

Setting a strategy for 2010-15

Consultation phase 2



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Completing the consultation

Respond to

Please send your responses to **Dian Taylor**, Chief Executive and Registrar, no later than **1 February 2010**.

Post: 41 Harley Street, London, W1G 8DJ

Email: dtaylor@optical.org

Please include contact details so that we can follow-up any relevant aspect of your response. Unless you state otherwise (and an automatic disclaimer generated by your IT system will not be taken as such), we will assume you are happy for us to publish your response and to share it with other appropriate bodies and stakeholders.

Further information

Where possible, please provide evidence to support your response. If you are a representative group, it would be helpful if you could include a summary of the people and organisations that you represent.

A copy of this consultation has been sent to a large number of stakeholder groups representing our registrants, the public, patients, partner organisations and other groups.

If you have any queries about the consultation then please contact **Simon Grier** on 020 7307 3478 or sgrier@optical.org

The GOC's commitment to consultation

The General Optical Council believes it is important that the people affected by our work have a say in how we deliver it. We believe it is vital to consult with all the groups with an interest in the GOC; patients, the public, our registrants, optical organisations, healthcare organisations, employers, other regulators, staff and other stakeholders.

Effective consultation is valuable to help us improve the way we work. It informs us and helps us to achieve our mission of protecting the public through promoting good eyecare.

We have recently launched consultation framework to standardise and improve our consultation methods throughout the organisation. This is available on our website.

Feedback on the consultation process itself would be welcome. If you have any comments then please contact **Simon Grier** on sgrier@optical.org

Consultation summary

Consultation details

Start date: 4 December 2009

End date: 1 February 2010

Results published: Strategy will go to Council for approval on 25 February.

Contact: Simon Grier 020 7307 3478, sgrier@optical.org

Consultation summary

1. A new, reconstituted GOC of 12 fully appointed members took up office on 1 April 2009.
2. At its inaugural meeting held on 2nd April 2009 the Council agreed mechanisms for its three main roles, which are:
 - Establishing the strategic direction for the GOC
 - Engaging with stakeholders in the formulation and delivery of that strategy; and
 - Holding the executive to account for the delivery of the strategy.
3. To establish its strategic plan for 2010-15 the Council opened a two-phase consultation inviting stakeholders to have their say on the future work of the GOC. A summary of the responses received to phase 1 on the consultation is given at Annex 3.
4. In addition throughout May to September 2009, the Council invited key stakeholders to present their vision and aspirations for the delivery of high quality optical care in the future. The 'key messages' from these presentations with an indication on how the GOC will consider these messages in the future is given at Annex 2.
5. In September 2009 the GOC hosted a meeting for Council members and the Senior Management Team. The aim of the meeting was to:
 - Agree a high level strategic statement capturing the Council's role and responsibility; and
 - Agree key issues that should influence the GOC's work into the future.
6. The draft strategic plan resulting from this process was approved for phase 2 consultation by the GOC to at its November 2009 meeting.
7. You are now invited to participate in phase 2 of the consultation and to comment on the GOC's draft strategic plan for 2010 -15.
8. The Council expects to ratify the final plan at its February 2010 meeting for implementation from 1 April 2010.

GOC draft strategic plan 2010-15

Who we are:

1.1 The General Optical Council (GOC) is an independent organisation accountable to Parliament for the regulation of optometrists, dispensing opticians, student opticians and optical businesses in the UK. The GOC draws its powers from an Act of Parliament - The Opticians Act 1989 (amended 2005).

1.2 The GOC is one of 13 organisations in the UK known as health and social care regulators. We each safeguard the public by regulating the health and social care professions. Together we are reviewed by the Council for Health Regulatory Excellence and compared with each other to achieve excellence.

1.3 The GOC is governed by an independently appointed board of 12 people who serve for up to four years at a time. Six members are eyecare professionals – either optometrists or dispensing opticians and six are lay (including an independently appointed lay chair).

What we do:

1.4 We protect, promote and maintain the health and safety of the public by:

- Setting standards for optical education, training, performance and behaviour;
- Approving the qualifications that lead to registration with the GOC;
- Publishing a register of dispensing opticians, optometrists, students and optical businesses in the UK; and
- Investigating and acting on concerns that a registrant is not fit to: practise, train as an optician, or carry on business as an optometrist or dispensing optician.

How we work:

1.5 Our work is built on six main values. We aim for all our work to be:

- *Proportionate*: targeting the issues of greatest risk to public safety;
- *Accountable*: involving stakeholders and partners;
- *Consistent*: working with others to make sure our work is fair;
- *Transparent*: explaining our decisions wherever possible;
- *Targeted*: focusing our efforts where there is most public benefit; and
- *Well organised*: providing value for money, high standards of customer service and promoting equality and diversity in all our work.

