FtP FOCUS

A focus on Fitness to Practise from the General Optical Council **Issue 2** March 2021

Dionne Spence
Director of Casework and Resolutions

Welcome to the latest issue of our learning bulletin, FtP FOCUS.

First of all, let me thank our readers for the amazing feedback we have received so far. I am so pleased that our first issue was so positively received.

This issue will focus on investigation - the second stage of our fitness to practise (FtP) process. When a formal investigation is opened, our Investigation Officers will assess the concerns raised and gather information that will ultimately support or dispute the concerns.

In this issue we look at four case studies which will help you to understand the process better and the relevant standards of practice you need to be aware of, and one of our Senior Investigation Officers, Vanissa, will provide some insight into the role of an Investigation Officer.

I am also pleased to introduce our two in-house clinical advisors, Roma and Denise, who will talk through the important role they play at the investigation stage.

Over the next few months, as we continue to take you through the FtP journey, you can look forward to learning more about the independent decision making of our Case Examiners and Investigation Committee, as well as what happens once concerns have been referred to our Fitness to Practise Committee (FtPC).

Once again, thank you for your support so far and I hope you will find reading this issue of FtP FOCUS informative.

Dionne

In this issue:

FtP Case Progression Stages 2
Interview with Vanissa, Senior Investigation Officer 3
Investigation Numbers 4
An introduction to our Clinical Advisors 5
Investigation Case Studies 6

General Optical Council

FtP Case Progression Stages

1 Triage

2 Investigation

3 Case Examiners

4 FtP Committee

Investigation – Stage two of the case progression process

The investigation stage is the crux of the FtP process and all investigations are carried out in accordance with our Fitness to Practise Rules 2014. Our Case Progression team investigate concerns on a neutral, independent, and objective basis, where they are in the public interest or a registrant may pose a risk to the public.

A GOC Investigation Officer is responsible for obtaining all necessary information relating to the complaint. This includes optical records, relevant medical records, witness statements, clinical advice, and expert evidence. An ongoing assessment of allegations, evidence and risk is carried out to determine proportionate investigative next steps.

The Investigation Officer assesses evidence but does not test the credibility of a witness or make any factual findings. The aim is to ensure all necessary and relevant information is obtained, allowing Case Examiners to apply and consider the relevant tests. We will explain more about the relevant tests in the next issue of FtP FOCUS.

Upon receiving all available information, a case report and evidence bundle is prepared which includes the allegations. These are then sent to the registrant for their comments, known as 'representations'. The registrant is given 28 days to provide representations in response to the allegations and the complainant is also usually invited to make comments once the registrant has provided their response.

The matter is then sent to our independent Case Examiners to consider. It is important to note that once a case is opened, if subsequent information obtained suggests that there is insufficient information to support the initial concern, the case will still be considered by our Case Examiners.

We'll explain more about the Case Examiners' function in the next issue of FtP FOCUS.

The Investigation Officer assesses evidence but does not test the credibility of a witness or make any factual findings. The aim is to ensure all necessary and relevant information is obtained

Interview: Vanissa, Senior Investigations Officer

1. How long have you worked at the GOC?

I have worked at the GOC for 5 years.

2. What does your role involve?

As a Senior Investigation Officer, I manage my own caseload of complex and high-risk cases and a lot of my work also involves supporting other Investigation Officers by reviewing their casework and providing advice. In addition to my role, I manage our witness care/support function. This function is available for our witnesses who may be worried about giving evidence should their concerns be referred to our Fitness to Practise Committee for a hearing, and to provide information regarding what being a witness involves and to explain anything they may not understand.

3. What is the most challenging part of your role?

I am very aware of the impact my decisions can have on a registrant, for example when considering whether it is necessary to make an application for an Interim Order. Although we sometimes work to tight deadlines, we are fully committed to making fair, reasoned and proportionate decisions.

