

GENERAL OPTICAL COUNCIL

**Minutes of the 37th Meeting of the Standards Committee
held on Thursday 10th September 2009**

Present: Mr J Levett (in the Chair)
Mr N Andrew, Miss R E Bailey, Miss J Brower,
Ms G J Morgan, Mr D Cartwright, Mr K Cavaye,
Mr A Tomlinson, Mr N Andrew

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

In attendance: Mrs D Taylor, Registrar
Mr G Tinsley, Assistant Director of Standards

Apologies for absence

1225. Apologies were received from Mr D W Pyle.

Declarations of Interests/Confidentiality

1226. 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. Mr Tomison and Mr Cartwright announced that they had an interest in item 14 regarding the Boots case. Mr Carswell announced he had an interest in item 11 regarding ECOO.

Minutes

1227. The minutes of the 36th meeting held on 29th January 2009 **(SD(09)1M)** were approved.

Matters Arising

1228. The Committee noted that action 1213, to publish an article on vetting and barring in bulletin, had been postponed due to a delay in the introduction of the vetting and barring scheme. All the other actions had been completed or were to be discussed later in the agenda.

1229. Mr Cartwright asked for an update on minute 1212 regarding regulated and controlled activity, particularly whether optical assistants will be included in the scheme. The Chair explained the distinction between regulated and controlled activity. He confirmed that if someone is barred from working with children and/or vulnerable adults, and they are engaged in controlled activity, then employers would have to put certain safeguards in place. Persons who are barred are not able to engage in regulated activity at all. Mr Carswell explained that the representative bodies are arguing against the role of optical assistants being classified as regulated activity. This matter has not yet been resolved. The Chair explained that the GOC had been approached by the Department of Health (DH) to outline the roles that optical assistants are involved in. The GOC asked the optical bodies to produce a paper outlining these roles. This was then sent to the DH. It was reported that the scheme will not now be introduced in October 2009 as originally planned.

1230. Mr Munro commented on minute 1209. He pointed out that a number of optometrists are on independent prescribing training programmes in Scotland with

about 130 to 140 optometrists qualifying next year. There is currently no facility for them to practice as independent prescribers, as the NHS in Scotland is not commissioning optometrists to act as independent prescribers.

1231. Mrs Taylor confirmed that it would be appropriate for the GOC to write to the Department of Health and relevant UK authorities to make them aware that there are several training establishments that are producing independent prescribers. They will also need to be informed of when they will qualify, that this service is available through optometrists and how to make best use of these services. Mrs Taylor suggested that this should be a joint effort between the GOC, AOP, FODO and the College of Optometrists.

Action – The GOC to liaise with the optical bodies and to write to the relevant authorities across the UK to notify them of the issues around independent prescribing.

College Guidance Updates

1232. The Committee received the latest batch of clinical management guidelines to support independent prescribing from the College of Optometrists. These have been brought in to support independent prescribing. The Committee had no issues to raise with the College regarding these.

1233. The Committee received an outline of the changes that the College had made to its guidance following a comprehensive review. The Committee was content with the changes.

1234. Ms Morgan explained that the ACDP TSE working group, ophthalmology sub group, the advisory group for dangerous pathogens and transmissible spongiform encephalopathy, regarding BSE, have just published the new ophthalmology guidelines. A lot of the anterior eye has been categorised as low risk. This information can be found at <http://www.dh.gov.uk/ab/ACDP/TSEguidance/index.htm>.

Action – Ms Morgan to send the guidance to committee members

Public Domain information

1235. The Chair explained that there had been a number of publications on the College's website in their members' only section that could have relevance to fitness to practise cases. The GOC had approached the College and explained that this would cause the GOC difficulties if such publications were not in the public domain. The College had agreed to review its position with such publications, and had now agreed to place a number of documents in the public section of their website. The Chair reported that there were still some documents which the GOC remained in discussion with the College over, and the Director of Fitness to Practise was reviewing these documents to ascertain whether they were of any relevance to FTP.

Committee Recruitment

1236. The Chair reported that recruitment to the GOCs statutory committees was underway. The advert was to be published in the Sunday Times, Guardian, GOC website and as a press release. The closing date for applications was 7th October. Candidates would be shortlisted by 23rd October. Interviews would be carried out in November and February 2010. Application packs would be available from 14th September.

