

GENERAL OPTICAL COUNCIL

**Minutes of the 34th Meeting of the Standards Committee
held on Thursday 17 April 2008**

Present: Mr I Hamer (in the Chair)
Mr N Andrew, Miss R E Bailey, Ms G J Morgan (by telephone link), Mr D W Pyle, Mr J Russell, Mrs S Wild

Advisers: Mr R Carswell, Mr F Munro, Mr G Tomison

In attendance: Mr J Levett, Director of Standards
Mr G Tinsley, Assistant Director of Standards
Mrs D Taylor, Director of Education
Dr P Kyle (for the last substantive item)
Ms M Carter, Consultant to the GOC (for the last substantive item)
Ms H Stanforth, Consultant to GOC

Apologies for absence

1144. Apologies were received from Mr D Cartwright, Mr R Curran and Mr N J Rumney. The Chairman welcomed the new Assistant Director of Standards and introductions were made round the table.

Declarations of Interests/Confidentiality

1145. The Chairman reminded Members and Advisers of the provisions of paragraph 6(a) of the Council's Code for Members with regard to declarations of interest, and Standing Orders 5.23 to 5.26 with regard to the confidential nature of the Committee's proceedings. There were no declarations of interest.

Minutes

1146. The minutes of the 33rd meeting held on 17 January 2008 (**SD(08)1M**) were approved and signed by the Chairman.

Matters Arising

1147. **Minute 1105:** Mr Carswell reported the results of an informal survey of ECOO members relating to substitution of contact lenses. The majority of replies indicated that the law in those countries allowed suppliers of corrective contact lenses to make substitutions and did not require refitting of the substituted lens. Although these results did not support the UK's argument for legislating against substitution, it was suggested that the argument should be based on patient safety. It was noted that in Portugal substitution was prohibited and Mr Carswell agreed to provide further details to the Director of Standards.

1148. The Action sheet attached to the minutes was reviewed and Members noted progress in taking forward the matters discussed at the previous meeting. In particular it was noted that the contact lens research project (minute 1141) might have to be reviewed in the light of two research studies shortly to be published and the forthcoming Contact Lens European Evidence Reporting Project (CLEER). There were no other matters arising.

The Future Status and Constitution of Standards Committee

1149. Consideration was given to the future status and constitution of the Standards Committee in the light of the White Paper reforms introducing a smaller Council of twelve members with a more strategic role. A discussion paper prepared by the Director of Standards set out the options and implications **(SD(08)08)**. It had to be decided in the first instance whether the Committee should have statutory status or whether it should be a standing committee without statutory status. Thought also had to be given to the composition of the new Committee and whether its Chairman should be elected by the Committee or appointed by Council. It was noted that Council had already decided to retain the Education, Registration and Investigation Committees as statutory committees. Conclusions had to be reached at the present meeting so that recommendations could be considered at the additional Council meeting in May in order to meet the Department of Health timetable for the Section 60 Order. Comment was made that an option might be to combine the Education and Standards Committee into one statutory committee, to reflect the degree to which the two committees worked together and the interlinking of many of the issues on their agendas.

1150. There was a consensus view that since one of the core functions of the GOC was the maintenance of standards of optometrists and dispensing opticians, it would be inappropriate for the committee tasked with oversight of this area not to have statutory status. It was noted that Council had decided in 2005 to change Standards Committee's status to a statutory one and nothing appeared to have happened subsequently that would suggest the necessity of reversion to non-statutory status.

1151. Consideration was given to the suggestion that the Education and Standards Committees might be combined. It was felt that the resulting workload would be unmanageable for a single committee. It was pointed out that Standards Committee also dealt with issues that did not relate to education and training, such as the Codes of Conduct and the Sales of Optical Appliances Order. It was also suggested that separation would provide more accountability and transparency, which would be helpful to Council in its new strategic role.

1152. RESOLVED TO RECOMMEND TO COUNCIL:

that Standards Committee be retained as a statutory committee of Council.

1153. With the possible exception of the Chairmanship, it was envisaged that committees would be populated with non-Council members, not only because there would be insufficient Council members but also to provide the separation and accountability envisaged in the White Paper reforms. Comment was made that when considering the composition of Standards Committee, cognisance should be taken of the different directions in which optical services were developing in the four nations. Council would have to consider the best means of enabling all relevant stakeholders to contribute to the Committee.

1154. It was noted that the Companies Committee would be meeting shortly to discuss the same issues, and would consider whether it needed to exist at all or whether business registrants' interests would be better represented by membership of all the Committees. It was felt that Standards Committee's current composition represented an appropriate balance between optometrists, dispensing opticians, medical practitioners and lay members and that rather than require specific sector representatives, there should be the option to include a business registrant and the ability to appoint advisers in areas where expertise was needed.