4. What advice do you have for registrants who have had a complaint made about them?

Firstly, if a registrant has been contacted by us regarding a regulatory concern, we encourage them to seek advice before responding to us. A registrant's professional indemnity provider, membership association or legal adviser will be best placed to provide advice on what to do next. As we now contact registrants and employers as early as triage stage in some cases, I would encourage registrants to take up any offer that we make to engage at a very early stage, with their advisor's help. Early engagement has the potential to assist our decision-making in terms of whether it is necessary to open a formal investigation.

Secondly, it is important for our registrants to know that making a mistake does not necessarily amount to an adverse decision or a case being opened. We do appreciate receiving a complaint from us can cause anxiety, however, please do remain calm because mistakes happen, and it does not automatically mean there will be an unfavourable outcome. It is important to remember that the fitness to practise process is about managing risk to the public, not about punishing people for past mistakes.

Recently I have noticed an increase in complaints where there has been a breakdown in communication. I would probably suggest that registrants look at ways to improve skills on how to communicate with patients and work on softer skills. The following areas may assist:

- Explaining things during a sight test, reassuring patients, and taking their concerns seriously.
- Training on how to deal with difficult patients.
- Considering what communication is appropriate. For example, what you may consider to be banter may be seen to be inappropriate conversation.

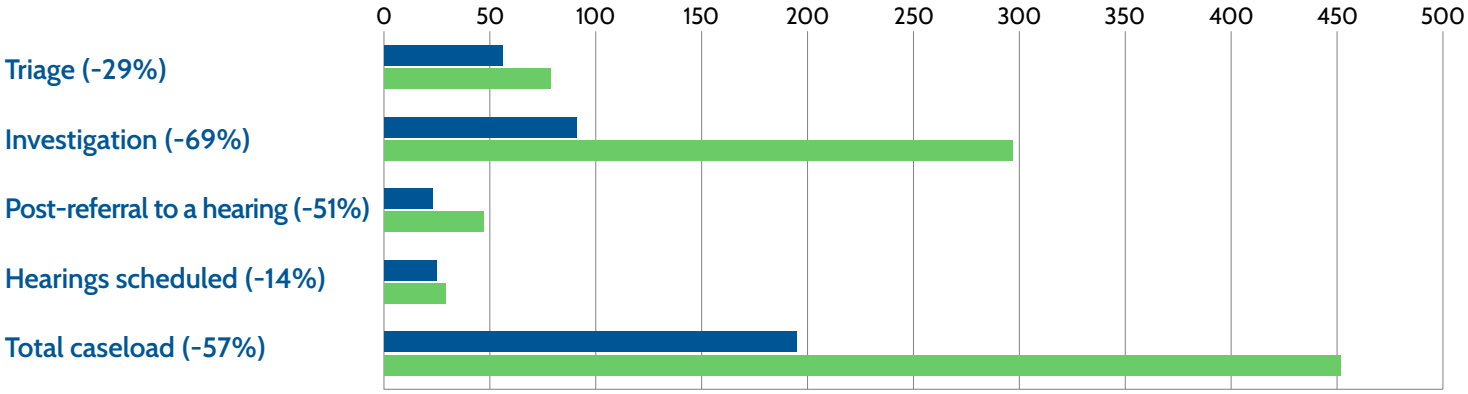
5. What positive outcomes have you seen from the investigation process?

1. That the right decisions are being made and a rewarding part of the role is protecting the public and ensuring that the reputation of the optical sector is maintained.
2. Although it is never pleasant to be the subject of a complaint, I have seen registrants learn from their mistakes and the experience, sometimes going on to help others. It really shows they care about their patients, the profession they are in and how much they want to help people.
3. The fantastic job that optical professionals do every single day and the pivotal role they play in protecting the eye health of the nations, particularly during this very difficult pandemic. It is so important, and I am very grateful to all our registrants for all the work they do.

