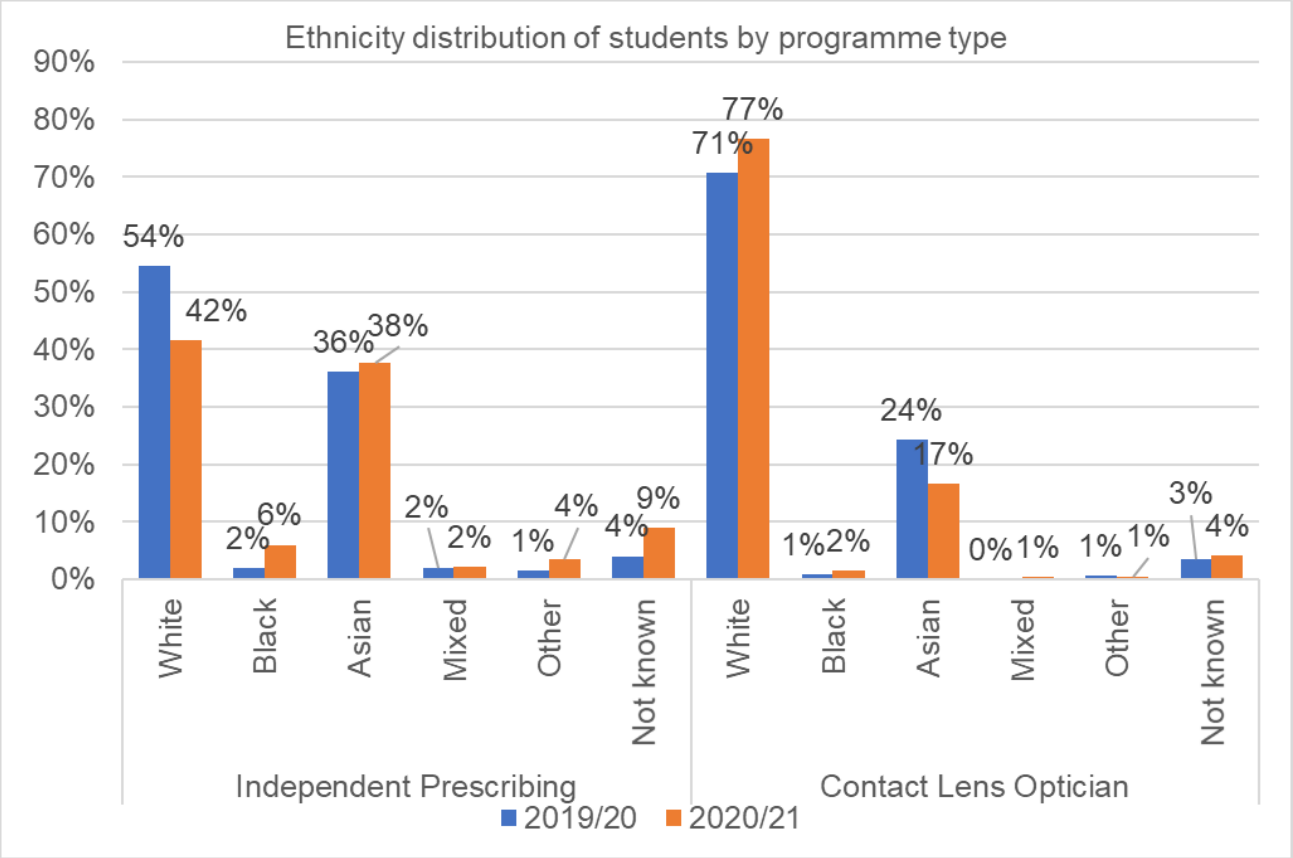



2.4. IP and CLO qualifications are only open to qualified practitioners and their age range is therefore dominated by students aged 30 and over. It is encouraging that, like in 2019/20, over 30% of IP and CLO students are aged under 30; this shows these qualifications are attractive to recently-qualified practitioners.

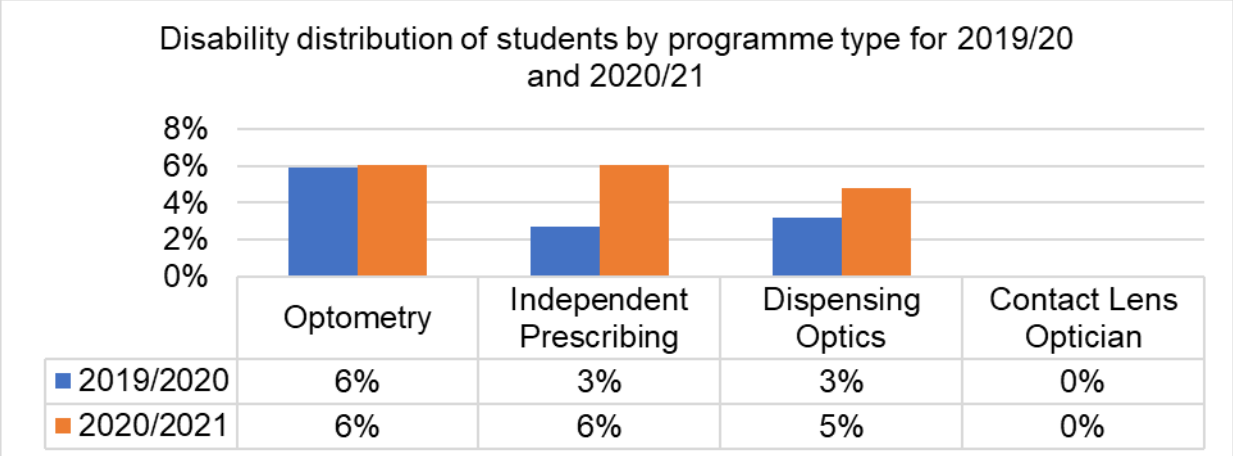



2.5. **Ethnicity** data is very similar to that of 2019/20 across all qualification types.






2.6. **Disabilities:** Optometry, dispensing optics and independent prescribing qualifications have an average of 5-6% disabled students with one or multiples disabilities.




| | Optometry | Independent Prescribing | Dispensing Optics | Contact Lens Optician |
|---|---|---|---|---|
| 2019/2020 | 6% | 3% | 3% | 0% |
| 2020/2021 | 6% | 6% | 5% | 0% |

## 3. Recommendations & actions

We will:

- look to develop our approach to EDI and the information that we seek as part of the new education and training requirements produced from the ESR.

# Appendices

Appendix 1 – Data tables

Unless otherwise specified, the data reported below relates to the period 1 September 2020 – 31 August 2021.

Unless otherwise specified, the data reported below relates to relate to GOC approved qualifications, excluding the approved qualifications offered by the professional bodies (College of Optometrists and ABDO)

Application data

| | Admissions Ratio (Applications:Admissions) | | UCAS Points Offer (equivalent) | |
|---|---|---|---|---|
| | **Mean** | **Median** | **Mean** | **Median** |
| All Programmes | 53.9% | 50.7% | 118.9 | 136.0 |
| Optometry | 24.9% | 18.7% | 136.3 | 136.0 |
| Ophthalmic Dispensing | 74.2% | 67.8% | 66.8 | 69.5 |
| Independent Prescribing | 78.6% | 80.5% | N/A | N/A |
| Contact Lens Opticians | 75.8% | 80.0% | N/A | N/A |

A. Cohort data – mean student cohort size (2020/21)

| | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
|---|---|---|---|---|
| Optometry | 78 | 73 | 75 | 29 |
| Ophthalmic Dispensing | 17 | 39 | 60 | 45 |
| Independent Prescribing | 82 | N/A | N/A | N/A |
| Contact Lens Opticians | 19 | N/A | N/A | N/A |

B. GOC mean Year 1 student cap utilisation (2020/21)

| | |
|---|---|
| Optometry | 105.1% |
| Ophthalmic Dispensing | 10.4% |
| Independent Prescribing | 86.8% |
| Contact Lens Opticians | 49.0% |

C. Student mean progression

| | **Progression from first year** | **Progression to the following year** | **Students completing the qualification** |
|---|---|---|---|
| Optometry | 88.5% | 93.3% | 95.6% |
| Ophthalmic Dispensing | 79.7% | 87.4% | 90.4% |

D. Student mean attainment

| | Good Pass[6] | Fail |
|---|---|---|
| All qualifications | 90.7% | 8.7% |
| Optometry | 96.8% | 2.3% |
| Ophthalmic Dispensing | 97.9% | 0.9% |
| Independent Prescribing | 94.2% | 5.8% |
| Contact Lens Opticians | 63.5% | 36.5% |
| Awarding Body (Dispensing & Contact Lens Opticians) | 51.0% | 49.0% |
| Awarding Body (Independent Prescribing & Optometry) | 91.8% | 8.3% |

E. National Student Survey – mean satisfaction score by category

| | All qualifications | Optometry | Ophthalmic Dispensing | National Average | Subjects Allied to Medicine |
|---|---|---|---|---|---|
| Teaching | 85.3% | 86.1% | 84.5% | 79.9% | 80.4% |
| Learning Opportunities | 81.0% | 82.8% | 79.2% | 79.0% | 81.3% |
| Assessment & Feedback | 70.1% | 69.3% | 71.0% | 68.6% | 68.8% |
| Academic Support | 79.7% | 75.8% | 83.6% | 73.5% | 70.7% |
| Organisation & Management | 74.5% | 70.8% | 78.2% | 69.7% | 61.7% |
| Learning Resources | 76.7% | 74.2% | 79.1% | 73.6% | 75.8% |
| Learning Community | 82.7% | 80.5% | 85.0% | 66.5% | 73.9% |
| Student Voice | 74.7% | 70.5% | 78.9% | 66.4% | 65.6% |
| Student Union | 65.2% | 64.3% | 66.0% | 53.3% | 56.1% |
| Overall | 83.2% | 82.5% | 83.9% | 75.4% | 72.6% |

F. EDI – Average gender data

| | Female | Male |
|---|---|---|
| All qualifications | 63.2% | 36.8% |
| Optometry | 65.8% | 34.2% |
| Ophthalmic Dispensing | 63.3% | 36.7% |
| Independent Prescribing | 58.7% | 41.2% |
| Contact Lens Opticians | 61.0% | 39.0% |

[6] Defined as 2.2 or higher (honours degrees) OR a pass or higher (all other qualifications)

G. EDI – Average age data

| | 20 & under | 21-24 | 25-29 | 30 & over | Unknown |
|---|---|---|---|---|---|
| All qualifications | 31.6% | 21.6% | 18.0% | 28.1% | 0.6% |
| Optometry | 56.4% | 26.2% | 7.8% | 8.4% | 1.3% |
| Ophthalmic Dispensing | 29.0% | 32.4% | 16.0% | 22.4% | 0.2% |
| Independent Prescribing | 0.0% | 8.7% | 33.8% | 57.5% | 0.0% |
| Contact Lens Opticians | 0.0% | 3.0% | 33.3% | 63.8% | 0.0% |

H. EDI – average disability data

| | Known disability | No known disability |
|---|---|---|
| All qualifications | 5.0% | 95.0% |
| Optometry | 6.0% | 94.0% |
| Ophthalmic Dispensing | 4.8% | 95.2% |
| Independent Prescribing | 6.1% | 93.9% |
| Contact Lens Opticians | 0.0% | 100.0% |

I. EDI – Average ethnicity data

| | White | Black | Asian | Mixed | Other | Not known |
|---|---|---|---|---|---|---|
| All qualifications | 39.8% | 3.9% | 47.5% | 1.9% | 3.2% | 3.7% |
| Optometry | 25.1% | 3.7% | 63.6% | 2.1% | 3.7% | 1.8% |
| Ophthalmic Dispensing | 47.6% | 3.4% | 41.4% | 2.2% | 3.3% | 2.2% |
| Independent Prescribing | 41.6% | 6.0% | 37.7% | 2.1% | 3.5% | 8.9% |
| Contact Lens Opticians | 76.5% | 1.6% | 16.6% | 0.5% | 0.5% | 4.3% |

Appendix 2 – National Student Survey categories

| # | Question | Category |
|---|---|---|
| 1 | Staff are good at explaining things | Teaching |
| 2 | Staff have made the subject interesting | |
| 3 | The course is intellectually stimulating | |
| 4 | My course has challenged me to achieve my best work | |
| 5 | My course has provided me with opportunities to explore ideas or concepts in depth | Learning Opportunities |
| 6 | My course has provided me with opportunities to bring information and ideas together from different topics | |
| 7 | My course has provided me with opportunities to apply what I have learnt | |
| 8 | The criteria used in marking have been clear in advance | Assessment & Feedback |
| 9 | Marking and assessment has been fair | |
| 10 | Feedback on my work has been timely | |
| 11 | I have received helpful comments on my work | |
| 12 | I have been able to contact staff when I needed to | Academic Support |
| 13 | I have received sufficient advice and guidance in relation to my course | |
| 14 | Good advice was available when I needed to make study choices on my course | |
| 15 | The course is well organised and running smoothly | Organisation & Management |
| 16 | The timetable works efficiently for me | |
| 17 | Any changes in the course or teaching have been communicated effectively | |
| 18 | The IT resources and facilities provided have supported my learning well | Learning Resources |
| 19 | The library resources (e.g. books, online services and learning spaces) have supported my learning well | |
| 20 | I have been able to access course-specific resources (e.g. equipment, facilities, software, collections) when I needed to | |
| 21 | I feel part of a community of staff and students | Learning Community |
| 22 | I have had the right opportunities to work with other students as part of my course | |
| 23 | I have had the right opportunities to provide feedback on my course | Student Voice |
| 24 | Staff value students' views and opinions about the course | |
| 25 | It is clear how students' feedback on the course has been acted on | |
| 26 | The students' union (association or guild) effectively represents students' academic interests | |
| 27 | Overall, I am satisfied with the quality of the course | Overall |

Appendix 3 – Caveats

1) The AMR process remains in development and will make refinements and improvements for each year of the process.

2) The findings, analysis, and outcomes of this year's AMR process will be fed into the GOC Education team's approval and quality assurance activities.

3) Please note that the findings outlined in this report are indicative and do not represent a formal position or policy of the GOC. The findings in this report should not be relied upon for advice or used for any other purpose and may not be representative.

4) The analysis and outcomes contained within this report are based solely upon the information and data as calculated and submitted by the qualifications. The GOC has not sought to externally verify the information and data submitted. The responsible officer for each qualification has attested that the information submitted in the AMR return gives a true and fair view of that qualification.

5) The information provided by professional associations offering GOC approved qualifications in relation to student attainment (assessment pass rates) has been calculated on different bases (i.e. the basis for each calculation has been different).

C26(22)

COUNCIL

## Professional Standard Authority (PSA) performance review 2020/21

**Meeting:** 29 June 2022 **Status:** For noting

**Lead responsibility:** Steve Brooker (Director of Regulatory Strategy)
**Paper author(s):** Marie Bunby (Acting Head of Policy and Standards)

### Purpose

1. To enable Council to discuss the outcome of the Professional Standard Authority's (PSA) review of our performance for the period 1 October 2020 to 30 September 2021 (our '2020/21 performance report' – see annex 1 for full report and annex 2 for a snapshot).

### Recommendations

2. Council is asked to note the PSA's assessment of our performance and our work in engaging with the review process.

### Strategic objective

3. The PSA's review of our performance helps us to assess whether we are achieving our strategic objectives and fulfilling our overarching duty to protect the public.

### Background

4. The PSA oversees our work and that of the other UK health and social care professional regulators. Every year the PSA conducts a performance review of the regulators it oversees against its 18 Standards of Good Regulation ('standards'). The PSA published its report on our 2020/21 performance on 23 March 2022.

### Analysis

5. This year we met 17 of the PSA's 18 standards. This is an improvement on our 2019/20 performance review when we met 16 of the 18 standards.

6. As part of this year's review, the PSA carried out a targeted review of four of the overall standards, which included a series of questions requesting further information to assist them in their decision-making process. Following the targeted review, we met:
   - all of the general standards;
   - all of the standards for Guidance and Standards;
   - all of the standards for Education and Training;
   - all of the standards for Registration; and
   - four of the five standards for Fitness to Practise (FtP).

7. This year we did not pass FtP standard 15: 'the regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.' The PSA felt that we were still taking too long to resolve FtP cases across the full review period. However, they made the following positive comments: "It has made progress implementing an improvement plan and this is starting to have a real impact. In particular, the GOC has significantly reduced the end-to-end timeliness measure this year, and has brought down the number of open cases in the system. We welcome these improvements, particularly in view of the ongoing challenges associated with the Covid-19 pandemic."