1155. RESOLVED TO RECOMMEND TO COUNCIL:

that the composition of the Standards Committee remain unchanged but with the option to include a business registrant as a member, and the ability to appoint advisers on an ad hoc basis to provide specific expertise when identified as necessary.

1156. With regard to the quorum of the new Committee, all agreed that it would be inappropriate for a meeting to take place or decisions to be made with no optometrist or dispensing optician present.

1157. RESOLVED TO RECOMMEND TO COUNCIL:

that the quorum of the new Standards Committee should remain unchanged, viz. a quorum of five including one lay member, one optometrist member and one dispensing optician member.

1158. In the interests of consistency across all committees, it was agreed that the question of appointment or election of the Chairman should be decided by Council. For the same reason it was also agreed that it would be appropriate for Council to make the decisions with regard to terms of office, disqualification from appointment, and suspension and removal of members. Council should also debate the degree to which authority would be delegated to the statutory committees.

Competencies Review

1159. Standards Committee received for information notes of the meeting of the Competencies Working Group held on 28 February 2008 (**COMPWG(08)1N**). It was hoped that the revision of the competencies could be completed before the new Council took office.

Professional bodies' guidance

1160. Members noted the amendments made to the College of Optometrists' guidance with regard to glaucoma and those made in order to address the issues raised by the CHRE's guidance for maintaining sexual boundaries (**SD(09)08**). The Director of Standards outlined the background to the amendments to the guidance on glaucoma and welcomed the outcome, which was in the main in line with wording put forward by the GOC. He felt, however, that without the intervention of Mr Rumney, who had made a presentation to the relevant College Committee, it was unlikely that the amendments would have been achieved and he suggested that the experience highlighted the need for clinical input to such discussions. Members agreed that in future care should be taken to identify those issues likely to give rise to clinical debate and in those instances to request additional representation at the relevant College meetings so that the Director of Standards could be accompanied by a clinician member of Standards Committee.

1161. It was noted that as requested by the GOC, the College of Optometrists had considered the CHRE guidance document *Clear Sexual Boundaries between Healthcare Professionals and Patients: Responsibilities of Healthcare Professionals*. Members welcomed the resulting College guidance, which reflected the principles of the CHRE guidance. It was noted that ABDO would introduce similar advice in its own guidance.

Review of Codes of Conduct

1162. Standards Committee received for information notes of the meeting of the Code Review Working Group held on 2 April 2008 (**CRWG(08)1N**). Concern was expressed that the Working Group's discussions appeared to reflect a shift from the

Codes as a list of principles and towards the more detailed document that the GOC had produced as a precursor to the current Codes. It had been understood that the intention of the Codes was to set out general principles that would be supported by detailed guidance from the professional bodies.

1163. The Director of Standards explained that the intention had been to review other regulatory bodies' codes to ensure that the GOC kept pace with them. The GOC would be expected by the CHRE to maintain an ongoing debate on issues of conduct and would be expected to benchmark its Codes against standards set by the CHRE. Clearly there would be a need to justify any amendments to the Codes and equally the need to justify any omission from the Codes of provisions that appeared in other regulatory bodies' codes. It was suggested that it would be helpful for Members and Advisers to have a document setting out the current Codes, the suggested amendments and the provisions requiring referral to the professional bodies' guidance, thus providing an overview of the work in hand.

1164. It was suggested that care should be taken when drafting the proposed reference to clinical governance in the Code for Business Registrants. Whilst Primary Care Trusts (PCTs) had a legal obligation to ensure clinical governance by its contractors, there was no legal obligation upon GOS contractors to adhere to PCTs' clinical governance standards. The Chairman reminded Members that a national working group established as part of the White Paper reforms was also considering the issue of clinical governance and might produce outputs that would have to be reflected in the GOC's Codes.

Sale of Optical Appliances Order

1165. Standards Committee received for information notes of the meeting of the reconvened Sale of Optical Appliances Working Group held on 14 January 2008 (**SOAWG(08)1N**). The Director of Standards indicated that the notes had been sent to the Department of Health in order to progress the issues discussed, since the Sale of Optical Appliances Order fell within the Department's remit. He was not hopeful of a speedy resolution, due to the Department's current workload, and it was noted that the second meeting of the Working Group had been cancelled in view of the Department's lack of response. Concern was expressed on behalf of the professions about the complexities of the current legislation and the need for the GOC to take action with regard to internet suppliers of spectacles.