Investigation Numbers

Our investigations are currently taking much longer than we would like and we recognise the impact this has on registrants, in particular. We have worked hard over the last two years to address this and as a result of a review of our processes, we have been able to reduce our outstanding caseload from 297 open investigations in March 2019 to 91 by the end of January 2021. This will now support us in reducing the time we are taking to investigate concerns.

Reduction in our outstanding caseload between March 2019 and January 2021



	total caseload (-57%)	hearings scheduled (-14%)	post-referral to a hearing (-51%)	investigation (-69%)	triage (-29%)
31 Jan 21	195	25	23	91	56
31 Mar 19	452	29	47	297	79

The table (below left) shows the split between registrants who are currently (as of 31 January 2021) having concerns about their fitness to practise investigated, or who are awaiting a hearing.

But don't forget, the number of registrants who are subject to concerns about their fitness to practise each year is extremely low, as can be seen from the table (below right).

Breakdown of live substantive cases by registrant

	Investigation	Referred to a hearing	Total
Optometrist	68	28	96
Dispensing Optician	14	9	23
Business	3	3	6
Student Optometrist	3	4	7
Student Dispensing Optician	3	4	7

Concerns received and opened between 2016 to 2020 (including projections for 2021)

	GOC Registrants	Concerns received	Investigations opened
2016–17	29,136	425	293
2017–18	29,883	495	262
2018–19	30,097	453	269
2019–20	31,368	342	161
2020–21 (projected)	32,118	250	55

An introduction to our Clinical Advisors


Denise


Roma

When we consider a case at the investigation stage, we seek clinical advice where necessary from one of our in-house clinical advisors, who are both experienced practitioners. In this issue Roma and Denise tell us a little about the role they play in our FtP process.

1. Tell us about the clinical input you provide when considering concerns about a registrant's fitness to practise.

We provide three main forms of advice:

- We provide advice at triage stage to assist the GOC team in determining whether a clinical complaint requires further investigation, or whether it can be closed with no further action.
- We produce formal clinical risk assessments to assess any potential ongoing risk to the public that may arise from a clinical complaint. The GOC uses our assessments in deciding whether it is necessary to apply for an interim order restricting the registrant's practice while the complaint is investigated.
- We also produce general clinical opinion reports that are provided to case examiners to support them with their decision-making.

We stress that we do not make decisions on behalf of the GOC. Our role is to provide a fair and independent clinical opinion. Decision-making is for GOC staff and Case Examiners.

2. What would you say are the most common types of concerns that you review?

The most common types of concerns that we review are probably record keeping concerns, failure to communicate effectively, inadequate sight tests (e.g. omitting tests that are indicated, such as intraocular pressure (IOP) in patients with glaucoma risk factors) and cases of single missed pathology (e.g. missed retinal detachment, glaucoma, wet AMD).

However, we have seen several cases at triage stage where, after review of the complaint and records, we advise that an adequate sight test was in fact conducted and therefore further investigation may not be required.

3. When reviewing a case, what exactly are you looking for?

We have a balanced approach in that we are required by the Fitness to Practise Rules to consider that the complaint is assumed to be true, whilst being as fair to the registrant as possible.

We consider whether the sight test/registrant's actions have been conducted in line with relevant legislation, regulatory frameworks and professional guidance. For example, the adequacy of the sight test and record keeping, interpretation of results and subsequent management. We pay particular attention to identifying where a misunderstanding/miscommunication may have occurred, and we always try to identify mitigating factors on behalf of the registrant. We are also looking out for situations where a registrant may potentially pose a risk to the public.

4. How do you ensure consistency / fairness with your reviews?

We are trained to be balanced when considering a registrant's actions against relevant legislation and regulatory standards, bearing in mind how we consider a reasonably competent optometrist would have acted in the same circumstances. We appreciate that every case and situation is different and review each case on an individual basis.

We base our review on the information that we have and where we do not have a complete picture, we request further information and hold off on providing any advice to ensure fairness to both the registrant and the complainant.