8. We recognise that we still need to improve the timeliness of our FtP cases and we will continue to work to meet this standard, in line with our commitment in our Strategic Plan 2020-25. We are pleased that we have made sustained progress in reducing the number of new cases being opened from almost 60 per cent to less than 25 per cent by filtering out the complaints that do not meet the threshold for regulatory intervention. We have also made progress in closing older cases, with only 72 cases more than a year old at the end of this performance review period, compared to 117 at the same point last year and were recognised by the PSA[1] as "the only regulator to have reduced its open caseload of older cases since the start of the pandemic".

9. We were pleased to note that the PSA praised us for our work on the Education Strategic Review (ESR), recognising our efforts to seek out and listen to stakeholder feedback and make changes to our proposals as a result. We were also praised for our work on equality, diversity and inclusion (EDI).

10. We have ensured that all the areas identified in the performance report where the PSA have indicated that they will follow up on are noted and kept under review.

## Finance

11. As part of our Strategic Plan our 2022/23 budget includes support for our FtP improvement programme, which aims to address the PSA's concerns raised in its report.

## Risks

12. The performance review process can help to highlight areas where we need to improve to better protect the public. However, failing standards does carry a reputational risk and can undermine stakeholders' confidence in us. We mitigate this risk by clearly explaining how we plan to improve in these areas. On the other hand, a positive review creates an opportunity to boost confidence in our work.

[1] PSA, 'Regulator fitness to practise open caseloads', 16 March 2022

## Equality Impacts

13. We do not consider there to be any impacts related to equality in this area of work.

## Devolved nations

14. The PSA's remit is UK-wide and we have shared with them the good work we are doing to engage with stakeholders in, and take account of issues specific to, the devolved nations.

## Communications

### External communications

15. We sent a press release about the review to our stakeholders and the trade press welcoming the review, setting out our improvement plans against the standard that was not passed.

### Internal communications

16. We have drawn the attention of our staff to the report on our intranet. We have launched our FtP improvement programme 2022-2025 which includes a number of measures to address the timeliness challenge as well as revised all staff objectives.

## Next steps

17. The PSA have now moved to a new approach to its performance review process, the main difference being the move from an annual cycle to a three-year cycle. There will be a 'periodic review' every three years with 'monitoring reviews' in the intervening years.

18. We will be one of the first regulators to undergo the periodic review process and our next performance review will cover the 15-month period 1 October 2021 to 30 December 2022. We have already provided the PSA with some initial information, which we provide on a quarterly basis, as well as meeting with them to discuss how we can support them in an audit of some of our processes. We will continue to liaise with them throughout the review period.

## Attachments

Annex 1: PSA Annual review of performance 2020/21: General Optical Council
Annex 2: PSA Snapshot: Annual review of performance 2020/21

professional standards authority
for Health and Social Care

# performance review 2020/21

## GENERAL OPTICAL COUNCIL

# ABOUT THE PERFORMANCE REVIEW PROCESS

**We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.**

Our performance reviews look at the regulators' performance against our Standards of Good Regulation, which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. These decisions are published in a report on our website.

Further information about our review process can be found in a short guide, available on our website. We also have a glossary of terms and abbreviations we use as part of our performance review process available on our website.

## The regulators we oversee are:

**General Chiropractic Council • General Dental Council • General Medical Council • General Optical Council • General Osteopathic Council • General Pharmaceutical Council • Health and Care Professions Council • Nursing and Midwifery Council • Pharmaceutical Society of Northern Ireland • Social Work England**

Find out more about our work

**www.professionalstandards.org.uk**

# General Optical Council
## performance review report 2020/21

At the heart of everything we do is one simple purpose: protection of the public from harm

## Contents

# The General Optical Council

# key facts & stats

**The General Optical Council (GOC) regulates the optical professions in the United Kingdom.**

## As at 30 September 2021, the GOC was responsible for a register of:

**28,578 professionals and 2,803 optical businesses**

**Annual registration fee is: £360**

## The GOC's work includes:

- setting and maintaining standards of practice and conduct;
- assuring the quality of optical education and training;
- maintaining a register of students, qualified professionals and optical businesses;
- requiring optical professionals to keep their skills up to date through continued education and training; and
- acting to restrict or remove from practice registrants who are not considered to be fit to practise.

## Standards of Good Regulation met for 2020/21 performance review

| | |
|---|---|
| General Standards | 5/5 |
| Guidance and Standards | 2/2 |
| Education and Training | 2/2 |
| Registration | 4/4 |
| Fitness to Practise | 4/5 |

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

## The General Optical Council

# Executive summary

**How the GOC is protecting the public and meeting the Standards of Good Regulation**

This report arises from our annual performance review of the General Optical Council (GOC) and covers the period from 1 October 2020 to 30 September 2021. The GOC is one of 10 health and care professional regulatory organisations in the UK which we oversee. We assessed the GOC's performance against the Standards of Good Regulation which describe the outcomes we expect regulators to achieve in each of their four core functions.

### The GOC's performance during 2020/21

The GOC met all our Standards, with the exception of Standard 15 because we remained concerned about the length of time it takes to handle Fitness to Practise cases.

To carry out this review, we collated and analysed evidence from the GOC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also used information available through our review of final fitness to practise decisions under the Section 29 process[1] and conducted a check of the accuracy of the GOC's register. We used this information to decide the type of performance review we should undertake. You can find further information about our review process in our Performance Review Process guide, which is available on our website.

## Key developments and findings

### Fitness to practise timeliness

The GOC recognises that it needs to improve the speed with which it deals with fitness to practise cases. It has made progress implementing an improvement plan and this is starting to have a real impact. In particular, the GOC has significantly reduced the end-to-end timeliness measure this year, and has brought down the number of open cases in the system. We welcome these improvements, particularly in view of the ongoing challenges associated with the Covid-19 pandemic. However, looking across the whole review period, the GOC still took too long to conclude its fitness to practise cases. We therefore concluded that Standard 15 was not met.

### Equality, Diversity and Inclusion (EDI)

The GOC continues to demonstrate a strong commitment to EDI. It has created a new EDI plan and appointed an EDI Partner to provide expert support. It commissioned an external consultant to produce a detailed Equality Impact Assessment for its Education

[1] Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the NHS Reform and Health Care Professions Act 2002 (as amended).

Strategic Review. The GOC continues to improve its collection and use of EDI data. However, there are still gaps in the data that need to be addressed; the GOC needs to collect EDI data by default when it carries out surveys and research. On balance, however, the GOC has again performed strongly in this area.

### Education Strategic Review (ESR)

The GOC reached a key stage in its ESR work during this review period. From 1 March 2021, education providers must meet a new set of requirements in order to obtain approval for new qualifications in optometry or dispensing optics. We recognise the ESR has been a controversial issue in the sector, and stakeholder views have been mixed. However, we have seen the GOC seek out and listen to stakeholder feedback, and make changes to its proposals as a result. We will continue to monitor the implementation phase of this part of the ESR, as well as the GOC's work to update its requirements for specialist entry to the register.

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# How the General Optical Council has performed against the Standards of Good Regulation

# General Standards

**Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.**

1.1 The GOC publishes information about its role and activities on its website; this includes the GOC register which is easy to search. The GOC had planned to relaunch its main website in June 2020, but this had to be postponed because of technical difficulties. The new website went live in December 2021.

1.2 The GOC has a dedicated standards website for registrants, which clearly sets out the current standards for optical businesses, optometrists and dispensing opticians, and optical students. It also contains supporting guidance on a range of issues, such as obtaining valid consent, the duty of candour and whistleblowing.

1.3 The GOC also has a separate consultation hub which provides concise summaries of how the GOC has responded to feedback. Full consultation reports and GOC responses are also available for the larger consultation exercises.

#### Conclusion against this Standard

1.4 The GOC continues to provide the information we would expect to see on its website, and we are satisfied that this Standard is met.

## Standard 2: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

2.1 The GOC's mission, as set out in its Strategic Plan 2020-25,[2] remains 'to protect the public by upholding high standards in the optical professions.' During this review period, the GOC demonstrated its focus on public protection in the way it pushed ahead with its Education Strategic Review (ESR; discussed further under Standard 8) under difficult circumstances. In updating its Illegal Practice Strategy, it has aligned that area of its work more closely to its core regulatory functions.

2.2 The GOC published an updated conflicts of interest policy in September 2021. There are no substantive changes from the previous version, but it has been rewritten in a simpler and more concise manner to make it more accessible. We welcome this improvement.

### Conclusion against this Standard

2.3 The GOC continues to focus its activities on public protection, and we are satisfied that this Standard is met.

## Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

3.1 The GOC continues to demonstrate a strong commitment to issues around Equality, Diversity and Inclusion (EDI). Key developments during this performance review period include: creation of a new EDI plan; appointment of an EDI Partner to provide specialist advice; and staff training on bias and behaviours. EDI-related plans and activity are reported to Council each quarter.

### EDI data

3.2 The GOC continues to improve its collection and use of EDI data, although there are still gaps that need to be addressed.

3.3 The GOC now has EDI data covering all the protected characteristics for 100% of its registrants. This has enabled the GOC to produce robust analysis of registrants subject to fitness to practise complaints, which the GOC has used to identify issues for further investigation and action.

3.4 The GOC recognises that it needs to improve the EDI data it holds on staff and Council members, particularly in terms of keeping it up to date. It also needs to ensure that it collects EDI data by default when it carries out surveys and research; we only found evidence of EDI analysis relating to age and gender in its major Public Perceptions Survey,[3] published in February 2021.

[2] https://optical.org/en/about-us/how-we-work/our-strategic-plan/
[3] https://optical.org/en/publications/policy-and-research/public-perceptions-research/public-perceptions-research-2021/

3.5 Under the new requirements for approved qualifications resulting from the ESR, education providers will be required to collect EDI data from students, and to use that data to inform the design, delivery and assessment of qualifications.

### Equality Impact Assessments

3.6 The GOC published a number of Equality Impact Assessments (EIAs) during this review period. The most significant of these was for the ESR, which is a complex and far-reaching reform programme. The GOC commissioned an external consultancy to undertake this EIA. It concluded the GOC had demonstrated its commitment to advancing EDI in all the key elements of the ESR, and that 'the critical importance of EDI is effectively signalled to [education] providers'.[4]

### Conclusion against this Standard

3.7 The GOC continues to demonstrate strong performance against this Standard and we are satisfied that it is met. We encourage the GOC to address the remaining gaps in its EDI data, notably around patients and the public.

## Standard 4: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

4.1 The GOC publishes three key corporate documents: an annual report of its EDI arrangements; an annual report and accounts (including an annual fitness to practise report); and a strategic plan. It also publishes quarterly performance reports which are discussed at its Council meetings.

4.2 The GOC reflects on the findings of relevant reports and takes appropriate action. These include reports produced or commissioned by the GOC itself, such as its registrant survey and annual audit of fitness to practise decisions, as well as reports published by other organisations.

4.3 We noted in our last report that the GOC had made changes to its governance arrangements by introducing an Advisory Panel, through which its Education, Standards, Registration and Companies committees meet. We commented that the GOC should publish the notes of the Advisory Panel's meetings, as per its terms of reference, to ensure that the new system was appropriately transparent. This did not happen consistently during the performance review period, and we encourage the GOC to address this issue.

### Conclusion against this Standard

4.4 The GOC reports on its performance and generally takes action where issues are identified, although it has not consistently published minutes of its Advisory Panel meetings. On balance we are satisfied that this Standard is met.

[4] https://optical.org/en/publications/education-strategic-review-equality-diversity-and-inclusion-impact-assessment/ page 3.

### Standard 5: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

5.1 Evidence we have collected, including through our Learning from Covid review,[5] indicates broad satisfaction among stakeholders about the GOC's engagement with them during the Covid-19 pandemic. We received positive comments from stakeholders about the GOC's proactive and open approach during this difficult period.

5.2 The GOC consulted on a range of issues during the review period. It reflected on the feedback it received and made changes to its proposals as a result. One stakeholder told us that the GOC needed to consider the burden on the sector of so many consultations, although it also noted that the GOC had shown flexibility in deadlines and welcomed the GOC's engagement with key stakeholders in advance of formal consultations.

5.3 We have also seen evidence of the GOC working effectively with other organisations either bilaterally or in groups, such as through the Fitness to Practise Stakeholder Group.

5.4 The GOC published the results of its public perception research[6] and a registrant survey[7] during this performance review period. We have seen evidence of how the GOC has responded, or plans to respond, to some of the issues raised.

#### Conclusion against this Standard

5.5 There is clear evidence that the GOC has engaged effectively with its stakeholders during this performance review period, and we are satisfied that the Standard is met.

## Guidance and Standards

### Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

6.1 The GOC did not make any changes to its standards for registrants or businesses during this performance review period. It had intended to start work to review the standards for registrants from spring 2021, but this was delayed by the pandemic and its decision to prioritise other strategic objectives such as the Continuing Education and Training review and ESR. We expect this work to start later in 2022 and we will consider this in our next performance review. In the context of the pandemic and given that we are not aware of concerns about the standards, we consider that was a reasonable decision.

[5] www.professionalstandards.org.uk/publications/detail/learning-from-covid-19-a-case-study-review
[6] https://optical.org/en/publications/policy-and-research/public-perceptions-research/public-perceptions-research-2021/
[7] https://optical.org/en/publications/goc-registrant-survey-2021/

### Conclusion against this Standard

6.2 We have seen no evidence that the GOC's standards have become out of date, and we are satisfied that this Standard is met.

**Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.**

7.1 The GOC publishes on its website guidance and position statements to support registrants to apply its standards. It did not update any of its general guidance documents during this review period; new guidance may be required if the GOC makes any changes to its standards for registrants, as discussed under Standard 6.

7.2 As we noted in our last report, the GOC launched a three-month consultation on its Covid-19 statements in October 2020. Following this, the GOC decided to align its statements with the College of Optometrists' red/amber/green classification system; each statement now starts by setting out in which phase(s) of the pandemic it will apply.

### Conclusion against this Standard

7.3 The GOC provides guidance for registrants and businesses which it updates as appropriate, and we are satisfied that this Standard is met.

# Education and Training

**Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.**

### Education Strategic Review

8.1 The GOC reached a key stage of its ESR during this performance review period. From 1 March 2021, applications for new qualifications must now meet a new set of requirements, replacing the previous education handbooks for optometry and dispensing opticians.

8.2 The GOC published a draft of these requirements for consultation in July 2020 and worked closely with key sector bodies, registrants and patients over several months. The feedback was mixed, and the GOC spent months engaging with stakeholders and refining its proposals. The GOC decided to proceed with implementation in February 2021, extending the timescale for existing education providers to adapt their currently approved qualifications at providers' choice of pace, to give them time to adapt their qualifications, with most providers aiming to recruit students into their adapted qualification in September 2023 or September 2024. We will continue to monitor this important strand of work as it moves into the implementation phase, as well as the GOC's equivalent work to update its requirements for specialist entry to the register.

8.3 As part of the ESR, the GOC has introduced a new standard for education providers regarding the way they handle concerns about students' fitness to train. This will apply to existing programmes as they adapt to the new education and training requirements, or any new programmes applying for approval. The GOC has produced guidance which notes that most complaints against students are better dealt with by the education provider according to their own disciplinary process. It also sets out questions for providers to consider when assessing whether a student's conduct may have crossed the fitness to train threshold. We support this approach.

### Response to the Covid-19 pandemic

8.4 The GOC approved temporary changes to its Optometry Handbook and Supervision Policy in August 2020 which took effect from 1 September for the 2020/21 academic year only. These were intended to allow students to obtain appropriate clinical experience in a safe and practical way during the pandemic. The GOC subsequently extended these changes for a further two years. In response to ongoing difficulties faced by optometrists who are training to become independent prescribers, the GOC has also agreed to specific proposals from The College of Optometrists to address these. We have not received any concerns about these changes and consider them reasonable adjustments which the GOC has committed to monitoring.

### Conclusion against this Standard

8.5 The GOC made further progress with its ESR to keep its standards for education and training up to date. It also showed flexibility in responding to the Covid-19 pandemic. We are therefore satisfied that this Standard is met.

## Standard 9: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

9.1 The GOC has an established process for approving new education programmes. It gave full approval to three qualifications during this performance review period; those providers had met conditions previously imposed by the GOC.

9.2 The GOC continued to carry out its quality assurance work despite the Covid-19 pandemic, albeit using remote rather than in-person visits. Some visits were slightly delayed, but we think the GOC's approach was reasonable and there was no risk to the public. Helpfully, the GOC website now sets out the approval status and latest visit report for each qualification; this information had previously been incomplete, and we encourage the GOC to keep it up to date.