1237. Mrs Taylor explained that the advert is for all committees. There will be general competencies applicable for all committees and then specific competencies for each committee. Applications will be made for individual committees. She confirmed that the daily attendance allowance would be at the same rate as at present.

Code of Conduct

1238. The Chair explained that Standards Committee has a working party to look at the codes of conduct. A consultation document was approved by Council in November 2008 and a consultation event was held in London in April 2009. The working party met after the consultation closed to consider the responses and has produced its final proposals for consideration by Standards Committee and Companies Committee.

1239. The Chair explained further that a meeting had been held on 17th September with the Chief Executives (CEs) of the Optical Bodies to discuss the working group's proposals. It was explained that the working group had not accepted all the suggestions that the optical bodies proposed in their response to the consultation, and the meeting sought to clarify whether there were outstanding points of substance that the optical bodies wished to highlight for the Committee. It was reported that the CEs were content with the proposals.

1240. The Chair highlighted two specific issues that had been raised by the working group which was not covered in the papers. The first concerned the explanatory footnote on page 3 SD(11)09 and whether this should make clear that employers or sole practitioners should refer concerns to commissioning organisations in the first instance.

1241. The Committee agreed that the footnote should be amended as proposed above.

Action – To amend the explanatory footnote to make clear that employers and sole practitioners should refer concerns to commissioning organisations.

1242. Mr Cartwright queried why there was an expectation for business registrants 'to comply with relevant local and national standards on clinical governance' when this was not reflected in the code for individual registrants. The Committee agreed this should also be reflected in the code for individual registrants.

Action – To include the same wording on clinical governance in the code of conduct for individual registrants.

1243. Mrs Taylor highlighted that the proposed wording to take action through commissioning organisations fits well with the code for individual registrants, though for business registrants the advice is to take matters up through the internal management structure of the organisation and there is no reference regarding the referral of matters to commissioning organisations. The Committee agreed that reference to referring matters to commissioning organisations needed to be included in the Code for Business Registrants.

Action – To include reference to referring concerns to commissioning organisations in the explanatory footnote in the Code of Conduct for Business Registrants.

1244. The second issue raised by the Chair was whether a statement should be put in the code to state that the GOC will pursue optical business that are not business registrants if they are committing criminal offences. This would have to be for the benefit of the public and in the public interest.

1245. Mrs Taylor confirmed that this area is complex. The Chair confirmed that as it is a strategic issue it should be left out of the code for now and considered at the next annual review. This would provide Council with enough time to consider its position with regard to criminal offences.

1246. Ms Morgan explained that several issues have arisen at Investigation Committee where registrants had accepted cautions without understanding the

consequences of this and that their registration could be put at risk through doing so. Ms Morgan suggested that the requirement that the GOC be informed if a police caution had been accepted should be included under a separate bullet point separate from the bullet point on criminal offences.

Action – To include a separate bullet point for police cautions.

1247. The Chair explained that in the consultation there was a list of offences whereby the GOC would take action. This received a significant amount of responses in the consultation. The working group was wary of putting a list in the codes and it was agreed that it was not appropriate to put this list in the codes. The optical body chief executives suggested that the GOC should have more detailed guidance on the levels of issues that should be reported and guidance to employers on what they should be reporting. Other regulatory bodies already provide this detailed guidance. The committee was asked to support a project of this kind to produce a document separate to the codes. This would be completed with assistance from the optical bodies.

Action – The committee supported the idea to complete the guidance project.

Action – Subject to the agreed changes to the Codes the proposals will be recommended to Council.

CHRE Whistleblowing

1248. The Chair explained that the Chief Executives' Steering Group of the health regulatory bodies had raised the issue of a cross-regulatory statement on whistleblowing. The CHRE had produced the statement and each regulator had been asked to support the statement.

Action – The committee supported the statement and will recommend that it is accepted by Council.

Competencies

1249. The Assistant Director of Standards reported that the consultation on proposed amendments to the competencies closed in January 2009. The competencies working group met on 20th May to discuss the feedback from the consultation. The working group recommended that the wording across the frameworks needed to be identical wherever possible. A meeting between ABDO and College representatives on the working group took place on 30th July to discuss aligning the frameworks. In areas such as communication and professional conduct it was agreed that the wording would be identical with possible differences in the performance criteria and indicators.