During the time that we have been undertaking this function for the GOC, we have reviewed hundreds of cases and this has helped us to develop a good understanding of what constitutes reasonable practice. Where we are unsure, or where something is outside our clinical knowledge, we will recommend that an expert report is obtained.

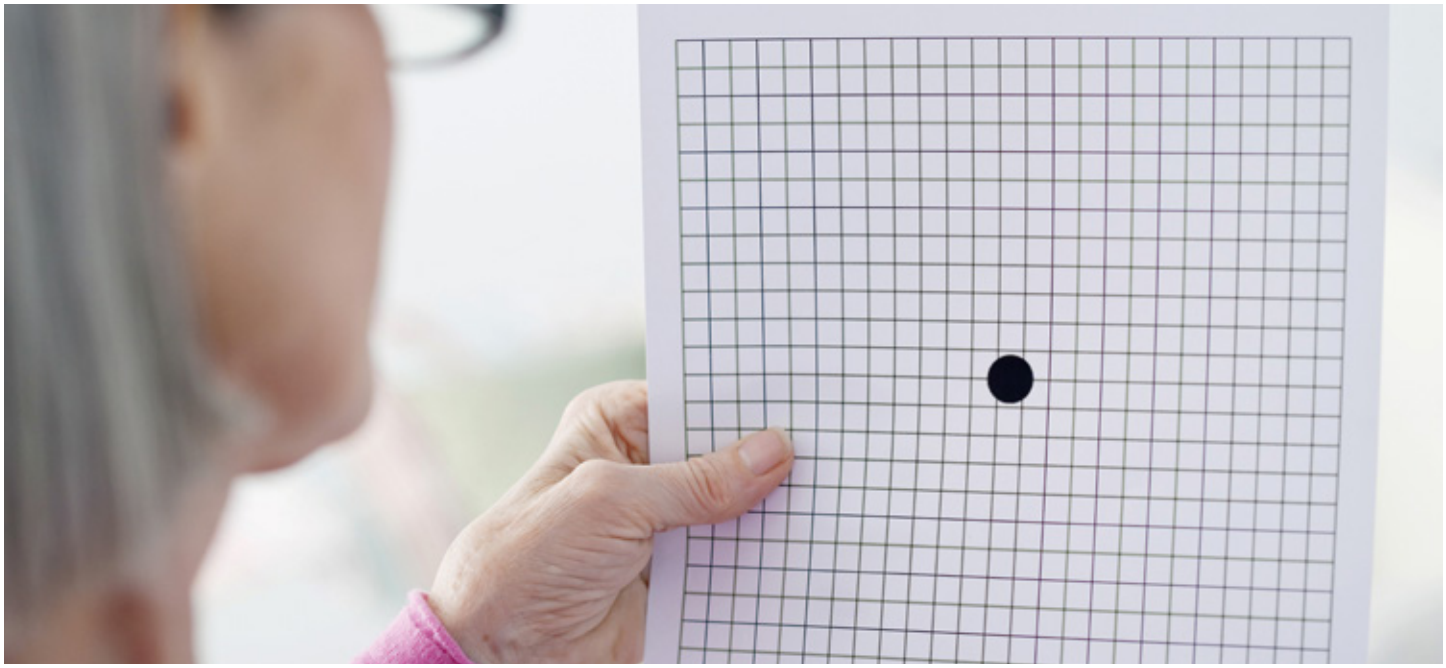
Investigation Case Studies

We have selected four case studies where, following a review by our Triage team*, it was decided that an investigation should be opened to consider whether the registrant's alleged conduct could amount to their fitness to practise being impaired. We outline what information we obtained and considered as part of the investigation process. All four concerns were then considered by our Case Examiners.

To preserve confidentiality, the case studies have been anonymised and modified. Only the key points of the referrals are noted.