9.3 During its annual monitoring review of education, the GOC identified two events that education providers should have reported to it when they happened: a decision by one provider to close a programme to new entrants, and a decision by a different provider to furlough many of its staff. The GOC took action to assure itself that the providers would continue to meet its requirements, and has

since taken further steps to reduce the risk of a similar situation occurring again. We identified no risk to the public and were satisfied with the measures the GOC took in response.

9.4 From 1 March 2021, the GOC has assessed applications for new qualifications using a more risk-based approach developed through its ESR. The GOC should continue to consider risk when deciding the timing and nature of future quality assurance reviews. We will consider the impact and effectiveness of this process in our future performance reviews.

### Conclusion against this Standard

9.5 The GOC's work to approve and quality assure education providers and programmes has remained effective, despite the ongoing challenges of the pandemic. Its new, more risk-based approach, demonstrates the GOC's desire to maintain and improve the standards of education and training. We are satisfied that this Standard is met.

# Registration

**Standard 10: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.**

10.1 The GOC did not meet this Standard last year because of errors in three separate areas of its registration processes. We noted in our last report, however, that the GOC took prompt and sensible action to correct these errors and reduce the risk of similar problems in the future. Since then, the GOC has made more changes to its processes which should further reduce the risk of error.

10.2 An independent audit in August 2021 gave substantial assurance about the governance, risk and control processes in place. We identified no errors during our own checks of the register.

### Conclusion against this Standard

10.3 We are satisfied that this Standard is met.

**Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.**

11.1 The number of new registration applications rose sharply during this performance review period, following the resumption of exams that were suspended due to the Covid-19 pandemic. Despite this increase, the GOC was able to maintain the speed of its application process at around 4-5 days.

### Conclusion against this Standard

11.2 The GOC has maintained its strong performance in handling registrations, and we are satisfied that this Standard is met.

## Standard 12: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

12.1 The GOC's approach to investigating and prosecuting criminal offences is set out on its website, alongside a complaint form and contact details for further assistance.

12.2 The GOC discussed its illegal practice work with stakeholders and commissioned research into the risks of illegal practice during this performance review period. It launched a full consultation on a revised Illegal Practice Protocol shortly after the end of this performance review period, which we will consider in our next review. However, it is worth noting that the GOC intends to close complaints regarding non-UK businesses or individuals. We welcome this change in approach, which is consistent with the GOC's statutory role as the regulator of the optical professions in the UK.

### Conclusion against this Standard

12.3 The GOC is taking steps to improve its approach to illegal practice, ensuring that it is focused on areas of greatest risk to the public. We are satisfied that this Standard is met.

## Standard 13: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

13.1 All fully-qualified optometrists and dispensing opticians are required by law to undertake Continuing Education and Training (CET).[8] The GOC website sets out the requirements in place for the three-year CET period, alongside guidance for registrants.

13.2 Last year we noted the impact of the Covid-19 pandemic on the provision and uptake of CET. In April 2020, the GOC suspended its usual requirement to complete a minimum of six CET points each year, but it reinstated this for the 2021 CET year. This would appear to be a sensible and pragmatic approach, particularly since the GOC retained its longer-term requirement for registrants to complete 36 CET points over the three-year cycle. Uptake for CET has remained high during the pandemic as registrants have made greater use of online learning.

13.3 The GOC completed a refresh of its CET requirements during this review period, and the new rules took effect on 1 January 2022, including changing the name to Continuing Professional Development (CPD). As we noted in our report last year, consultation responses to the proposed changes were largely positive and the GOC made a number of amendments in light of the feedback it received.

13.4 The GOC also consulted on a new exceptions policy during this review period, to take effect from 1 January 2022. This sets out the principles the Registrar will apply in deciding whether a registrant can remain on the register without having

[8] As set out in the Opticians Act 1989 and the General Optical Council (Continuing Education and Training Rules) 2005 as amended.

met their CET requirements. The GOC has sought to improve transparency around the decision-making process, and to clarify expectations around maternity, paternity and adoption leave. The GOC also stated that it wanted to give greater weight to the GOC's overriding objective of public protection. For example, even though a registrant's circumstances might be exceptional, their CET shortfall could be so significant that it would not be in the public interest to retain them on the register.

### Conclusion against this Standard

13.5 The GOC flexed its CET requirements for registrants appropriately during the Covid-19 pandemic. It also worked with stakeholders to improve its CPD requirements and exceptions policy for the next three-year cycle, and we will monitor these in future reviews. We are satisfied that this Standard is met.

# Fitness to Practise

## Standard 14: The regulator enables anyone to raise a concern about a registrant.

14.1 The GOC provides information for anyone wishing to make a complaint about an optician on its website. This year, it introduced a new online complaint form to replace the previous template, which should make it easier for individuals to submit their complaints.

14.2 The number of complaints received by the GOC increased from 274 in 2019/20 to 418 in 2020/21. This was to be expected as the impact of Covid-19 pandemic changed and restrictions were eased. We have seen no evidence that people were unable to raise complaints with the GOC during the performance review period.

### Conclusion against this Standard

14.3 The GOC has appropriate processes and guidance in place to enable individuals to raise concerns about registrants. We are satisfied that this Standard is met.

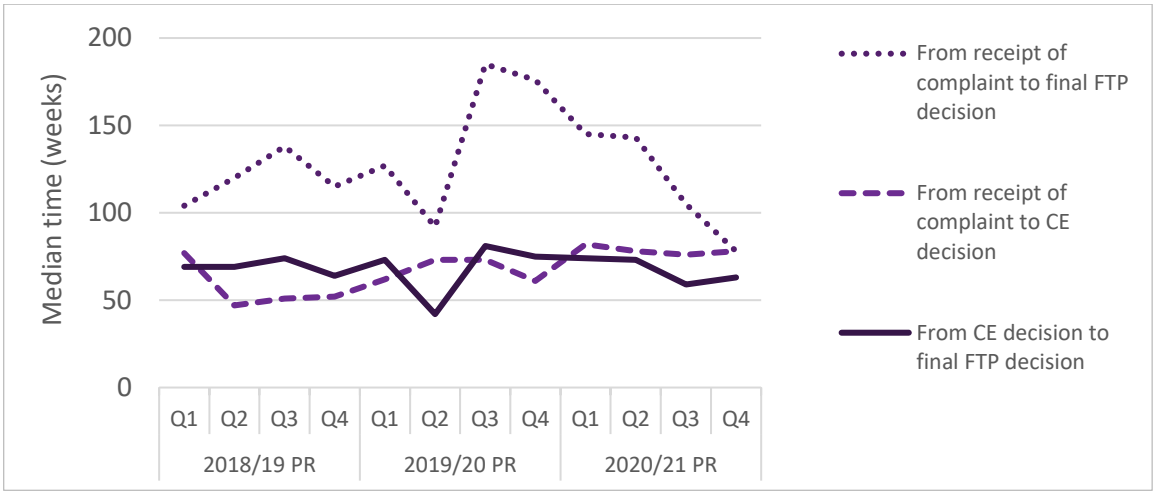
## Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

### Timeliness of the fitness to practise process

15.1 The GOC has failed to meet our Standard relating to timeliness in each of the last six years. As we noted in our last report, however, the GOC has shown a firm commitment to tackling this, and its improvement plan is starting to deliver results.

15.2 A key element of the plan has been to filter out more complaints that could not result in a decision of impairment. As a result, the GOC has been able to

significantly reduce the number of new fitness to practise cases being opened. The GOC also focused on closing more of its older cases, which contributed to a deterioration in the end-to-end timeliness measure last year. As the chart below shows, the GOC reversed that increase during this performance review period.




15.3 We received positive feedback regarding the GOC's improved fitness to practise performance from two major stakeholders this year. These stakeholders referred to 'significant improvement' in the speed at which the GOC progressed fitness to practise cases, while maintaining quality standards.

15.4 However, across the performance review period as a whole, the three key timeliness measures were still generally high. They were also high compared to the other regulators.

| **Median time (in weeks) from:** | **2019/20 Annual** | **2020/21 Annual** |
|---|---|---|
| Receipt of referral to case examiner decision | 60 | 74 |
| Case examiner decision to final hearing | 67 | 67 |
| Receipt of referral to final fitness to practise committee determination/or other final disposal of the case | 120 | 141 |

15.5 The GOC has told us that, while it was able to progress conduct-related cases largely as usual during the pandemic, it did not progress as many clinical cases as it had hoped because of delays in securing clinical records and expert reports. The GOC has also noted that it has had problems with witness engagement, particularly with witnesses employed in the optical sector.

15.6 Despite these challenges, the GOC has been able to prevent a backlog of cases from building up. It has also continued to reduce the number of open older cases. There were 72 cases more than a year old at the end of this performance review period, compared to 117 at the same point last year.

### Conclusion against this Standard

15.7 The GOC has made two notable improvements against this Standard over the performance review period: it has significantly improved the end-to-end timeliness measure; and it has brought down the number of open older cases in

the system. In the challenging context of the pandemic, and the difficulties faced in gaining access to medical records, and securing witness engagement, these are to be welcomed.

15.8 However, over the review period as a whole, and even after making these improvements, the GOC was still taking too long to conclude fitness to practise cases. We therefore conclude that this Standard is not met.

## Standard 16: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

16.1 As the table below shows, the number of cases reaching the case examiner stage of the fitness to practise system fell significantly (59%) compared to the previous year. Partly, this was an intended outcome of the changes to the GOC's fitness to practise process noted at paragraph 15.2 above; partly, it will have been caused by a reduction in referrals due to the Covid-19 pandemic.

| Number of decisions made by a case examiner, and with the following outcomes: | 2019/20 | 2020/21 |
|---|---|---|
| Total | 223 | 92 |
| No further action | 101 | 33 |
| Advice | 18 | 7 |
| Warning / caution | 28 | 7 |
| Referral to a fitness to practise committee | 49 | 28 |
| Adjourned | 13 | 17 |

16.2 The number of cases progressing to a fitness to practise committee fell by 43% compared to the previous year. The changes to the early stages of the GOC's fitness to practise process should not have affected the number of cases going to a final hearing, so we asked the GOC for more information. The GOC has told us that this reflects a drop in total complaints, and that the proportion of cases being referred to the committee rose from 22% in 2019/20 to 30% in 2020/21. The GOC also noted that the number of cases progressing has started to increase again in the months after this performance review period ended. We accept that the decline in referrals during 2020/21 could have been caused by the drop in overall complaints, together with the natural variation associated with such a small number of cases. We will continue to monitor the data about case examiner decisions.

### Warnings

16.3 The external audit of fitness to practise decisions for the 2019/20 financial year identified material errors in three of the six cases checked where the GOC had issued a warning to registrants. The GOC reviewed these three warnings and removed them. We agree with the GOC's assessment that, while the warnings impacted on the registrants concerned, they did not present a risk to the public.

We also recognise that these decisions were made before the start of this performance review period. However, we wanted to understand how the GOC had responded to the audit findings.

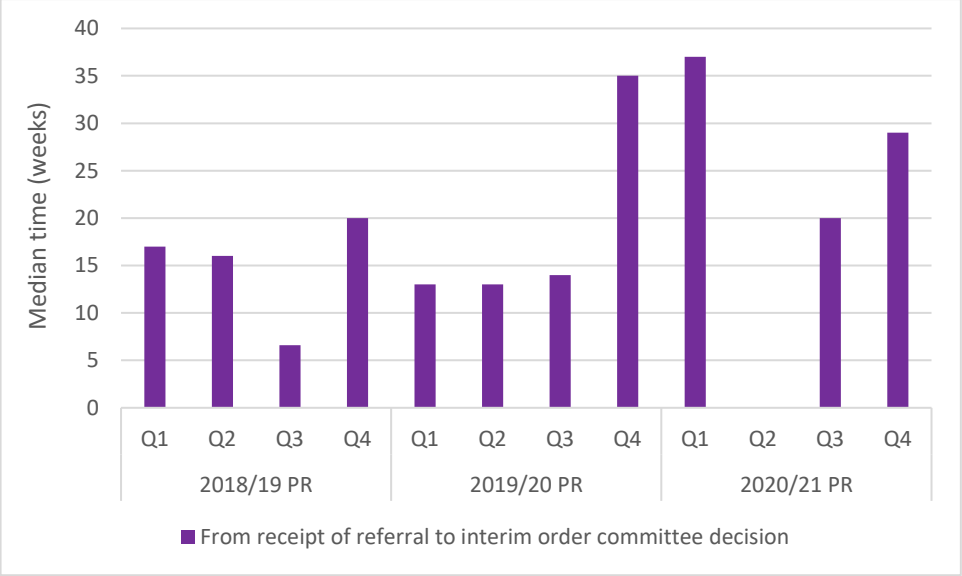
16.4 The GOC conducted training for its case examiners in November 2020 to address the auditor's findings. The audit covering the 2020/21 financial year did not identify any material errors in case examiner decisions, and the learning points from that audit have since been addressed through further training. As the table above shows, the use of warnings has dropped significantly during this performance review period. We have no evidence that case examiners have issued warnings inappropriately this year.

### Conclusion against this Standard

16.5 We have not seen any evidence that the GOC's fitness to practise work is failing to protect the public and we are satisfied that this Standard is met.

## Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

17.1 The GOC has appropriate processes in place to assess and manage risks in its fitness to practise system, and we have not identified any evidence of poor decision making in this regard. However, as the graph below shows, there has been a significant increase in the median time between the receipt of a referral and an interim order committee decision.




17.2 The data, however, is difficult to interpret because the GOC makes so few applications for an interim order; it made six applications in the 2020/21 financial year, compared to 12 the previous year. The GOC told us that, in some clinical cases, it had encountered problems accessing the medical and hospital records it required to build a robust case; this is not surprising in the context of the Covid-19 pandemic. We note that the GOC has introduced an escalation process to try to speed this up, although we are not aware of any impact during this review period. We are content that the GOC has been taking appropriate

steps to manage those parts of the process that it can control, such as having in-house clinical advisors and a pool of expert witnesses to call on.

### Conclusion against this Standard

17.3 The increase in the median from receipt of referral to interim order committee decision has taken place in the context of a very small number of cases and an ongoing pandemic. The delays in clinical cases do appear to be the result of problems accessing medical and hospital records, and the GOC has introduced an escalation policy to try to tackle this. We are satisfied that this Standard is met. We will continue to monitor how long it takes to make interim order decisions.

## Standard 18: All parties to a complaint are supported to participate effectively in the process.

18.1 The GOC met this Standard last year and we have seen no evidence that its performance has deteriorated during this review period.

18.2 The GOC has updated its remote hearings protocol and guidance to include suitability factors to consider during periods of no (or minimal) Covid-19 restrictions. Substantive hearings can be held in person, remotely, or as a hybrid. The GOC has made the parties' access to, and understanding of, technology a key factor to consider when deciding how to hold these hearings.

18.3 The GOC carried out a pilot of remote case management meetings between fitness to practise parties in 2020. Under this approach, the GOC convenes two conference calls with the parties to try to resolve issues and minimise delays. Feedback was positive and the GOC launched the revised case management process alongside new guidance in September 2021. This document includes a separate section for unrepresented registrants who may need additional help, as well as links to external sources of advice and assistance.

18.4 In December 2020, the GOC launched a new quarterly bulletin, *FtP Focus*, designed to help registrants understand the process. Each issue has concentrated on a different stage of the process and provided links to various sources of support.

### Conclusion against this Standard

18.5 The GOC has taken a number of positive steps to improve the way it supports parties to fitness to practise cases, including demonstrating a focus on supporting those who might need extra help – for example producing specific guidance about its case management meetings for unrepresented registrants. We have not received any concerns about the GOC's performance against this Standard and we are satisfied that it is met.

# Useful information

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled a glossary, spelling out abbreviations, but also adding some explanations. You can find it on our website here.

You will also find some helpful links below where you can find out more about our work with the 10 health and care regulators.