Independent Prescribing

1166. Standards Committee received for information a paper from the Director of Standards updating Standards Committee on the changes to be made to GOC's rules to introduce independent prescribing for optometrists (**SD(10)08**). Ms Carter and Dr Kyle joined the meeting at this point. It was noted that in response to the Department of Health's concerns about the proposal to provide a blanket exemption for independent prescriber (IP) optometrists from the duty of referral, it had been accepted that IP optometrists would be governed by the existing rule 6 of the *Rules Relating to Injury or Disease of the Eye 1999*. This permitted practitioners to refer or not, in accordance with their professional judgement. It was felt that this was a reasonable outcome.

1167. A major issue for resolution related to the description of the work or activities permitted to the IP specialty registrant that would be set out in the Registration Rules. The current broad drafting that reflected the provisions in the medicines legislation was not felt by the Department of Health to be sufficiently prescriptive in defining the scope of practice of these registrants. The Department wished the

Rules to contain reference to the IP registrant's recognised area of expertise and competence. Under the current Registration Rules, performance of the work or activities listed for a particular specialty by a practitioner who was not entered in the relevant specialty register would de facto be deemed as adversely affecting the practitioner's fitness to practise and the burden of proof would lie with the practitioner. If the wording proposed by the Department of Health was adopted, this deeming provision would be negated and the GOC would be required to prove that the actions of the practitioner were outside his or her competence and recognised as such.

1168. This issue related to the wider debate that had already taken place within the GOC about definition of scope of practice of IP optometrists. The GOC had reached the conclusion that it was for individual registrants to determine their own scope of practice within their own competence and that any clinical deficiencies would be resolved through the fitness to practise procedure. The GOC had been reluctant to define limitations to scope of practice in the rules, a view that was supported since the more restrictions that were put in place, the more difficult it would be to make changes as practice developed in the future. On the other hand it had to be considered whether it was acceptable for a regulatory body, with a duty of public protection, simply to rely on fitness to practise procedures to ensure patient safety.

1169. It was suggested that the issue was one of education rather than regulation. The key was to ensure that practitioners were competent and then trust them to exercise their own professional judgement. The draft handbook for the provision of training and education in independent prescribing endeavoured to address this by more detailed definition of the curriculum but it was felt that this did not yet fully allay concerns about patient safety. Urgent guidance was needed for the Handbook Working Group, since training institutions hoped to offer the first IP courses in September 2008.

1170. Mention was made of pharmacist IP training, which required pharmacists to state at the outset the specific conditions in which they would specialise. This approach could be considered for optometrists. The clinical management guidelines (CMGs) being developed for IP optometrists would be a useful tool, both for IP optometrists and for use in the fitness to practise process, although Members were reminded that the authors of the CMGs had advised against using the guidelines as a definition of scope of practice.

1171. Members were reminded that the current prescribing competencies related to generic prescribing and contained nothing about treatment or management of conditions. It was suggested that the public would expect competence in the application of generic prescribing skills to specific conditions to be assured by the regulatory body and it was this element that was missing from the handbook. The Director of Education indicated that discussions within the Working Group and with education providers had revealed the providers' expectation that IP course applicants would have some specialist qualification or experience in the diagnosis and management of ocular disease in order to be eligible to undertake the training. Mention was made of the College of Optometrists' higher diplomas in glaucoma and external eye conditions, which could be taken as an appropriate indication of course applicants' level of expertise and competence.

1172. After careful consideration, Standards Committee agreed that the IP training handbook should require training institutions to seek declarations from course applicants setting out their previous experience and expertise in the diagnosis and management of ocular disease. This could be based on, for example, the College

higher diplomas, experience in a hospital eye clinic, or participation in a local specialist primary eye care service. It would be for the Working Group to draw up a detailed list of competencies against which this prior qualification and/or experience could be assessed. Members were reminded that training institutions already had in place systems for accrediting prior learning. It was suggested that the information obtained from course applicants under such a process could also be used by the GOC when considering applications for retention on the IP specialty register. It was not unreasonable to require applicants for courses and for retention on the specialty register to make a self-declaration about their competence, setting out their reasons for confirming their competence in specific areas. IP specialist practice would in essence either be practice in glaucoma management or in the management of external eye conditions.

1173. With regard to the debate with the Department of Health about the wording of the rules, Standards Committee noted the current situation and would leave Ms Carter to negotiate as much flexibility as possible in the final drafting, bearing in mind that in the longer term IP training could become part of routine optometry undergraduate education.

1174. It was noted that the College of Optometrists had set in train work to draft guidance to support independent prescribing similar to that produced for nurse and pharmacist independent prescribers by the NMC and RPSGB.

Any Other Business

1185. On behalf of the AOP, Mr Carswell queried whether CRB checks might become mandatory for registration in addition to membership of the Vetting and Barring scheme. It was agreed to raise this issue with the Registration Committee.

Date and time of next meeting

It was noted that the next meeting of the Standards Committee would be held on **Thursday 11 September 2008 at 10.30 a.m.**