**For more information on the triage stage of the FtP process, see the first edition of FtP FOCUS.*

Case Study #1



Complaint from Patient B**

I noticed something was wrong with my vision, so I went to get my eyes checked. The optometrist detected dry age-related macular degeneration (AMD) in my right eye and reassured me, telling me that I had signs of this at my previous sight test as well. He advised that I should monitor my vision using an Amsler grid. The optometrist also told me that I should return to the practice immediately if there is any change in distortion of the lines on the grid, or if I notice a sudden loss in vision, otherwise in 12 months' time if there is no change.

My sight got worse around four months later, so I attended a different practice. The optometrist there referred me to hospital where I was diagnosed with wet AMD which required prompt treatment. I want to know why my optometrist missed this and did not refer me at my initial sight test.

***This case study continues on from case study #3 in the first FtP FOCUS bulletin on the triage stage.*

Information obtained as part of the investigation:

- Further information from Patient B including the prescription issued at the initial sight test.
- Records from the first and second optical practices, and the hospital Patient B visited.
- Clinical risk assessment by one of our in-house clinical advisors to assist us in determining whether we should make an application for an Interim Order*.
- The registrant's response (known as 'representations') to the concerns and the information gathered, admitting all the allegations.
- Comments from Patient B in response to the registrant's representations. The patient stated that the registrant did not inform them of the risk that dry AMD could change to wet AMD.

**An Interim Order is used to restrict the practice of a registrant whilst an investigation is ongoing. A registrant's registration can be subject to a period of suspension or conditions. An application for an Interim Order is made where we have identified information that indicates that one or more of the following three tests would be satisfied if an application were to be made:*

- *Necessary for the protection of members of the public; and/or*
- *Is otherwise in the public interest; and/or*
- *Is in the interests of a registrant*

We will be looking at Interim Orders in more detail in an upcoming issue of FtP FOCUS.

Investigation Review: What we considered

Record Keeping

The records suggested that the registrant carried out an adequate sight test and conducted both external and internal dilated examinations and an Optical Coherence Tomography (OCT) scan. Patient B was found to have early cataracts and dry (early) age-related macular degeneration, both of which would have contributed to Patient B's reduced visual acuity (VA). It had also been noted in the records that Patient B's mother had macular degeneration.

Clinical Management

Patient B believed they should have been referred by the registrant at the initial sight test as the delay of four months caused their vision to deteriorate. The records showed that the registrant advised Patient B to seek medical attention should their symptoms worsen and gave Patient B an Amsler chart to monitor any changes at home. The clinical risk assessment suggested that Patient B did not have any signs of wet (active) AMD at the time of the sight test. The OCT scan showed signs of a large pigment epithelial detachment (PED) nasal to the macula and dry (early) AMD.

It was noted that although the registrant had given appropriate advice regarding Amsler monitoring, he had apparently not advised Patient B about the risk of progression from dry (early) to wet (active) AMD. The risk assessment identified that there was a large PED that could not be explained and needed further investigation. It was noted that the registrant did not manage Patient B appropriately in that they failed to refer Patient B to the Hospital Eye Service (HES) for further investigation.

Outcome: Closed with No Further Action

The Case Examiners reviewed all the evidence and concluded that this was a one-off isolated incident. They noted that since the sight test, the registrant had actively tried to improve their knowledge regarding wet (active) AMD by way of targeted CET courses and by shadowing an ophthalmologist in macula clinics.

Reflections:

- Are you confident in your ability to distinguish between dry (early) and wet (active) AMD based on symptoms and clinical findings?
- Do you ensure you have obtained an adequate view of the macula? If not, what would you do?
- What do you do to keep your knowledge and skills up to date?
- When unsure of your findings, what do you do?
- Do you give appropriate advice to patients, including prognosis, management of risk factors, dietary advice, and self-monitoring for disease progression?

Standards for Optometrists and Dispensing Opticians

- 5. Keep your knowledge and skills up to date.
- 6.2 Be able to identify when you need to refer a patient in the interests of the patient's health and safety and make appropriate referrals.
- 7. Conduct appropriate assessments, examinations, treatments and referrals.
- 7.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.
- 7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.