## Useful links

Find out more about:

- the 10 regulators we oversee
- the evidence framework we use as part of our performance review process
- the most recent performance review reports published
- our scrutiny of the regulators' fitness to practise processes, including latest appeals

**Professional Standards Authority for Health and Social Care**
157-197 Buckingham Palace Road
London SW1W 9SP

Telephone: **020 7389 8030**
Email: **info@professionalstandards.org.uk**
Web: **www.professionalstandards.org.uk**



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# Snapshot

## Annual review of performance 2020/21

Regulator reviewed: **General Optical Council**

### Key facts & figures:

- Regulates the **optical professions** in the **United Kingdom**
- **28,578 professionals; 2,803 optical businesses** on its register as at 30 September 2021
- **£360** annual fee for registration

## Standards of good regulation met

| | |
|---|---|
| General Standards | 5/5 |
| Guidance and Standards | 2/2 |
| Education and Training | 2/2 |
| Registration | 4/4 |
| Fitness to Practise | 4/5 |

We look carefully at a range of evidence to decide whether each Standard is met or not. The total number of Standards met does not on its own give the full picture of how a regulator is performing. Read the full performance review to find out more.

Find out more about our performance reviews at:
**www.professionalstandards.org.uk/performancereviews**

# Focus on: How the GOC is meeting the Standards

The GOC has met 17 of our 18 Standards of Good Regulation. It did not meet Standard 15 because it was still taking too long to deal with fitness to practise cases.

## GENERAL STANDARDS: THE REGULATOR UNDERSTANDS THE DIVERSITY OF ITS REGISTRANTS AND THEIR PATIENTS AND SERVICE USERS AND OF OTHERS WHO INTERACT WITH THE REGULATOR AND ENSURES THAT ITS PROCESSES DO NOT IMPOSE INAPPROPRIATE BARRIERS OR OTHERWISE DISADVANTAGE PEOPLE WITH PROTECTED CHARACTERISTICS

The GOC continues to demonstrate a strong commitment to EDI. It has created a new EDI plan and appointed an EDI Partner to provide expert support. It commissioned an external consultant to produce a detailed Equality Impact Assessment for its Education Strategic Review. The GOC continues to improve its collection and use of EDI data. However, there are still gaps in the data that need to be addressed; the GOC needs to collect EDI data by default when it carries out surveys and research. On balance, however, the GOC has again performed strongly in this area.

## EDUCATION AND TRAINING: THE REGULATOR MAINTAINS UP-TO-DATE STANDARDS FOR EDUCATION AND TRAINING WHICH ARE KEPT UNDER REVIEW, AND PRIORITISE PATIENT AND SERVICE USER CENTRED CARE AND SAFETY

The GOC reached a key stage in its Education Strategic Review (ESR) work during this review period. From 1 March 2021, education providers must meet a new set of requirements in order to obtain approval for new qualifications in optometry or dispensing optics. We recognise the ESR has been a controversial issue in the sector, and stakeholder views have been mixed. However, we have seen the GOC seek out and listen to stakeholder feedback, and make changes to its proposals as a result. We will continue to monitor the implementation phase of this part of the ESR, as well as the GOC's work to update its requirements for specialist entry to the register.

## FITNESS TO PRACTISE: THE REGULATOR'S PROCESS FOR EXAMINING AND INVESTIGATING CASES IS FAIR, PROPORTIONATE, DEALS WITH CASES AS QUICKLY AS IS CONSISTENT WITH A FAIR RESOLUTION OF THE CASE AND ENSURES THAT APPROPRIATE EVIDENCE IS AVAILABLE TO SUPPORT DECISION-MAKERS TO REACH A FAIR DECISION THAT PROTECTS THE PUBLIC AT EACH STAGE OF THE PROCESS

The GOC recognises that it needs to improve the speed with which it deals with fitness to practise cases. It has made progress implementing an improvement plan and this is starting to have a real impact. In particular, the GOC has significantly reduced the end-to-end timeliness measure this year, and has brought down the number of open cases in the system. We welcome these improvements, particularly in view of the ongoing challenges associated with the Covid-19 pandemic. However, looking across the whole review period, the GOC still took too long to conclude its fitness to practise cases. We therefore concluded that Standard 15 was not met.

You can find out more details in the full report which is available on our website www.professionalstandards.org.uk/performancereviews

# Quarterly Performance Dashboard – Q4 21/22

| | |
|---|---|
| Better than last quarter | Off track |
| Roughly same as last quarter | At risk |
| Worse than last quarter | On track |

## FINANCE

**Budget**
Operate within budget with a positive variance.

**Reserves**
Operate within our reserves policy

**Efficiency Programme progress**
Realise 90% of planned efficiencies

## PERFORMANCE

**FTP Timeliness**
67% of concerns will be resolved within 78 weeks

**Education timeliness in assessing conditions**
100% conditions reviewed on time

**Registration quality & accuracy**
98% accuracy overall

## PEOPLE

**Investment in People**
Realise 90% of planned events

**Sickness Absence**
2.6% or less (minus COVID)

**Engagement Index**
Achieve an upward trend in the staff engagement score

## CUSTOMER

**FTP timely updates**
85% of customers receive an update every 12 weeks

**Registration**
90% of all application forms completed within target

**Education quality of CPD provision**
90% of CET provision meets registrant expectations

* Tier 1 errors are the most serious and are reserved for errors where the applicant should not have been put on to the register

| KPI status (current) | Bullet points about the RAG status of the KPI and a comparison from last quarter and what/how/when improvement(s) will take place | Budget implications | Risks |
|---|---|---|---|
| **FINANCE**<br>Reserves<br>Operate within our reserves policy | • General reserve levels increased marginally to £4.0M (target is £3.8M) due to high levels of surplus. Several delayed projects and BAU operations as well as savings contributed to high surpluses over the year. | • More funds available to spend. | • Minor risk of non-compliance with reserves policy with exceeding max target for £3.8M which will be rectified by planned investments into projects as outlined in the 202/-23 budget. |
| **PEOPLE**<br>Sickness absence<br>2.6% or less (minus COVID) | • Sickness rates have levelled out at just over the benchmark. The increase in the rates was driven by a small number of high absence individuals whose absence is being actively managed. | • None | • Ability to cover work with reduced staffing. |
| **PERFORMANCE**<br>FTP Timeliness<br>67% of concerns will be resolved within 78 weeks | • Since 1 April 2021, case examiners and the FtPC have concluded 112 cases (85 substantive CE decisions and 27 substantive FtPC decisions). Of these, 48% have concluded within 67 weeks (improvement from 43% in Q3 and 28% for 2020/21 ).<br>• Comparison with last quarter – Performance remains well below target, continuing to reflect the passage of older cases through the system to closure. However, improvements made since last quarter in the rolling closed case median (for both CE and FTPC decisions) reduced from 98 weeks to 83 weeks<br>• Improvement – In Q1, we implemented a revised structure within case progression to dedicate a senior-level focus on the active progression of a number of remaining complex cases. In Q2 we have added additional case officer resource via secondment of trainee lawyers from our panel law firms, and in Q3 we added a case progression lawyer whose function is to solely to support the case officers with case progression, providing dedicated legal support that has been lacking at investigation stage. In Q4, the Head of Casework Operations transferred to the Change Directorate to launch a new 2022/25 FtP Improvement Plan and the former Head of Hearings moved into the HoCO spot.<br>• Age of cases at pre-CE stage remains steady (44 weeks from date of complaint). Median age of active investigations (cases not yet at case report stage) were 35 weeks from date of complaint and 27 weeks in stage 2; these are higher than is ideal, but the overall age profile of cases at stage 2 is healthier than it was in May 2021 when we had 18 active investigations aged over 100 weeks – this is now reduced to 5 cases.<br>• Stage 3 is also improving. Although the in-stage median has crept up to 23 weeks, we moved a total of 12 stage 3 cases on in Q3 (with number of open cases at this stage reducing from 19 to 12), resulting in an improved age profile at stage 3 (from 104 weeks to 80 weeks). Number of cases at stage 4 has increased from last quarter (26 cases at 34 weeks) due to a number of adjournments and part-heard matters, although the team are working hard to ensure they are relisted expeditiously.<br>• Current vacancies: 1x Administrator, 2x Officers, 2x Operations Managers, and 2x Lawyers | • Legal charges overspend to cover departure of one in-house advocate and the absence of the other – this increased external legal input. | • Timeliness affected by recent hearings adjourning or going part-heard.<br>• Ability to cover work with reduced staffing. |

**PUBLIC**
**C28(22)**

**Council**

## Financial performance report for the year ending 31 March 2022

| | |
|---|---|
| **Meeting:** 29 June 2022 | **Status:** for noting |
| **Lead responsibility:** Yeslin Gearty (Director of Corporate Services) | **Paper author:** Manori Wickremasinghe (Head of Finance) |

### Purpose

To provide a summary of the financial reports for year 2021/22.

### Recommendations

1. Council is asked to:
   - **note** the financial performance for the year ending 31 March 2022 in Annex one

### Strategic objective

2. This report is relevant to delivery of all our strategic objectives.

### Background

**3.** The annex covers the year-end financial results for 2021/22.

### Analysis

4. The Financial accounts relating to the attached report are now being audited by external auditors and the audit completion meeting was held on the 13 June 2022. The final accounts figures do not differ materially from the income and expenditure report presented in the annex. We will be presenting a reconciliation to the Council at the annual report approval stage.

5. The financial performance consistently improved against the budget and successive forecasts over the year. The net surplus of £657k before portfolio gains improved by £1,335k against the budget and £230k against the Q3 forecast. Highlights, key drivers, risks, and future impacts are analysed in the annex.

### Finance

6. There are no additional financial implications of this work.

## Risks

7. The following risks are associated with finance, as identified in the finance risk register:
   - financial impact on reserves arising from additional cost of Covid-19 and/or reduced income;
   - poor financial planning leads to depletion of reserves below required levels and threatens the organisation as a going-concern;
   - poor financial management leads to a large fee increase for registrants; and
   - non-compliance with Charity Commission regulations by maintaining excess long-term reserves.

8. Reporting and monitoring financial performance against budgets and forecasts are a fundamental part of managing and mitigating these risks.

## Equality Impacts

9. No equality impact has been undertaken.

## Devolved nations

10. There are no implications for the devolved nations.

## Communications

### External communications

11. The financial performance report will be presented to Audit, Risk and Finance Committee (ARC) in July 2022 along with annual report for 2021/23/

### Internal communications

12. The financial performance report was shared with the Leadership Team and SMT as part of the regular financial reporting process.

## Attachments

Annex 1: Financial performance report for period ending 31 December 2022.

# Financial Performance Report for the Year ending 31 March 2022

**General Optical Council**
**Financial Performance Report for the 12 months ending 31 March 2022**

## Contents

**General Optical Council**
**Financial Performance Report for the 12 months ending 31 March 2022**

GOC:- Summary P & L to 31 March 2022

| | Actual £000's | Budget £000's | Variance £000's | Q3 Forecast £000's | Variance £000's |
|---|---|---|---|---|---|
| Registrant Income | 9,779 | 9,524 | 255 | 9,719 | 60 |
| Other Income | 258 | 226 | 32 | 260 | (2) |
| Expenses - BAU | (8,513) | (9,752) | 1,239 | (8,733) | 219 |
| **Surplus / (Deficit) -BAU** | **1,524** | **(2)** | **1,526** | **1,246** | **277** |
| Project expenditure | (867) | (676) | (191) | (820) | (47) |
| Surplus / (Deficit) -before portfolio Gains/Losses | 657 | (678) | 1,335 | 426 | 230 |

## Highlights

The results before unrealised gains/losses for the year ending 31 March 2022 show a positive variance of £1,335k against the budget and £230k against Q3 forecast. The results before strategic projects (BAU) show a positive variance of £1,526k against the budget and £277k against Q3 forecast.

The total registrant income of £9,779k is £255k higher than the budget and £60k higher than the forecast. The total expenditure (including projects) of £9,380k is £1,048k favourable to budget and £172k to forecast.

The above budget was approved by the Council in February 2021. We have incorporated the subsequent approvals into forecasts. E.g., additional funding to Case Progression to improve the operations and close more old cases.

### Key drivers of the improved performance

Opting for a hybrid working, agile working practices, and adapting to the new Living with Covid model are changes made during the year which contributed to improved financial performance. Total savings made during the year was £548k (ref. table 5- page 7).

In addition to actively opting for hybrid working through lessons learned from working with Covid, several staff vacancies contributed £53k to the positive variance. As at 31st March, the actual headcount (FTE) was 93 against a forecasted 105(Ref. table 4 – page 7). The recruitment process has since been strengthened. The operational surpluses were cancelled off by a reduction of unrealised investment gains as the market value of investment was reduced during Q4 (ref. Future impacts below).

### Risks to 2022-23

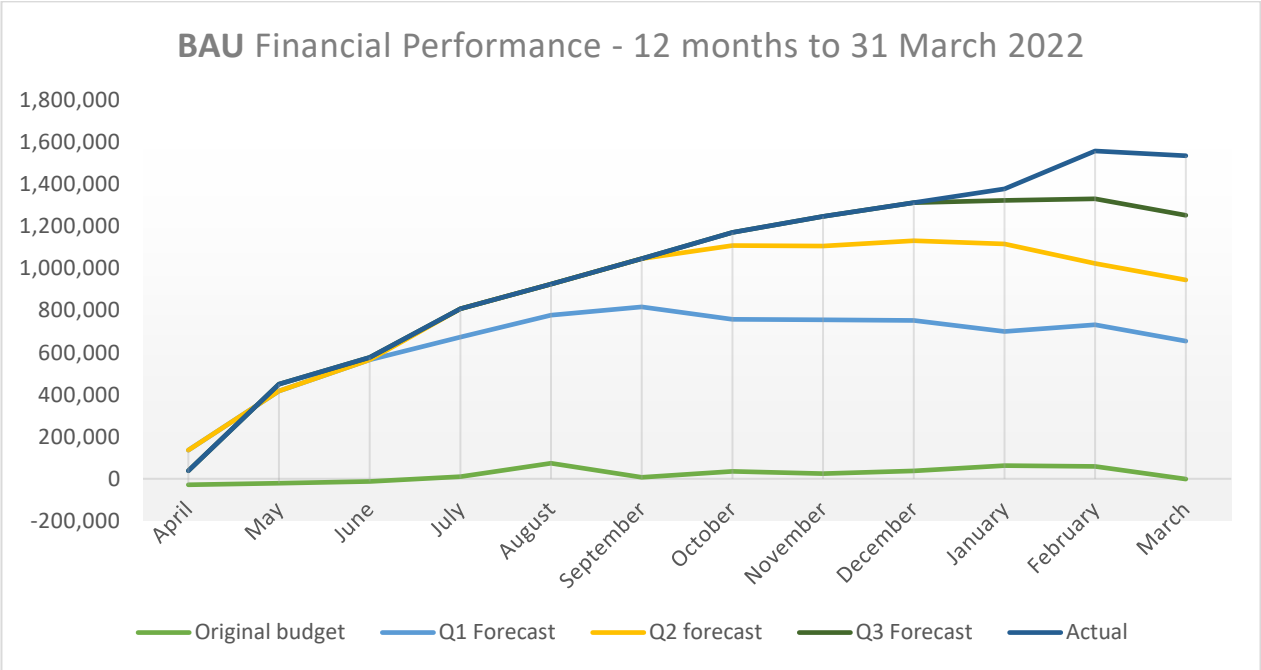
Some BAU operations are delayed to 2022-23 which will impact 2022-23 budget by £44k. This will be further analysed during Q1 forecast work in July 2022.

### Future Impacts (So what?)

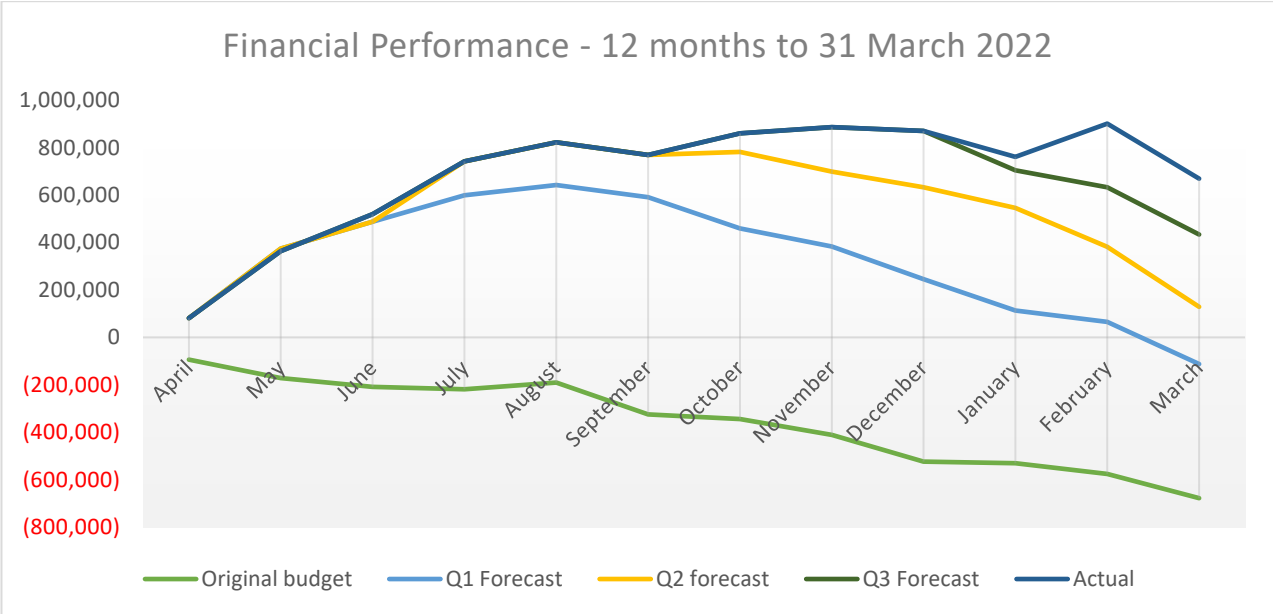
The deficit for the year after reduced unrealised investment gains (i.e. the movement of market value of portfolio) has reduced our overall reserves by £177k from the forecast. (ref. page 9). But we still have high levels of reserves and will be able to carry out all planned strategic projects and other reserve expenditure (analysis on reserves in page 12).