1250. The Chair explained that a day had been set aside to complete this though it had been necessary to arrange a subsequent meeting on 17th September to complete this work. The final document would now come to the next meeting of Standards Committee.

Dispensing Opticians

1251. The Chair explained that this paper was to note the latest position on DOs being allowed access to prescription only medicines (POMs). It was noted that the GOC are waiting for details of the legislative changes to come into effect.

ECOO

1252. Dr Carswell introduced the paper and explained that ECOO represents 30 countries and that there are wide differences in conduct and education and training across some of the countries ECOO represents. The intention is to create a level playing field by introducing a code of ethics, model for CET and on the issue of sale

and supply of optical appliances on the internet. The accreditation of qualifications is moving slowly in relation to the European diploma. Mr Carswell explained that there is scope for the GOC to provide more information to the general public on what to expect if you're a British citizen and have your eyes examined in the EU. The Committee noted Dr Carswell's report.

Revalidation

1253. The Assistant Director of Standards reported that the GOC's response to the Non-medical Revalidation Working Group's (NMRWG) Principles of Revalidation had been sent on 30th January. A consultation on the proposals was issued in March and closes on 25th September.

1254. A funding request was submitted to the DH on 20th March for 6 research projects. This request was successful and specifications have been issued for the risk and employer appraisal projects. Europe Economics have been commissioned to undertake the risk project and David Moore the employer appraisal project.

1255. Mr Tomlinson sought clarification on employer appraisals. The Chair explained that the White paper and NMRWG directed regulators to look at and use systems that are already in place as evidence for revalidation. For employees in the NHS, appraisals under the knowledge and key skills framework will form a key part of evidence. The GOC are required to look at whether employer appraisals can be used as evidence and if it can, whether the large optical employers would adjust their appraisal systems so they can be used as evidence.

1256. It was reported that the initial findings suggest that there are a large number of different appraisals for employees most of which are based on business performance rather than clinical matters. The findings also suggest that employees are appraised by managers who may not have any clinical qualifications, rather than their peers. It therefore looks likely that it will be difficult for the GOC to use employer appraisal as a component for the evidence for revalidation.

1257. David Moore has looked into whether employers would be willing to adapt their appraisal schemes and the majority view so far is that appraisals should be of no concern to the GOC.

1258. Mr Carswell queried whether proposals will include having two registers; one for those who have undergone revalidation and have a licence to practise and separate register for those who do not have a licence to practise. He suggested that this could be confusing for the general public. The Chair confirmed that in the consultation there was a proposal for registration and a licence to practise to be separated, but no decision had been taken as to how this separation might be indicated to members of the public.

Domiciliary Standards

1259. The issue arose at a recent Investigation Committee meeting with regard to the provision of eye tests and spectacles to residents in residential care homes and whether relatives of these patients had been informed.

1260. Mr Tomison explained that a lot of patients in care homes do not give power of attorney over decision making to their children and this often falls into the hands of the matron of the care home. Mr Carswell explained that in addition to the College guidance there is detailed guidance produced by the UK domiciliary eye care committee. The committee meets on 23rd October.

1261. It was agreed that the correspondence should be copied to the College and ABDO to ensure the guidance on this issue is consistent.

Action – The UK domiciliary committee to be asked to look at whether its code of practice needs to be amended.

Boots

1262. The Chair explained that as a result of the findings the professional bodies guidance needs to be looked at again to ensure they reflect the findings in the determination, particularly between different kinds of supervision and the distinction between sale and supply and dispensing. This issue was discussed with the optical bodies on Tuesday 17th September and they agreed to put together a working party to look at the guidance implications.

1263. The working party will take their proposals to the College's guidance review group in October. When this work has been completed it is essential that all the guidance on this issue is identical. The Chair also confirmed that the use of 'should' in the optical bodies' guidance will be changed to 'must' and that supervision must mean that intervention must not be reactive.

1264. Mr Cartwright raised the issue that the guidance relates to patients under 16 though clarification is also needed on adults. The Chair confirmed that the optical bodies were asked to look at this.

AOB

1265. The Chair confirmed that members of working groups do not have to be drawn from the relevant committees. The decision of council was that committees should meet according to their needs and drive their own business, subject to budgetary constraints. It is likely each committee will meet three times a year.

Date and time of next meeting

1266. The date of the next meeting is to be confirmed and is subject to the interview dates for new committee members being finalised.