Standards for Optical Businesses

- 3.2.5. Makes staff aware that they must only work within the limits of their competence, and takes appropriate action where they do not.
- 3.4.1 Supports its staff in making referrals and ensures that they only make referrals when appropriate and clinically justified.

Suggested CET Courses

OCULAR EXAMINATION

OCULAR DISEASE

We will explore the Case Examiners' decision in more detail in the next edition of FtP FOCUS.

Case Study #2

Declaration from Registrant

I am an optometrist and would like to declare that I have been dismissed from my employment following an internal disciplinary process regarding a sight test I carried out on a patient.

Patient A attended the practice complaining of blurred near vision, headaches, and problems with their glasses. After carrying out the sight test, I addressed the presenting symptoms by increasing the patient's reading prescription, resulting in an improvement in near vision comfort.

Two weeks later Patient A came back to the practice complaining again of near vision blur and was seen by a different optometrist who found a left inferior retinal detachment.

What was obtained as part of the investigation?

- Further information from the registrant including correspondence from their former employer, the full employer's internal investigation and their notes from the disciplinary hearing.
- Investigation report and Patient A's records from employer.
- Optical records from the hospital Patient A visited following sight test with the registrant.
- Witness statements from Patient A, Managing Partner of employer and Clinical Lead of employer.
- Clinical risk assessment from our in-house clinical advisor to assist us in determining whether we should make an application for an Interim Order.
- Expert evidence provided by optometrist consultant to comment on whether the conduct of the registrant fell far below the standard of a reasonably competent optometrist.
- Representations from the registrant in response to the information gathered, partially admitting the allegations.

Investigation Review: What we considered

Record Keeping

The expert evidence suggested that the registrant's actions fell far below the standard expected of a reasonably competent optometrist. It was stated by the expert that although it was not clear whether a retinal tear or detachment would have been present at the sight test, the registrant had not carried out an adequate sight test of Patient A. There were also concerns regarding the registrant's record keeping and the absence of any notes for ophthalmoscopy.

Outcome: Warning*

The Case Examiners noted that the registrant's conduct and performance had fallen below the standard expected of a reasonably competent optometrist. However, the registrant had demonstrated extensive corrections and insight through enhancing his levels of knowledge in relation to both retinal detachments and record keeping, along with undertaking further training and ongoing exposure to patients with retinal problems through work at the hospital. The Case Examiners agreed that the registrant's actions reduced the possibility of the recurrence of similar issues.

**The Case Examiners can issue a non-public warning as part of their decision which is in force for four years from the date of our decision letter. Should we receive a further complaint relating to the matter within the four years the warning is in force, this warning will become relevant and can be considered when the subsequent case is referred to the Case Examiners.*

Reflections:

- Are you confident in your ability to recognise the signs and symptoms of a retinal detachment?
- Do you take an adequate patient history eliciting the relevant detail of any significant symptoms?
- Do you ensure that you have obtained an adequate view of the peripheral retina?
- If not, what would you do?

Standards for Optometrists and Dispensing Opticians:

- 5. Keep your knowledge and skills up to date.
- 5.3 Be aware of current good practice, taking into account relevant developments in clinical research, and apply this to the care you provide.
- 7.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.
- 7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.
- 7.5 Provide effective patient care and treatments based on current good practice.
- 8. Maintain adequate patient records.

Standards for Optical Businesses:

- 3.1.4 Allows staff sufficient time, so far as possible to accommodate patients' individual needs within the provision of care.
- 3.2 Staff are suitably trained, qualified and registered.
- 3.2.5 Make staff aware that they must only work within the limits of their competence, and takes appropriate action where they do not.
- 3.4.1 Supports its staff in making referrals and ensures that they only make referrals when appropriate and clinically justified.
- 3.4.5 Supports its staff to keep patient records that are clear, legible, contemporaneous and sufficiently detailed to be accessible to another healthcare professional.