The new Change department will enable us to create clearly defined business cases and plans for new projects and programmes. Cost and benefit for high-value new projects/programmes need to be carefully considered taking into account our short to medium-term cash availability. Any drawdown from our investments when the market value is low is not a financially recommended approach.

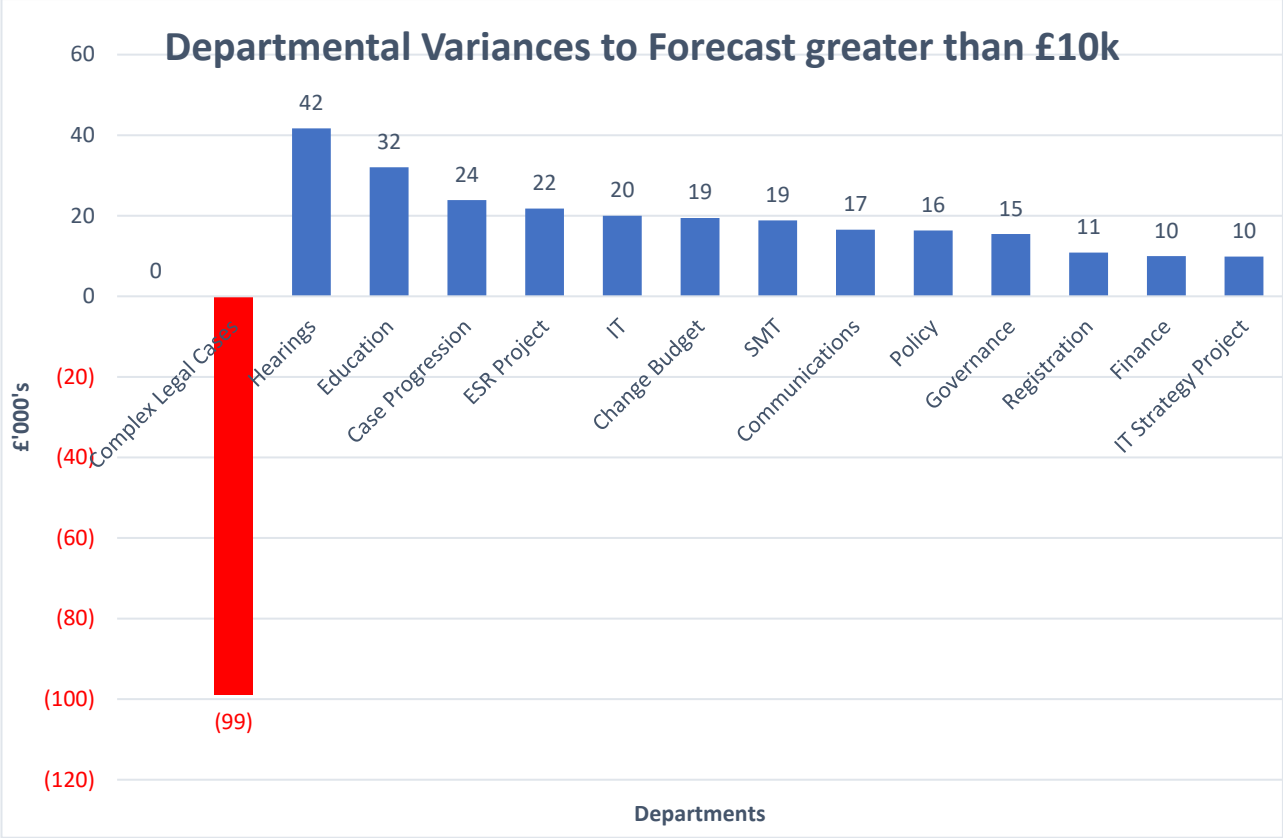
## Graphical analysis on Financial Performance and Variance




*Graph 1*




*Graph 2*




*Graph 3*

**Complex legal cases is a reserve spend through legal reserve, therefore not budgeted. The variance is acceptable.*

Cash and Cash Equivalent Summary - 31 March 2022

| | Actual | Budget | Variance | Q3Forecast | Variance |
|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Cash at Bank | 1,848 | 571 | 1,277 | 750 | 1,098 |
| Short term Investments | 7,700 | 7,550 | 150 | 8,850 | (1,150) |
| **Working Capital** | **9,548** | **8,121** | **1,427** | **9,600** | **(52)** |
| Investments | 9,260 | 8,984 | 276 | 9,883 | (623) |
| **Total** | **18,808** | **17,105** | **1,703** | **19,483** | **(675)** |

*Table 1*

| Analysis of Non-strategic expense variance March | |
|---|---|
| Savings | £'000 |
| Efficiency | 5 |
| Covid related savings | 1 |
| Covid related delays | 0 |
| Other savings | 158 |
| Staff vacancy gaps (excluding efficiency measures) | 53 |
| Other delays and timing | 44 |
| Revised plans | 5 |
| Others | 22 |
| Additional expenses | 288 |
| Additions | (68) |
| Total Expense Variance | 220 |

*Table 2*

| Analysis of savings over past quarters (non-strategic exp.) | | | | | |
|---|---|---|---|---|---|
| Savings | Q1 | Q2 | Q3 | Q4 | Total |
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Efficiency | 29 | - | 1 | 5 | 35 |
| Covid related savings | 37 | - | 14 | 1 | 52 |
| Other savings | 112 | 80 | 111 | 158 | 461 |
| Total Savings | | | | | 548 |

*Table 3*

Headcount March 2022 (F T E's)

| | Actual FTC Mar-22 | Actual Perm. Mar-22 | Actual Total Mar-22 | Q3 Forecast Mar-22 |
|---|---|---|---|---|
| Chief Executive Office | - | 7.0 | 7.0 | 7.0 |
| Regulatory Strategy | 4.8 | 16.3 | 21.1 | 23.3 |
| Regulatory Operations | 6.0 | 28.5 | 34.5 | 38.8 |
| Corporate Services | 1.0 | 17.9 | 18.9 | 21.9 |
| Change | 4.0 | 7.8 | 11.8 | 14.0 |
| **Total Headcount** | **15.8** | **77.5** | **93.3** | **105.0** |

*Table 4*

# General Optical Council
# Financial Performance Report for the 12 months ending 31 March 2022

## Table A
### Income and Expenditure Accounts

| | April - March | | | April - March | | |
|---|---|---|---|---|---|---|
| | Actual £'000 | Budget £'000 | Variance £'000 | Actual £'000 | Forecast £'000 | Variance £'000 |
| **Income** | | | | | | |
| Registration | 9,779 | 9,524 | 254 | 9,779 | 9,719 | 59 |
| Dividend Income | 238 | 196 | 42 | 238 | 240 | (2) |
| Bank & Deposit Interest | 1 | 10 | (9) | 1 | 0 | 1 |
| Other Income | 19 | 20 | (1) | 19 | 20 | (1) |
| **Total Income** | **10,037** | **9,750** | **286** | **10,037** | **9,979** | **58** |
| **Expenditure** | | | | | | |
| **Executive Office** | | | | | | |
| CEO's Office | 240 | 357 | 117 | 240 | 259 | 19 |
| Governance | 593 | 693 | 99 | 593 | 609 | 15 |
| **Total Executive** | **833** | **1,050** | **216** | 833 | 868 | 34 |
| **Regulatory Strategy** | | | | | | |
| Director of Strategy | 118 | 141 | 23 | 118 | 118 | 0 |
| Policy | 175 | 237 | 62 | 175 | 191 | 16 |
| Standards | 51 | 128 | 77 | 51 | 60 | 9 |
| Communications | 200 | 222 | 23 | 200 | 216 | 17 |
| Director of Education | 73 | 110 | 37 | 73 | 73 | 0 |
| CET | 353 | 330 | (24) | 353 | 349 | (4) |
| Education | 428 | 621 | 193 | 428 | 460 | 32 |
| **Total Regulatory Strategy** | **1,398** | **1,788** | **391** | **1,398** | **1,468** | **70** |
| **Regulatory Operations** | | | | | | |
| Director of Regulatory Operations | 115 | 112 | (2) | 115 | 115 | 0 |
| Case Progression | 1,833 | 1,515 | (318) | 1,833 | 1,857 | 24 |
| Legal | 273 | 374 | 101 | 273 | 273 | 0 |
| Hearings | 847 | 1,327 | 480 | 847 | 889 | 41 |
| **Total Regulatory Operations** | **3,068** | **3,328** | **260** | **3,068** | **3,133** | **65** |
| **Corporate Services** | | | | | | |
| Director of Corporate Services | 123 | 136 | 13 | 123 | 123 | (0) |
| Facilities | 957 | 1,060 | 103 | 957 | 966 | 9 |
| Human Resources | 463 | 471 | 8 | 463 | 466 | 3 |
| Finance | 420 | 440 | 19 | 420 | 430 | 10 |
| Registration | 425 | 501 | 76 | 425 | 435 | 11 |
| **Total Corporate Resources** | **2,388** | **2,607** | **219** | **2,388** | **2,421** | **32** |

Table A (Contd.)

| | April - March | | | April - March | | |
|---|---|---|---|---|---|---|
| | Actual £'000 | Budget £'000 | Variance £'000 | Actual £'000 | Forecast £'000 | Variance £'000 |
| **IT (BAU)** | 695 | 844 | 149 | 695 | 715 | 20 |
| **Depreciation** | 131 | 135 | 4 | 131 | 129 | (3) |
| **Total Expenditure** | **8,513** | **9,752** | **1,239** | **8,513** | **8,733** | **220** |
| **Surplus / (Deficit) before project expenditure** | **1,524** | **(1)** | **1,525** | **1,524** | **1,247** | **277** |
| **Project Expenditure** | | | | | | |
| CET Evaluation project | 148 | 128 | (20) | 148 | 148 | 0 |
| Education Strategic Review project | 204 | 256 | 52 | 204 | 226 | 22 |
| IT Strategy Implementation | 277 | 292 | 15 | 277 | 287 | 10 |
| Director of Change | 54 | 0 | (54) | 54 | 54 | 0 |
| Change Budget | 32 | 0 | (32) | 32 | 51 | 19 |
| Complex Legal Cases | 153 | 0 | (153) | 153 | 54 | (99) |
| **Total Project expenditure** | **867** | **676** | **(191)** | **867** | **820** | **(47)** |
| **Surplus / (Deficit) after project expenditure** | **657** | **(677)** | **1,334** | **657** | **427** | **230** |
| Investment gains | 439 | 269 | 170 | 439 | 846 | (407) |
| **Surplus / Deficit** | **1,096** | **(408)** | **1,504** | **1,096** | **1,273** | **(177)** |

# General Optical Council
# Financial Performance Report for the 12 months ending 31 March 2022

**Table B**

**Income and Expenditure Accounts Including Project Expenditure**

| | April - March | | | April - March | | |
|---|---|---|---|---|---|---|
| | Actual £'000 | Budget £'000 | Variance £'000 | Actual £'000 | Forecast £'000 | Variance £'000 |
| **Income** | | | | | | |
| Registration | 9,779 | 9,524 | 254 | 9,779 | 9,719 | 59 |
| Dividend Income | 238 | 196 | 42 | 238 | 240 | (2) |
| Bank & Deposit Interest | 1 | 10 | (9) | 1 | 0 | 1 |
| Other Income | 19 | 20 | (1) | 19 | 20 | (1) |
| **Total Income** | **10,037** | **9,750** | **286** | **10,037** | **9,979** | **58** |
| | | | | | | |
| **Expenditure** | | | | | | |
| Staff Salaries Costs | 4,548 | 4,927 | 378 | 4,548 | 4,645 | 97 |
| Other Staff Costs | 274 | 208 | (67) | 274 | 311 | 37 |
| Staff Benefits | 110 | 125 | 15 | 110 | 117 | 7 |
| Members Costs | 745 | 1,298 | 553 | 745 | 783 | 38 |
| Case Examiners | 55 | 80 | 25 | 55 | 67 | 12 |
| Professional Fees | 471 | 494 | 23 | 471 | 502 | 30 |
| Finance Costs | 87 | 95 | 9 | 87 | 85 | (2) |
| Case Progression | 933 | 620 | (314) | 933 | 829 | (104) |
| Hearings | 163 | 212 | 49 | 163 | 169 | 7 |
| CET & Standards | 260 | 287 | 27 | 260 | 260 | (1) |
| Communication | 26 | 35 | 8 | 26 | 35 | 8 |
| Registration | 15 | 15 | (0) | 15 | 8 | (7) |
| IT Costs | 634 | 743 | 109 | 634 | 656 | 22 |
| Office Services | 899 | 1,003 | 105 | 899 | 907 | 9 |
| Other Costs | 28 | 151 | 123 | 28 | 49 | 21 |
| Depreciation & Amortisation | 131 | 135 | 4 | 131 | 129 | (3) |
| **Total Expenditure** | **9,380** | **10,428** | **1,047** | **9,380** | **9,552** | **172** |
| | | | | | | |
| **Surplus / Deficit** | **657** | **(677)** | **1,334** | **657** | **427** | **229** |
| | | | | | | |
| Unrealised Investment gains | 439 | 269 | 170 | 439 | 846 | (407) |
| | | | | | | |
| **Surplus / (Deficit)** | **1,096** | **(408)** | **1,504** | **1,096** | **1,273** | **(178)** |

# General Optical Council
# Financial Performance Report for the 12 months ending 31 March 2022

## Balance Sheet as at 31 March 2022

| | 2021-22 31 March 2022 £'000 | 2020-21 31 March 2021 £'000 | Variance £'000 |
|---|---|---|---|
| **Fixed Assets** | | | |
| Refurbishment | 590 | 664 | (73) |
| Furniture & Equipment | 117 | 148 | (31) |
| IT Hardware | 42 | 45 | (3) |
| IT software | 72 | 163 | (91) |
| Refurbishment WIP | 10 | 0 | 10 |
| **Total Tangible Fixed Assets** | **831** | **1,019** | **(188)** |
| Investment | 9,260 | 8,860 | 400 |
| **Total Fixed Assets** | **10,090** | **9,879** | **211** |
| | | | |
| **Current Assets** | | | |
| Debtors, Prepayments & Other Receivable | 526 | 537 | (11) |
| Short term deposits | 7,700 | 7,700 | 0 |
| Cash and monies at Bank | 1,848 | 660 | 1,188 |
| **Total Current assets** | **10,073** | **8,897** | **1,176** |
| | | | |
| **Current Liabilities** | | | |
| Creditors & Accruals | 925 | 676 | 249 |
| Income received in advance | 9,303 | 9,004 | 299 |
| Provision for rent | 214 | 469 | (255) |
| **Total Current Liabilities** | **10,442** | **10,149** | **293** |
| | | | |
| **Current Assets less Current Liabilities** | **(369)** | **(1,252)** | **883** |
| | | | |
| **Total Assets less Current Liabilities** | **9,722** | **8,627** | **1,095** |
| | | | |
| Long Term Liabilities | 0 | 0 | 0 |
| | | | |
| **Total Assets less Total Liabilities** | **9,722** | **8,627** | **1,095** |
| | | | |
| **Reserves** | | | |
| Legal Costs Reserve | 700 | 700 | 0 |
| Strategic Reserve | 2,000 | 2,000 | 0 |
| Covid -19 reserve | 1,800 | 900 | 900 |
| Infrastructure / dilapidations | 1,250 | 500 | 750 |
| Income & Expenditure | 3,971 | 4,527 | (556) |
| **Total** | **9,722** | **8,627** | **1,095** |

# General Optical Council
# Financial Performance Report for the 12 months ending 31 March 2022

**Reserves Forecast**

| | Year 1 2021-22 £'000 | Year 2 2022-23 £'000 | Year 3 2023-24 £'000 | Year 4 2024-25 £'000 | Year 5 2025-26 £'000 | ***Target as per Reserves policy*** |
|---|---|---|---|---|---|---|
| Legal reserve | 700 | 700 | 700 | 700 | 700 | *£350k - £700k* |
| Strategic reserve | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | *£1m -£2m* |
| Covid -19 reserve | 1,800 | 1,000 | 1,000 | 1,000 | 1,000 | *£900k - £1,8m* |
| Infrastructure / dilapidations | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | *£250k - £1.25m* |
| General. Reserve | 3,972 | 3,149 | 2,566 | 2,552 | 3,251 | *£2.3m - £3.8m* |
| Total Reserve | 9,722 | 8,099 | 7,516 | 7,502 | 8,201 | *£4.80m - £9.55m* |
| As per last forecast | 9,898 | 8,274 | 7,691 | 7,677 | 8,376 | |

*Notes:*

*Moved down from RED*

*Above the policy top limit*

The final quarter of 21/22 results have reduced reserve value by £177k. This is a net result of the surplus in operations and reduction in investment valuation.

C32(22)

General Optical Council

# GOC Internal Operational Business Plan 2021- 2022

Quarter 4 Council Report

This document provides Council with a top-line status report on internal business as usual and project-related tasks directly linked to the external business plan and aligned to our strategic objectives. Where the status of a task is either at risk or missed, or where the change is negative, a full update will be provided.

**Priority**
- **Critical** — Absolutely must be in place for the GOC's continued existence
- **Essential** — Must be in place to support day-to-day operations

**Status**
- **On track**
- **At risk**
- **Off track**

**Change**
- **Better than last quarter**
- **Worse than last quarter**
- **Roughly same as last quarter**

| Department | Timing | Status | Priority |
|---|---|---|---|
| Case Progression | Q4 | 2x on track<br>1x off track | Critical |
| Case Progression | Q4 | 1x at risk | Essential |
| CET | Q4 | 2x on track | Critical |
| CET | Q4 | 3x on track | Essential |
| Comms | Q4 | 3x on track | Critical |
| Comms | Q4 | 5x on track<br>1x off track | Essential |
| Education | Q4 | 2x on track | Critical |
| Education | Q4 | N/A | Essential |
| Facilities | Q4 | 1x on track | Critical |
| Facilities | Q4 | 1x on track | Essential |
| Finance | Q4 | N/A | Critical |
| Finance | Q4 | 6x on track | Essential |
| Hearings | Q4 | N/A | Critical |
| Hearings | Q4 | 2x on track | Essential |
| HR | Q4 | N/A | Critical |
| HR | Q4 | 1x on track<br>1x at risk | Essential |
| IT | Q4 | 1x on track<br>1x off track | Critical |
| IT | Q4 | N/A | Essential |
| Legal | Q4 | 1x off track | Critical |
| Legal | Q4 | 3x on track<br>1x off track | Essential |
| Policy & Standards | Q4 | 1x on track | Critical |
| Policy & Standards | Q4 | 1x on track<br>1x off track | Essential |
| Registration | Q4 | 4x on track | Critical |
| Registration | Q4 | 1x on track | Essential |
| Secretariat | Q4 | 5x on track<br>2x off track | Critical |
| Secretariat | Q4 | 5x on track<br>3x off track | Essential |
| Standards/Secretariat | Q4 | N/A | Critical |
| Standards/Secretariat | Q4 | N/A | Essential |

| Department and Task | Bullet points about the Status & Change grading | How/when task will be brought back on track | Budget implications and associated risks |
|---|---|---|---|
| Case Progression – **PSA task**<br>*FTP timeliness*<br>Q1-Q4 \| 🔴 Off track \| ➔ | • Year ended with a median 132 weeks to FtPC decision and 83 weeks rolling closed median for all decisionsincluding case examiners (down from 144 weeks and 98 weeks respectively in 20-21)<br>• 45% of all investigations are now concluding within 78 weeks, up from 25% the previous year - heading in the right direction but not sufficient to meet PSA Standard 15 – however, report did note the positive improvements being made and that GOC were the only regulator to have reduced tinliness and backlogs during the pandemic,<br>• Estimate that we lost minimally eight months on our 2019 projections during the core of lockdown which meant that our objective of achieving a 78-week end-to-end median by the middle of Q3 this year slipped to at least Q2 of 22-23.<br>• Challenged by a dispropotionate number of cases going part-heard or adjourning to due unavoidable issues (14 of 41 scheduled) and one of these (two cases) being subject to a re-hearing.<br>• Our very oldest cases, over six years since receipt, have been adjourned from October 21 to July and September 22 respectively.. Given the small numbers this will continue to have an impact on open and closed medians until at least November 22 when all adjourned hearings will be complete.<br>• The open age of the triage caseload has improved again since last quarter – median four weeks, indicating full recovery at the earliest stage. | • Casework team has been restructured to include a head of casework operations and a head of case work legal to split and lead to two disctinctive areas – operational delivery and legal inpout.<br>• We have also moved to a pod structure – involving three small teams and are recruiting into lawyer to support each pod.<br>• Recruitment is a challenge but we are working hard to secure through agency and netweooking wherever possible<br>• Direction of travel by quarter is positive, although the unexpected part-heard cases are impacting over Q3 and Q4 and rescheduling is going into Q2 and Q3.<br>• Satisfied that the front end workflow is now well under control so focus remains on casework.<br>• Director, Head of Casework Operations and legal are leading six weekly older cases review challenge to provide closer scruntiny and guidance on moving cases forward and early indications are positive with barroers unlocked and progress made.<br>• Increased legal recruitment, albeit still delayed, should improve the pace of decision-making throughout case progression.<br>• Work is finally underway on scoping our case management system to enable much closer automated overview and management of deadlines – die for completion Q1 23-24 | • One of these has now developed critical witness difficulties which may result in the loss of the case or further delays if a witness summons is sought.<br>• Far lower than projected disclosures on hearings have increased the age profile at stage 3 which is a critical risk for our end-to-end deliverable.<br>• Ongoing delays and challenges to legal recruitment - including an inability to recruit at the level required for our more complex work - more cases are being instructed out. This resulted in an approcimate overspend against budget of over £204,000 to the year end - £15,000 over my Q3 reforecast<br>• There is a risk that we cannot continue with in house advocacy for our substantive matters without compromising quality, which will require greater spend on legal charges.<br>• There is a developing risk that general legal market concerns may impact on representation of registrants at hearings and a larger number of applications to adjourn are being made on these grounds. |
| Case Progression<br>*115 substantive case examiner decisions*<br>Q1-Q4 \| 🟡 At risk \| ➔ | • Number of decisions to be made by case examiners during the year. | • 85 substantive decisions made by CEs for the YTD – 74% of initial expectations and reflective of the positive work done to reduce non regulatory concerns from the FtP process. | • Some recovery during Q4 but likely to see an increase in CE decisions in Q1 and Q2 of 22/23 folliwng the older cases review challenge |
| Comms<br>*Promote the implementation of the new Standards of Practice*<br>Q4 \| 🔴 Off track 🡅 | • Develop and implement a communications plan. | • A communications plan has been discussed initially. The planning for the communications to commence in Q4 did not reflect the revised start of the project hence the disparity on completion.<br>• This will be on track to match the timescales of the Standards Review project. | • None – the budget has been allocated for 2022/23 |
| HR<br>*Recruitment*<br>Q2-Q3 \| 🟡 At risk \| 🡅 | • Despite the challenges of remote recruitment and an increasingly difficult market, recruitment continues successfully in the main.<br>• Some roles continue to prove challenging but a more agile approach to these is proving successful in many cases<br>• On the positive side, *Hireful* has proved popular with end users and has enabled a significant increase in the number of roles we can run simultaneously | • Salary benchmarking data received and will be matched and any adjustments agreed in or before the next pay review.<br>• Full review of pay policy scheduled for 2022.<br>• Advertising budget increased significantly for remainder of 21/22 and thereafter. | • The key risk is delays to projects through inability to fill roles |
| IT (BAU)<br>*Exploring opportunity for collaboration across regulators*<br>Q1-Q4 \| 🔴 Off track \| ➔ | • Discussion with other regulators to explore opportunities. | • This process did not start in Q3 due to work volume but will start in Q1 2022/23. | • Possible savings through joint procurements although unclear on appetite for such activities.<br>• Minimal risk with documented requirements. |
| Legal<br>*Illegal Practice Strategy*<br>Q1-Q4 \| 🔴 Off track \| 🡇 | • We are reviewing our approach to tackling illegal optical practice, to ensure that our actions are proportionate.<br>• Stakeholder communications indicate misunderstandings regarding the GOC's remit, which are also being addressed through this review | • Our external consultation closed in January 2022, following which we are finalising our amended Protocol and related documents.<br>• Publication was ready for implementation but has been delayed following late submissions from an external stakeholder – this will allow the amended Protocol to presented to Council for approval in June 2022. | • There are no direct financial implications from the delays but there might be a slight impact on the project lead's ability to support the case progression function (the project lead transferred from Legal to Case Progression on 1 April 2022).<br>• The short delay has helped provide assurance that the GOC's approach is mitigating our legal risks |
| Legal<br>*Carry out annual review of FTP guidance: Warnings, Rule 16, CEs, IC, FTPC*<br>Q1 (Now Q4) \| 🔴 Off track \| 🡇 | • We regularly review the guidance we produce in relation to our fitness to practise functions, which helps achieve consistent best practice | • FTPC guidance has been reviewed and ISG fully updated.<br>• Remaining guidance will be reviewed Q1-Q2 2022-23 following delayed recruitment of lawyer. | • There are no financial implications from the delays<br>• Taking the additional time meant that the Legal team could conduct a more thorough review than had initially been proposed by our regulatory operations, reducing the wider organizational risks. |

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| Policy & Standards<br>*Prepare new draft of Standards of Practice for individual registrants for consultation*<br>Q3-Q4 \| 🔴 Off track \| ➔ | • Revision of standards for individual registrants in line with strategic plan in order to ensure continued public protection, taking opportunities to harmonise standards across the different healthcare professions likely to work together as part of multi-disciplinary teams. | • Due to staff sickness and prioritisation of the CET Review project, this work has been re-phased into the new business plan for 2022/23 – this will still be in line with objectives in the Strategic Plan.<br>• Capacity to undertake work has increased due to CPD project milestones being largely complete and background research is underway. | • Budget implications: we will make savings of £40k to be transferred to 2022/23.<br>• Delay considered a minimal risk as we are still within the timescales we have committed to in the Strategic Plan and we have started the work (in Nov 2021) with a discussion at Education and Standards Committee. |
| Secretariat<br>*Contributing to development of Government proposals for Governance reform*<br>Q1-Q4 \| 🔴 Off track \| ➔ | • Continue to work with inter-regulatory groups and consider unitary board options. | • Government regulatory reform has been delayed. Once the recommendations are through, action can be taken. | • This work continues to be delayed. |
| Secretariat<br>*Conflicts of interest training*<br>Q1-Q4 \| 🔴 Off track \| ➔ | • Reviewed policy has been approved by Council in Q2. | • Mandatory training to all members has been delayed and is now planned for Q1-2 2022/2023. | • No budget implication – delay in delivery only |
| Secretariat<br>*EDI Strategy*<br>Q1-Q4 \| 🔴 Off track \| ➔ | • The EDI Partner has presented an EDI Review consolidating all past recommendations and future recommendations for improvement which has been signed of by SMT.<br>• Progress against the review tasks are monitored by Council as part of the CEO Report and by ARC in the quarterly Compliance Report. | • Appointment of EDI Manager has been made and this will be carried forward into the 2022/23 internal business plan. | • No budget implication – delay in delivery only. |
| Secretariat<br>*Member Declarations and Register of Interests*<br>Q4 \| 🔴 Off track | • Improved form distributed to cater for all membership groups. | • Following the appointment of a new Head of Governance, these forms will be updated summer 2022 to coincide with the recruitment and appointment of new Council members. | • No budget implication – delay in delivery only. |

**GENERAL OPTICAL COUNCIL**

**DRAFT Minutes of the meeting of the Advisory Panel held on Thursday 24 February 2022 at 9:15 hours via Microsoft Teams**

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| Present: | Alicia Thompson, Alison Sansome, Andrew Logan, Anthony Harvey, Catherine Viner, Deirdre McAree, Geraldine McBride, Gordon Ilett, Josie Forte, Louise Gow, Lynn Emslie, Marcus Weaver, Michael Galvin, Mary Wright, Neil Retallic, Peter Black, Richard Edwards, Roshni Samra, Sinead Burns (Chair) and Wayne Lewis. |
| Apologies: | Alison Sansome, Hilary Tompsett and Rosie Glazebrook. |
| Absent: | Paula Baines, Joy Myint, Imran Jawaid, Hilary Tompsett, Nigel Best and Mitesh Patel. |
| GOC Attendees: | Aaron Grell, (Education Manager), Dr Anne Wright CBE (GOC Chair), Ben Pearson (Project and Policy Support Executive), Dionne Spence (Director of Regulatory Operations), Ivon Sergey (Governance Officer), Leonie Milliner (Chief Executive and Registrar), Lisa Venables (Education Manager), Marcus Dye (Acting Director of Regulatory Strategy), Marie Bunby (Head of Strategy, Policy and Co Production), Nadia Denton (Governance Officer), Samara Morgan (Interim Head of Education), Sarah Martyn (Interim Head of Governance) and Yeslin Gearty (Director of Corporate Services). |

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| | *9:17 hours – the meeting started.* |
| | **Welcome and Apologies** |
| 1. | The Chair, Sinead Burns welcomed members of the Advisory Panel and members of the executive who were present. A special welcome was made to Leonie Milliner, the new Chief Executive and Registrar at her first meeting and the GOC Chair Dr. Anne Wright CBE. |
| | |
| 2. | The Chair informed those present that the Advisory Panel meetings would be chaired henceforth on a rotational basis by the chairs of the Statutory Advisory Committees. |
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| 3. | Apologies were noted from Alison Sansome, Hilary Tompsett and Rosie Glazebrook. |
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| | **Declaration of Interests AP01(22)** |
| 4. | It was noted that:<br>• Nigel Best's details appeared against Peter Black's entry on the Advisory Panel register of interests; and<br>• Gordon Ilett works as an Optometrist at the University Hospitals Plymouth NHS Trust. |
| 5. | |
| a | **ACTION – the Governance team to consider whether interests for all members need to be updated and to ensure that this occurs periodically as appropriate.** |

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| | **Minutes of the meeting held in June 2021 AP02(22)** |
| 6. | The Advisory Panel approved the minutes as an accurate record of the meeting. |
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| | **Action points update AP03(22)** |
| 7. | The Advisory Panel noted the paper. |
| | |
| | **Matters Arising** |
| 8. | There were no matters arising |
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| | **Education Strategic Review – Post-Registration CLO Specialty Qualifications AP04(22)** |
| 9. | The Interim Director of Regulatory Strategy introduced the paper. |
| | |
| 10. | The Advisory Panel noted that:<br>• the Committee's advice would be considered by the joint Expert Advisory Groups (EAGs) for Contact Lens Opticians on 1 March if required; and<br>• a written version of the Committee's advice would be provided to the Council. |
| | |
| 11. | In discussion the following points were raised by members of the Advisory Panel:<br>• that the stipulation to complete 225 hours in the new proposals represented an increase compared to the current requirement around hours of study for the qualification; and<br>• that feedback from students indicated that they had struggled to make time available for patient facing experience, so the extension of the requirements was welcomed. |
| | |
| 12. | The Advisory Panel noted:<br>• that of the 225 hours that students were expected to complete, the experience must include a clinical, patient facing experience to ensure that they had the necessary hands-on experience; and<br>• that the content delivered as part of the 225 hours of learning would be co-designed between providers and stakeholders. |
| | |
| | **Regulatory Reform AP05(22)** |
| 13. | The Acting Director of Regulatory Strategy outlined current regulatory and legislative change projects being led by the Department for Health and Social Care and asked the Companies Committee to consider proposals for a Call for Evidence to focus on any further legislative changes that may be required to ensure that regulation remain effective and does not impose any unnecessary barriers to innovation and change. |
| | |
| 14. | In discussion the Advisory Panel noted the following points:<br>• a change to the definition in respect of individuals undertaking eye tests could result in unqualified practitioners from overseas carrying out checks;<br>• there was considerable risk if healthcare checks were to be separated from refraction. The GOC and the wider sector would need to ensure that disease detection was not lost without a suitable alternative being put in place;<br>• strong public health messaging needed to be in place for members of the public so that they understand the choices they would be making when engaging with online consultations and buying products and services;<br>• the structure of the Act and proposed changes should be analysed to ensure that it does not create unequal access to sight tests and related health care for the public; |