Suggested CET Courses

STANDARDS OF PRACTICE

OCULAR EXAMINATION

Case Study #3

Complaint from Patient C

I had been attending the practice on several occasions between 2011 and 2016. In 2016, I visited the practice for a routine sight test and was advised by the optician that my prescription had changed so I ordered new glasses.

In 2018, I attended a sight test at another optical practice as I had noticed a change in my vision and my glasses were not helping whilst I was driving. At this sight test, the optician was unable to achieve an accurate eye reading in my right eye and was concerned that the vision in my right eye was reduced compared to the left. I became very worried and thought my vision had seriously deteriorated. The optician was so concerned that I had not been referred sooner that she phoned the hospital and an appointment was made for me to see a consultant the following day.

At the hospital, I was seen by a senior consultant who confirmed that I had advanced keratoconus. I needed to have cross-linking on one eye to prevent the condition getting worse. However, in the right eye the surgery was no longer an option as it had progressed too far. The consultant confirmed that had the referral been done sooner the cross linking would have been possible. As I'm sure you can imagine, I was very distressed as well as angry to hear this.

I now must wear complex contact lenses and will most likely need a corneal graft in the future.

What was obtained as part of the investigation?

- Further information from Patient C.
- Records from both optical practices and hospital.
- Witness statement from The Professional Services Consultant and Ophthalmic Director of Optical Practice where the three sight tests took place.
- Clinical risk assessment by our in house clinical advisor to assist us in determining whether we should make an application for an Interim Order.
- Expert evidence provided by a consultant optometrist to comment to whether the conduct of the registrant fell far below the standard of a reasonably competent optometrist.
- The registrant's response to the concerns and the information gathered.

Whilst the investigation was ongoing, the Fitness to Practise Committee (FtPC) imposed an Interim Order of Suspension on the Registrant.

Investigation Review: What we considered

Record Keeping

The clinical risk assessment and expert evidence suggested that the registrant's actions had fallen far below the standard of a reasonably competent optometrist. The records suggested that there was a repeated failure to detect and refer Patient C for early signs of keratoconus in 2013 and thereafter in 2014 and 2016, resulting in the window of opportunity for cross-linking in Patient C's right eye being missed. There were also concerns regarding the registrant's record keeping as it appeared Patient C's records had been amended and that potentially misleading information was recorded.

Outcome: Referred to the Fitness to Practise Committee

Having considered the registrant's admissions in respect of the alleged clinical failings, including a repeated failure to refer Patient C, and with the added element of alleged dishonesty, the Case Examiners decided the case should be referred to the Fitness to Practise Committee.

Reflections:

- Are you confident in your ability to manage keratoconus including when to refer?
- Are you aware of the different management options for keratoconus including their impact on disease progression and visual outcomes for patients?
- Do you ensure that you keep your knowledge and skills up to date?
- When unsure of your findings, what do you do?

Standards for Optometrists and Dispensing Opticians:

- 8. Maintain adequate patient records.

  8.1 Maintain clear, legible, and contemporaneous patient records, which are accessible for all those involved in the patient's care.
- 16. Be honest and trustworthy.

Standards for Optical Businesses:

- 3.4.5 Supports its staff to keep patient records that are clear, legible, contemporaneous and sufficiently detailed to be accessible to another healthcare professional.

Suggested CET Courses

We will explore the Case Examiners' decision in more detail in the next edition of FtP FOCUS and follow through to the outcome of the FtPC hearing.

Case Study #4

Referral from Ms A

I would like to raise concerns that in 2018, one of our employees underwent a disciplinary investigation into their contact lens practice relating to several patients, which ultimately led to a decision to resign from their position. Due to this decision, the disciplinary hearing and consequent process was not completed.

What was obtained as part of the investigation?