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| | • a move to regulating the function and activity of eyecare practitioners rather than their title could be helpful to the public so that they could better understand the role of the GOC;<br>• the definition of a vulnerable patient needed to be reviewed; and<br>• the GOC would not have sufficient resources to mount a public health awareness campaign. |
| | **ACTION – the Advisory Panel members to send links of information about research relevant to the consultation to the Director of Regulatory Strategy.** |
| | |
| 15. | The Advisory Panel:<br>• shared their thoughts on the call for evidence;<br>• suggested additional considerations for the objectives;<br>• indicated areas of concern about the Opticians Act or GOC policy that need to be reviewed; and<br>• advised of concerns or pitfalls overall. |
| | |
| 16. | The Advisory Panel:<br>• **advised** Council on proposals to update requirements for GOC approved qualifications leading to specialist entry to the GOC register as a contact lens optician.<br>• noted the outcome of the public consultation; EDI impact assessment; the impact assessment screening; and the outcome of the Delphi verification of the proposed outcomes; and<br>• reviewed recommendations made by the Sector Partnership for Optical Knowledge and Education (SPOKE) relating to the indicators contained within the Clinical Practice category of Outcomes for Dispensing Optics and Optometry contained within the GOC's "Requirements for Approved Qualifications in Optometry and Dispensing Optics" document. |
| | |
| | **Advisory Panel Feedback AP06(22)** |
| 17. | The Chief Executive and Registrar advised that it was an appropriate moment, three years after the Advisory panel had been first formed, to step back and assess whether the structure and framework of the Advisory Panel was working effectively. |
| | |
| 18. | In discussion it was noted:<br>• the terms of reference for the Advisory Panel and its constituent committees would be updated;<br>• that the break out session format of the meeting was being trialled and feedback would be welcomed; and<br>• that there will be a review of Committee membership; and<br>• a recruitment campaign to fill existing and forthcoming vacancies was planned to be launched in May/June 2022. |
| | |
| 19. | The Advisory Panel:<br>• reviewed and discussed the results of the 2021 Advisory Panel Self-Assessment/ Effectiveness Survey; and<br>• advised on potential measures to improve the future effectiveness of the Advisory Panel and statutory committees (Education, Registration, Companies and Standards Committees) in the context of the forthcoming, planned governance review. |
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| | **Date of Next meeting – September 2022** |
| 20. | It was noted that a doodle poll would be issued to members of the Advisory Panel to ascertain their availability. |
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| | **Any other business** |
| | **Covid Statement** |
| 21. | The Advisory Panel noted that following the announcement that all legal restrictions related to COVID-19 would be removed in England from March 2022;<br>• the GOC Covid statements would continue in force alongside the amber status of the College of Optometrists Covid-19 framework, as healthcare settings in England would still be required to implement infection prevention and control measures under NHS England guidance and stance of other devolved nations. Testing will also remain in place for healthcare professionals; and<br>• the GOC would maintain messaging about the need for continued infection prevention control and the need for vaccination. |
| | |
| | **Members Demitting the Advisory Panel** |
| 22. | The Chief Executive and Registrar thanked the following members for their advice and commitment to the Advisory Panel as they were standing down:<br>• Richard Edwards (Business Representative, Companies Committee);<br>• Mitesh Patel (Business Representative, Companies Committee); and<br>• Geraldine McBride (DO, Education Committee). |
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| | **Meeting Close** |
| 23. | The meeting closed at 10:34 hours and the Advisory Panel split out to meet by committee. |

**GENERAL OPTICAL COUNCIL**

**DRAFT Minutes of the meeting of the Companies Committee Meeting held on Thursday 24 February 2022 at 10:45 hours via Microsoft Teams**

Present: Deirdre McAree, Gordon Ilett, Josie Forte Sinead Burns (Chair), Richard Edwards and Wayne Lewis.

GOC Attendees: Dr Anne Wright CBE (GOC Chair), Ben Pearson (Project and Policy Support Executive), Kiran Gill (Head of Legal - *Update on illegal practice item 8 only*) Marcus Dye (Interim Director of regulatory Strategy), Marie Bunby (Head of Strategy, Policy and Co-Production), Nadia Denton (Governance Officer) and Natalie Michaux (Standards Manager - *Standards of Practice item 9 only*).

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| | *10:46 hours – the meeting started.* |
| | **Welcome and Apologies** |
| 1. | The Chair welcomed those present. It was noted that this would be the last meeting for the two Business Representatives, Richard Edwards and Mitesh Patel. The Chair thanked Richard for his commitment to the committee over the past eight years. The Chair also noted the Committee's gratitude to Mitesh for his contribution over many years. |
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| | **Post CLO Registration Specialty Qualifications** |
| 2. | The Companies Committee noted that:<br>• the Committee's advice would be considered by the joint Expert Advisory Groups (EAGs) for Contact Lens Opticians on 1 March; and<br>• a written version of the Committee's advice would be provided to the Council. |
| | |
| 3. | The Companies Committee:<br>• noted the outcome of the public consultation; EDI impact assessment; the impact assessment screening; and the outcome of the Delphi verification of the proposed outcomes;<br>• reviewed recommendations made by the Sector Partnership for Optical Knowledge and Education (SPOKE) relating to the indicators contained within the Clinical Practice category of Outcomes for Dispensing Optics and Optometry contained within the GOC's "Requirements for Approved Qualifications in Optometry and Dispensing Optics" document; and<br>• did not have any additional points to raise over and above what was discussed in the main Advisory Panel meeting. |
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| | **Legislative and Regulatory Reform – What does it mean for business?** |
| 4. | TheActing Director of Regulatory Strategy outlined current regulatory and legislative change projects being led by the Department for Health and Social Care and asked the Companies Committee to consider proposals for a Call for Evidence to focus on any further legislative changes that may be required to ensure that regulation remain effective and does not impose any unnecessary barriers to innovation and change. |

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| 5. | In discussion the following points were raised by members of the Companies Committee:<br><br><u>Technological Changes</u><br>• reviews to legislation needed to be considered in the context of technological change;<br>• Artificial Intelligence (AI) would be a game changer in the process of refraction and the sector needed to look at implications of AI for regulation;<br>• the use of AI, telemedicine and other technological advances could see the productivity of the practitioner increased;<br>• there needed to be careful assessment of the language used in the legislation to prevent loopholes to meet the needs of technological changes in the future;<br><br><u>Risks / Vulnerable Adults</u><br>• the risks associated with patients undergoing refractive checks without eye health checks would challenge public protection;<br>• the sector needed to revisit protections for vulnerable adults, particularly those who had disabilities or dementia;<br>• housebound patients may have problems obtaining suitable eyewear;<br>• AI technology does not work with vulnerable adults and there would need to be other protections in place to ensure there was accuracy with the methods used to gain a result;<br><br><u>Sector Responsibility</u><br>• registrant accountability for the management of patience support needed to be made clearer;<br>• there needed to be more collaboration between Optometrists, Dispensing Optometrists and Contact Lens Optometrists across the sector so a patient's clinical journey was more multi-disciplinary;<br>• in the absence of face-to-face assessments the legislation would need to reference patient history being taken fully into account when practitioners made diagnoses;<br>• the sector needed to embrace remote triage and remote consultation, making the most of the benefits as this was here to stay.<br><br><u>Other points</u><br>• there was a need to ensure commercial drivers did not create risks to patient health; and<br>• the government be encouraged to see the proposed changes and their implications as long-term. |
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| 6. | In response to the points raised the Companies Committee noted:<br><br>• the GOC did not have a position on business models as long as there was not contravention of the Optician's Act;<br>• delivery of the Brillen model may not be in the spirit of the existing legislation but this could change in the future;<br>• the current GOC Business Standards referred to the use of technology such as artificial intelligence in practice and this could be used alongside legislation; |

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| | • under the current GOC Standards, Opticians could not delegate parts of a patient's sight test onto others even under a supervisory model;<br>• even with the increased use of technology, practitioners still needed to have a better overview of what was happening with patient care and take responsibility for activity carried out;<br>• whilst the GOC was opening up the call for evidence and discussion, there would be no decisions in these areas at this stage. The NHS and DHSC in their commissioning roles would dictate what wase expected of registrants and the wider sector; and<br>• there would need to be buy in from stakeholders before any significant changes can be made. |
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| | **Standards of Practice Review /Business Standards Update / Impact Covid Statements** |
| 7. | The Companies Committee noted that there would be a review of the current Standards for Optometrists and Dispensing Opticians. This review could have a knock-on effect on the standards for business and students. They welcomed feedback that could inform this process in the context of legislative reform and recent Covid statements from the wider sector. In discussion, the Companies Committee raised the following points:<br><br><u>Business Standards</u><br>• the manner in which sole traders were governed needed to be looked at. It currently is not in line with how businesses are regulated;<br>• the authorities should be involved to ensure that sole traders were compliant;<br>• The suggestion of updating the Standards for optoemtrists and DOs to include a requirement to meet the business standards if they run their own business was welcomed as a non-legislative means of ensuring consistency in business regulation (preventing registrants from having to register twice or pay two fees).<br><br><u>Impact Covid Statements</u><br>• one positive impact of Covid had been the use of PPE both for practitioners' own safety as well as that of patients. It would be a negative step to remove this; and<br>• disparities between devolved nations around Covid statements could lead to difficulties in managing infection control. |
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| | **Update on Illegal Practice** |
| 8. | The Head of Legal provided an update on illegal practice and advised that the consultation on illegal practice had concluded in January 2022 and the review of the consultation responses had now been completed.<br><br>The following points were noted:<br>• there was support for the GOC proposal to focus on those areas of illegal practice that posed the highest risk;<br>• the principle concern in previous years was the unregulated sale of zero power contact lens and fashion lens sold in fancy dress shops and other non-regulated outlets;<br>• there was now a shift in focus to non-prescription contact lenses and their availability online without sight tests; |

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| | • the purchase of contact lens online can be problematic because they can be purchased from jurisdictions outside of the UK making the enforcement of regulations restrictive;<br>• the GOC is reviewing whether use can be made of alternative enforcement techniques including work with the likes of Amazon;<br>• Amazon were a major online supplier of contact lenses and spectacles and had agreed to be more proactive in identifying sales through their own platforms;<br>• through key word searches Amazon had become better at identifying sales of lens and spectacles and stopping them; and<br>• Amazon are looking to start selling prescription contact lenses themselves in compliance with legislation. |
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| | **Any other business** |
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| 9. | <u>Governance Review</u><br>The Companies Committee noted that a Governance review would take place later in 2022. |
| | |
| 10. | <u>Feedback About the Format of Advisory Panel</u><br>In giving feedback about the format of the Advisory Panel and Companies Committee meeting structure the following points were made:<br><br>• the audio pre-recorded style of powerpoint that the legislative reform update was delivered in was highly engaging;<br>• more direction around points of issue in papers would be welcomed;<br>• committee meeting papers should be more concise; and<br>• the Committee expressed views that two meetings a year is not sufficient and the frequency of meetings should be increased.. |
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| | **Meeting Close** |
| 11. | The meeting closed at 12:05 hours. |

**DRAFT minutes of the Education Committee held on Thursday 24 February 2022 at 11:05am via MS Teams**

**Present:** Mike Galvin (Chair), Andrew Logan (OO member), Geraldine McBride (DO member), Neil Retallic (OO member), Alicia Thompson (DO member) *(paragraphs 3 to end)* and Mary Wright (OO member).

**In attendance:** Leonie Milliner (Chief Executive and Registrar) and Samara Morgan (Head of Education).

| | **Post CLO Registration Specialty Qualifications** |
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| 1. | The Education Committee made the following observations:<br>• Although individuals were not experienced in the area of CLO (contact lens optician), they had read the papers and were happy with the proposals.<br>• Implementation was important; institutions had started to make plans and there were advantages to the high-level approach the GOC was taking to education quality assurance. This approach freed institutions from constraints and encouraged imagination in the way students were taught and assessed. The downside was that it may create uncertainty on how the outcomes would be measured. With the high level of outcomes and standards, would providers and EVPs have the same expectation in relation to quality assurance.<br>• How were the number of hours of clinical training calculated; wording, however carefully written, could be interpreted in different ways.<br>• In thinking about the hours of clinical training and the possibility of remote consultations in the future, would this experience be included in those hours.<br>• Newly qualified CLOs may lack the broad experience of working in practice as independent practitioners.<br>• This was an opportunity to define the goal properly; many members of the public were not clear on what a CLO was.<br>• Individuals going through CLO training were already DOs, and on the GOC register, but were taking additional training. This could be an opportunity to increase the number of CLOs if students studied two qualifications in parallel. This was undoubtedly a good opportunity for students, and potentially diversifying the workforce by allowing students to gain CLO qualifications earlier in their career. It appears from the ED&I data that CLO workforce is currently older<br>• This is an opportunity to recognise evolving roles.<br>• From a provider perspective, the profession of dispensing optics can sometimes be perceived to be not as attractive as other optical professions, the reason for this was primarily salary and career progression.<br>• It was not financially viable for many providers to set up contact lens optician training programmes as there was a relatively small pool of dispensing opticians, it would only be a small number that wished to re-train as a CLO, and many of those may go down the optometry route.<br>• The proposed changes were likely to make CLO training more attractive with the potential for this situation to improve, however this was not a given.<br>• NHS funding of extra services was also a cause for concern in this area as the |

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| | contracts and funding went to optometrists. If the training were equivalent, this could help influence the commissioning of services<br>• Very few CLOs took on the work full-time, in a business model open five days a week, many would have to continue working as a DO.<br>• The biggest risk was thought to be for providers to misinterpret or misunderstand the requirements. There would be value in investing in the right communication mechanisms to stakeholders.<br>• There was a discussion as to whether qualifications could be picked up along the journey to qualifying as an optometrist. It was felt that providers would never support this way of thinking as they made efforts to avoid perceptions of hierarchy.<br>• There should be wider thinking and follow up as to how CLOs could be engaged with further.<br>• There was a need to future proof the qualifications, and it might be wise to generalise some of the words around contact lenses, particularly given that it was not known what the market would bring in the future in terms of development and designs. This could also be affected by medicine entering optometry. |
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| | **Serious Concerns Review** |
| 2. | The Education Committee noted the following points:<br>• A serious concerns review was triggered when conditions were repeatedly unmet following a risk-based review.<br>• A serious concerns review increased monitoring and elevated concerns to provider senior staff.<br>• There was open dialogue with the intention of providing support whist focussing on specific issues with the senior team.<br>• The level of scrutiny would remain high until the GOC had been provided with assurance that all requirements had been met.<br>• There was also a need for institutions under a serious review to ensure that all students had been informed of the process. A student guide on the serious concerns review had been developed.<br>• The education decision making framework for serious concern reviews and the individuals involved in the process. If there were to be withdrawal of approval, this would need to go to Council for approval.<br>• The Committee noted that there are currently two programmes subject to a serious concerns review. |
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| | *Alicia Thompson joined the meeting.* |
| 3. | It was agreed discuss the committee's feedback to Council in relation to the CLO proposals at the end of the meeting. |
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| 4. | In response to a question about temporary adjustments to the GOC's requirements in response to the Covid-19 pandemic, it was noted that whilst there had been temporary amendments to the optometry handbook, the competencies required remained unchanged. |
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| 5. | The Education Committee asked that the following points were fed back to Council:<br>• That students' interests were appropriately looked after during serious concerns reviews as part of the process.<br>• That programme models were sustainable.<br>• The Education Team's proactive approach provided assurance of appropriate management of risks arising from providers' compliance with, and ability to continue to meet, the GOC's requirements for approved qualifications. |