- Further information from Ms A including a witness statement, audit notes, investigation documents and the employer policy.
- Optical records of patients who were seen by the registrant.
- CET provided by the registrant.
- Clinical risk assessment from our in-house clinical advisor to assist us in determining whether we should make an application for an Interim Order.
- Expert evidence from an optometrist to comment on whether the conduct of the registrant fell far below the standard of a reasonably competent Contact Lens Optician.
- Representations from the registrant in response to the information gathered, denying all allegations.

Investigation Review: What we considered

Record Keeping

The clinical risk assessment raised concerns regarding the adequacy of the registrant's contact lens examinations and record keeping. The records suggested that the registrant had failed to document their use of Fluorescein, lens type, visual acuity, fitting of the lenses and details of whether a contact lens teach had taken place. The registrant also incorrectly recorded the recall period of some patients and performed a contact lens fitting on four patients without valid eye examinations.

The expert evidence, however, noted that the missing information on the patient records was more likely to be due to the practice's poor method for producing printouts rather than a failure of the registrant to record the information. For example, it was not clear from the records whether a content lens specification had been provided to patients, or if contact lenses had been dispensed. The expert concluded that they do not consider that the registrant fell significantly below the standard of a reasonably competent Contact Lens Optician.

Outcome: Closed with No Further Action

The Case Examiners noted that the concerns raised were a first in an otherwise unblemished career of 30 years, and that there did not appear to be any evidence of patient harm and patient care had not been adversely affected. They did not consider that these matters would amount to serious breaches that would amount to a realistic prospect of finding the registrant's fitness to practise currently impaired, and therefore the case was closed with no further action.

Reflections:

- When conducting a contact lens fitting and/or aftercare do you take an adequate history ensuring that you elicit the detail and relevance of any significant symptoms?
- Do you give appropriate advice to patients, including risk factors, benefits, the type of lenses available, how to handle lenses and what to do if they have any concerns?
- Do you ensure that you record all findings and that your record keeping is adequate?

Standards for Optometrists and Dispensing Opticians:

- 5. Keep your knowledge and skills up to date.
- 6. Recognise, and work within, your limits of competence.
- 17. Do not damage the reputation of your profession through your conduct.

Standards for Optical Businesses:

- 3.2.5 Make staff aware that they must only work within the limits of their competence, and takes appropriate action where they do not.

Suggested CET Courses


STANDARDS OF PRACTICE


CONTACT LENSES


COMMUNICATION

Useful Contacts:

Association of British Dispensing Opticians

ABDO are a representative membership organisation for dispensing opticians, currently representing over 6,350 qualified dispensing opticians in the UK.

ABDO College

ABDO College provides programmes leading to professional qualifications awarded by the Association of British Dispensing Opticians.

Association of Contact Lens Manufacturers

Established to publicise the work of UK manufacturers, ACLM represents over 95% of all prescription contact lens care products in the UK.

Association of Optometrists

The AOP are a representative membership organisation for optometrists, currently supporting over 82% of practising optometrists in the UK.

British Contact Lens Association

BCLA is a membership organisation that seeks to provide members with access to training and relevant information as well as the opportunity to communicate with others involved with contact lenses, whatever their role.

The College of Optometrists

The College is the professional body for optometrists. It qualifies the profession and delivers the guidance, development and training to ensure optometrists provide the best possible care.

Federation of Ophthalmic and Dispensing Opticians

FODO is a representative membership organisation for eye care providers working in primary and community care settings in the UK and Republic of Ireland.

Optical Consumers Complaints Service

The OCCS is an independent and free mediation service for consumers (patients) of optical care and the professionals providing that care. The service is funded by the General Optical Council who regulate optometrists and dispensing opticians.

We hope you have enjoyed this issue of FtP FOCUS. Our next issue will focus on our Case Examiners and will be out in the summer.

If you have any questions about the process or feedback, please feel free to get in touch with us at: focus@optical.org

Read the first FtP FOCUS bulletin on the triage stage.

Contact us at:
focus@optical.org
www.optical.org

Follow us:
@GOC_UK
www.linkedin.com/company/general-optical-council