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| | **Approval and Quality Assurance Update** |
| 6. | The Education Committee asked that the slides would be shared with them. |
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| | **ACTION: The Head of Education would share the slides with the Education Committee.** |
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| 7. | The Education Committee noted the following points<br>• The approval and quality assurance calendar for 2022. As a move was made to a hybrid way of working consideration would need to be made as to whether virtual or in-person visits were required.<br>• Individual risk assessments are planned for education visitors to identity and reduce risk of covid- inflection on visits, and to manage risks of non-attendance due to Covid. Providers were also required to complete risk assessments, to include an assessment of Covid safety measures.<br>• The gap in visits in the summer months will build the team's capacity to respond to notifications of adaptation from existing approved qualification providers to meet the Feb 2021 education and training requirements.<br>• An EVP workshop would take place in the autumn of 2022. Consideration would be given as to whether it would be in-person or hybrid.<br>• The Technical Advisory Group would take place at the end of April 2022 where it was planned to look at the suite of quality assurance documentation to support the new independent prescriber education and training requirements.<br>• The chairs of the education visitor panel would undergo training in March 2022 with regard to their role in assessing notifications of adaptations and leading the panel through the process.<br>• Meetings were being planned with providers of DO and optometry programmes to discuss adaptation plans and timelines for submitting their notification of adaptation against the Feb '21 requirements in annual monitoring returns.<br>• The recent provider workshop had focused on adaptations. It added to the group knowledge and going forward there was a need to ensure that providers understood the requirements. The implementation stage would come with its own risks as well as a need to be clear with responsibilities between the GOC and providers. Funding would continue to be a risk going forward. |
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| 8. | The Education Committee made the following comments<br>• The calendar going forward looked sensible.<br>• Agreement that the provider event had gone well and had been necessary for understanding and clarification of language used. |
| | **Any Other Business** |
| | **Income Consultation Document** |
| 9. | The Education Committee noted the following:<br>• The student fee contribution in England will remain at £9,250 for at least the next few years.<br>• The Government was going to consult on a cap of student numbers.<br>• Universities could grow their student numbers and increasing turnover through tuition fees or turning to research.<br>• This would lead to questions about viability and teaching quality; there had also been a consultation on how the teaching excellence framework might be reconfigured in the new landscape.<br>• There were some statements around the rebalancing of higher education, technical education and other levels. |

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| | • Introduction of a lifetime fund, so every student will get four years of funding to engage in higher and higher educational technical education. |
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| 10. | The Education Committee made the following comments:<br>• Concern that in England the threshold for graduates to pay a proportion of salary to cover tuition fee debts would be lowered which would catch professionals at a younger age. This could have a detrimental effect on secondary school children making decisions about higher education.<br>• It was important for higher education to be accessible to all, particularly in healthcare, where patients should be able to see representation across demographic groups. This could have a detrimental effect on the demographics of the profession.<br>• Previously, optometrists had not really attracted government, HEI funding Council, SETB or NHS funding for courses, and there was a need to be more involved in conversations about funding streams. Scotland was ahead in this and could show leadership across the profession. |
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| | **Supervision and Trainees** |
| 11. | A query was raised as to whether a provider could decide the number of trainees permitted for supervision. It was noted that this was a matter for the provider to make a considered judgement on; the provider's approach would be subject to scrutiny by the education visitor panels, tested by stakeholder's feedback, and high levels of assurance would be sought. There was an opportunity to commission a thematic review of standards and the sample-based review of the outcomes review, the results of which would inform the specification for, and the regularity of, periodic reviews, as well as the specification of annual monitoring. It was suggested that SPOKE could look at supervision in more detail too, and there was an opportunity for SPOKE to publish guidance. |
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| 12. | It was suggested that there should be a GOC campaign to explain the different roles of the two professions it regulated, highlighting the opportunities and the activity that these roles undertake. The Chief Executive and Registrar advised that the GOC was strengthening the communications function but there was a need to be careful about crossing over with what professional associations were to there to do. There was a role for the professional organisations around the promotion of careers and helping those interested in navigating the landscape. |
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| | **Advisory Panel Feedback** |
| 13. | The Education Committee noted that the terms of reference were currently under review to move them into the future and taking heed of legislative reform. The following comments were made:<br>• The current virtual model was liked given the need to travel from afar.<br>• A plenary session with all the committees followed by the separate committees was also well received.<br>• The pre-recorded presentations were welcomed.<br>• It would have been useful to have more information about the individual committee sessions to consider beforehand.<br>• Consideration would be given to having an additional meeting, but consideration would need to be given as to how this would fit in with Council meetings.<br>• It could be possible to run separate committee meetings throughout the year dependent on business required. |
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| | **The meeting closed at 13:12 hours.** |

General Optical Council

**GENERAL OPTICAL COUNCIL**

**DRAFT Minutes of the meeting of the Registration Committee held on Thursday 24 February 2022 at 11:05 hours via Microsoft Teams**

Present: Roshni Samra (Chair), Peter Black, Lynn Emslie, Louise Gow, Anthony Harvey and Catherine Viner.

Apologies: Rosie Glazebrook and Ali Sansome.

GOC Attendees: Yeslin Gearty (Director of Corporate Services), Lisa Venables (Education Manager), Aaron Grell (Education Manager) and Ivon Sergey (Governance Officer), *Minutes*.

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| | *10:36 hours – the meeting started.* |
| | **Welcome and Apologies** |
| 1. | The Chair welcomed everyone to the meeting. |
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| 2. | There were apologies from Rosie Glazebrook and Ali Sansome. |
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| | **Post CLO Registration Specialty Qualifications** |
| 3. | The Registration Committee was asked to discuss Contact Lens Opticians (CLO) proposals. On the composition of the Committee, it was noted that there should be a balance of registrants on the specialty registers; there was no CLO present at the meeting. |
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| 4. | It was noted that although the proposals were very comprehensive, there was potential of upheaval to any changes to course delivery and regular communication would therefore be very important. In response to whether the proposed changes were future proof as technological developments continued, it was noted that the proposed changes were made to be more adaptable and pliable as reviews were carried out in the future. |
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| 5. | It was noted that it was expected that CLOs would continue to be referred to as contact lens opticians under the new framework. |
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| 6. | The Committee discussed how consistent the training and learning outcomes for CLOs were with those of optometrists. Verification competencies were still being taught in university settings but were no longer so common in practice settings. |
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| | **Terms of Reference/Purpose of the committees** |
| 7. | It was noted that the existing Terms of Reference dated back to 2016 and would be reviewed to ensure the requirements of the Advisory Panel were still being met. The Registration Committee were asked to comment on anything they felt was missing, no longer needed or that they would like to see done differently in the future. |
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| 8. | It was noted that understandably, the focus of the Advisory Panel had recently mostly been on the ESR, and there should now be more focus on areas like the maintenance, |

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| | accuracy and publication of the register. This request would be taken on board for the next meeting. |
| | **Action: The Governance Officer to add to a future agenda, a discussion about the maintenance, accuracy and publication of the register.** |
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| 9. | It was noted that the Committee had not previously discussed the appropriate or adequate levels of indemnity insurance cover for registrants, and this was something that should be reviewed periodically. Although the Registration rules stated that where a registrant was practicing, they should have indemnity insurance in place, the level of cover was not specified. It was also noted that indemnity insurance was now a requirement for registrants during the annual renewal process and most registrants were covered by their membership bodies, with relevant adequate cover. This discussion would be brought to a future meeting. |
| | **Action: The Governance Officer to add to a future agenda, a discussion about adequate levels of cover of indemnity insurance for registrants.** |
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| 10. | It was noted that there had been a number of high-profile cases over recent years, related to registrants running out of insurance cover at key moments, resulting in being struck off from the register. These people sometimes went on to sell zero powered lenses online. There was a discussion about registrant's cover lapsing due to length of some FTP cases, as this could mean registrants could end up unrepresented and possibly receiving worse sanctions as a result. This matter would be taken away for consideration. |
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| 11. | In response to an issue concerning confusion that students were not on the register. Some students were using different names at university and on GOC application forms, it was noted that the GOC verified identification in the form of a passport/driving licence and sometimes people may be known by different names than appeared in these documents. Other digital identity solutions would need to be looked at in the future and the matter would be discussed with the with the Head of Registration. |
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| 12. | The Committee noted that there were about 60 different qualifications that existed on the public GOC register and the challenge in rationalising this work. Before GOC records became systemised, it relied on paper records and when these were moved to a system in the 1990s not all the information may have moved so it was possible discrepancies remained. SMT would be looking at solutions to this issue, |
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| 13. | In response to the issue of DBS checks not being compulsory for Dispensing Opticians (DOs) and CLOs, it was noted that only employers and not the GOC requested checks. the annual renewal process, however, provided fields for registrants to upload this information. It was noted that the GOC Standards should clarify the requirement for employers to run these checks. There was also the risk of locums, who don't have an employer, as well as those joining the NHS performers list previously, practicing without DBS checks. |
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| 14. | It was suggested that this matter be raised in a future Standards review. This matter should also be considered in the review of the Opticians Act as it was important aspect of public protection. |
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| 15. | It was agreed that part 1.2.1 of the Advisory Panel Terms of Reference: *the making or revision of rules regarding the nature and style of the information contained on the register and keeping of registers, registration and entry of specialities;* should extend to include a criteria for entrance to registration to the GOC register, suitable indemnity insurance and DBS checks. |

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| | **Changes to Registration processes** |
| 16. | It was noted that the GOC had recently not met Standard 10 of the PSA standards, the GOC had new process improvements and enhanced controls put in place. CRM systems had also been upgraded, providing systemised checks. An audit completed in 2021 reported that the processes the GOC now had in place were sufficiently robust. |
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| 17. | The Committee discussed that new GOC Lifetime numbers would remain with the registrant even if they came off the register. As there would not be retrospective changes to GOC numbers, those with the old numbering system would be getting a new number if they came off the register and the potential bias this could create in FTP hearings. It was noted that the FTP Committee would need to consider the potential for bias, as well as registration history. |
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| | **MyGOC** |
| 18. | It was noted that MyGOC was originally part of the new website project, but the new website had been delayed due to a supplier issue. The new website and register had now been delivered and built in a way that could be edited and future proof, but this meant needing to decouple MyGOC from the website project. |
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| 19. | MyGOC itself was still at development stage, with a launch date planned for November 2022. All registration services would now be delivered via MyGOC, including all communication and information. MyGOC would be connected directly to the CRM system which negated the need for manual data entry. |
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| 20. | With regards to digitisation and how records were kept and managed now, it was noted that the current register was now sited on Microsoft Dynamics. A comprehensive review of accuracy of previous archived records had also been robustly carried out and there were no issues. |
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| | **Any Other Business** |
| 21. | There was no other business. |
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| | **Meeting Close** |
| 22. | The meeting closed at 12:00 hours. |

**GENERAL OPTICAL COUNCIL**

**DRAFT Minutes of the meeting of the Standards Committee Meeting held on Thursday 24 February 2022 at 12:15 hours via Microsoft Teams**

Present: Deirdre McAree, Josie Forte (Chair) and Marcus Weaver.

GOC Attendees: Ben Pearson (Project and Policy Support Executive), Marcus Dye (Interim Director of Regulatory Strategy), Marie Bunby (Head of Strategy, Policy and Co Production) Nadia Denton (Governance Officer), Natalie Michaux (Standards Manager – *Standards Review Items 5-7 only)* and Sarah Martyn (Interim Head of Governance).

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| | *12:15 hours – the meeting started.* |
| | **Welcome and Apologies** |
| 1. | The Chair welcomed those present.<br><br>The Chair suggested that a plan should put in place to ensure that there were sufficient number of committee members before the next Standards Committee meeting. |
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| 2. | It was noted that the meeting was not quorate. |
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| | **Post CLO Registration Specialty Qualifications** |
| 3. | The Standards Committee noted that:<br><br>• the Committee's advice would be considered by the joint Expert Advisory Groups (EAGs) for Contact Lens Opticians on 1 March if required; and<br>• a written version of the Committee's advice would be provided to the Council. |
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| 4. | The Standards Committee:<br><br>• noted the outcome of the public consultation; EDI impact assessment; the impact assessment screening; and the outcome of the Delphi verification of the proposed outcomes; and<br>• reviewed recommendations made by the Sector Partnership for Optical Knowledge and Education (SPOKE) relating to the indicators contained within the Clinical Practice category of Outcomes for Dispensing Optics and Optometry contained within the GOC's "Requirements for Approved Qualifications in Optometry and Dispensing Optics" document. |
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| 5. | The Acting Director of Regulatory Strategy advised that the guidance about the Post CLO Registration Specialty Qualifications had been written broadly to allow Education providers to be as flexible as possible with students. In discussion about the qualifications the Standards Committee noted that:<br><br>• with respect to the use of the term 'approximately' in reference to the number of hours it would be necessary to complete for the qualification, might not be appropriate terminology and could become an issue in future FTP cases; and |

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| | • it might be preferable to recommend a minimum number of hours rather than a maximum. |
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| | **Standards Review** |
| 6. | The Standards Committee noted that there would be a review of the current Standards for Optometrists and Dispensing Opticians. The Committee was asked for feedback that could inform this process in the context of legislative reform and recent Covid statements from the wider sector. |
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| 7. | In discussion the committee members raised the following points:<br><br><u>Enhanced disclosure of information</u><br>• Scotland notably requires enhanced disclosures compared to other devolved nations. There was a question as to whether an equivalent standard could be developed that was in line with guidance across the devolved nations;<br><br><u>Engaging Registrants</u><br>• discussion around the possible separation of eye healthcare check from refraction as part of legislative change could encourage increased engagement from registrants as this was a sensitive issue which directly impacts on practice – GOC should promote awareness of this to increase engagement;<br>• the CPD platform could be used as a method to get registrants involved, particularly if CPD points could be claimed;<br>• the organisation should consider incentivisation for engagement at a sufficient level – last consultation the incentive was not sufficient to entice those in busy practices to give up time;<br>• the CPD platform could be better used to inform registrants about the work of the GOC and clear up misunderstanding as there was still a negative perception of the GOC amongst registrants.<br><br><u>Impact of GOC Covid Statements</u><br>• it would be a negative step to remove the requirement for practitioners to wear PPE, it has been beneficial both for practitioner and patient safety;<br>• the use of masks was now the new normal and businesses had adapted to new ways of working in this context;<br>• practices would adapt their use of PPE according to the needs and attitude of their local population. |
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| 8. | In conclusion, the Standards Committee welcomed the review and would be able to provide more meaningful input as the review progresses and specific changes are outlined. |
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| | **Any other business** |
| 9. | In discussion, members of the Standards Committee raised the following points:<br><br>• the perspective provided by Richard Edwards on the Companies Committee, as a representative from the OCCS, was a much-welcomed part of the Advisory Panel. With his departure, consideration should be given to recruiting individuals who work for organisations like the OCCS;<br>• consideration should be given to a face-to-face options for Advisory Panel meeting in the coming months;<br>• it had been worthwhile to break out in constituent committees; |

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| | • In bigger meetings communication had been more stilted and a blended approach was welcomed; and<br>• that the audio pre-recorded style of powerpoint that the legislative reform update was delivered in was highly engaging. |
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| | **Meeting Close** |
| 10. | The meeting closed at 13:00 hours. |

| Q2 | Q3 | Q4 |
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| **21 September 2022** | **07 December 2022** | **22 March 2023** |
| · CEO Report<br>· Chair Report | · CEO Report<br>· Chair Report | · CEO Report<br>· Chair Report |
| **Assurance** | **Assurance** | **Assurance** |
| · Q1 financial performance reports<br>· Balanced Scorecard<br>· Business Plan Assurance Report Q2<br>· Advisory Panel minutes<br>· Corporate Policies<br>· Annual report and financial statements for year ended 31 March 2022<br>· Equality, Diversity and Inclusion: Annual Monitoring Report<br>· Stakeholder Survey<br>· Registrant Survey<br>· Public Perceptions Survey | · Q2 financial performance reports<br>· Balanced Scorecard<br>· Business Plan Assurance Report Q3<br>· Advisory Panel minutes<br>· Corporate Policies | · Q3 financial performance reports<br>· Balanced Scorecard<br>· Business Plan Assurance Report Q4<br>· Advisory Panel minutes<br>· Corporate Policies |
| **Strategy** | **Strategy** | **Strategy** |
| · Legislative change update | · First Draft External Business Plan<br>· Legislative change update<br>· Governance Review Final Report | · Budget and Business Plan for 2022/23<br>· Legislative change update<br>· Standards of Practice for individual registrants for consultation |
| **Operational** | **Operational** | **Operational** |
| · Council Workplan | · Council Workplan<br>· Registrant Fees Rules and Future Fee Strategy 2023/2024<br>· Council member appointments | · Council Workplan<br>· Member Fees Review 2023/2024 |