Where we are now:

1.6 A newly constituted GOC was established from 1 April 2009.

1.7 Our new Council's approach incorporates modern standards of governance as well as the successes of its predecessors. Council's priorities are: to provide new leadership for optical regulation; to ensure effective engagement with our stakeholders, particularly patients and the public, in all that we do; and to measure and assure delivery of our objectives.

Building on success:

1.8 Over the last five years the GOC has achieved significant modernisation of our core functions in the interests of greater public protection through fair and proportionate regulation. Achievements include:

- (i) Strengthening the professional training required of optical professionals through the introduction of a statutory scheme for continuing education and training (CET) of dispensing opticians and optometrists. CET is linked to the maintenance of entry-standard competencies required for registration. An innovative online system allows verification of all registrants' achievements of the minimum CET requirement every three years.
- (ii) Stronger focus on the current and future requirements of the public by separating the executive and non-executive functions of the Council and creating space for the Council to focus on strategy and hold the executive to account for delivery. The formulation of a Scheme of Delegation in 2005 setting out which statutory activities the governing Council delegates to the GOC's five statutory committees or to the Registrar.
- (iii) More independent mechanisms for establishing whether professionals remain fit to practise; establishing independent Fitness to Practise and Registration Appeals Committees to hear cases against dispensing opticians, optometrists, student opticians and bodies corporate whose fitness to practise, train or carry on business is brought into question.
- (iv) Better protection of the public when purchasing contact lenses on the web; changes to legislation to enable the UK public to benefit safely from the supply of contact lenses via the Internet.
- (v) Protecting the public by registering student opticians to hold them to account for their conduct while training.
- (vi) Ensuring that patients and the public are able to gain redress when things go wrong by making it compulsory for GOC registrants to have professional indemnity insurance.
- (vii) Making sure that the public are able to get advice and help when they are not satisfied with the customer service they have received from opticians by taking on the commissioning and management of the independent Optical Consumer Complaints Service (OCCS).

- (viii) Understanding the issues that are of concern to the public, patients and the professionals who serve them through the establishment of a Stakeholder Engagement Strategy and Consultation Framework.
- (ix) Developing an Equality and Diversity Scheme and Action Plan to ensure we are setting and meeting key equality and diversity objectives.
- (x) Creating a modern governance framework, with clear separation of the Council's strategic role from the operational responsibilities of the Registrar and staff and the advisory role of the statutory committees. Council members no longer sit on the statutory committees, which are chaired by senior executives.
- (xi) Managing the costs of regulation in order to keep the costs to registrants and patients down through cost effective use of the GOC's resources.

Where we want to be:

Our mission is to be recognised as a modern, innovative and effective healthcare regulator.

1.10 Over the next five years we will concentrate on three strategic priorities:

Strategic priority 1

Develop the regulatory framework to support UK eyecare in delivering safe, high quality care which meets society's needs and expectations;

What success will look like in five years' time:

- (i) The GOC will be recognised by our stakeholders as being a forward thinking regulator of the UK optical professions. We will have successfully anticipated and encouraged changes in the nature of service delivery in the optical sector. This will be for the benefit of consumers and patients, having developed the regulatory framework in relation to such changes to protect, promote and maintain the health and safety of the public.
- (ii) We will identify and act on key consumer/patient risks and opportunities to improve public health and safety through new developments in eyecare.

Strategic priority 2

Continue to modernise our core functions and put in place systems for improvement to become more efficient and more effective;

What success will look like in five years' time:

- (i) There will have been year-on-year improvements in the effectiveness of the delivery of our core functions, particularly for the registration and fitness to practise functions, which are clearly demonstrated in our success rates in achieving increasingly challenging key performance indicators.
- (ii) Evidence to show we have improved the way we work by achieving efficiency gains.

Strategic priority 3

Promote a wider understanding of our role and engage stakeholders in our work.

What success will look like in five years' time:

- (i) Increased stakeholder support for our work and collaboration in it.

How we will get there

1.11. The performance of the Registrar and senior team will be measured against annual business plans designed to deliver our three strategic priorities over the five year period commencing 1 April 2010. The operational activities and the resources to begin to achieve each of the Council's three strategic priorities in the first year of the strategic plan are defined in the 2010-11 business plan and supporting budget.

1.12. Over the five year period of the strategic plan (2010-11) we will achieve our mission by:

Strategic priority 1

- (i) Obtaining demographic data and data on the supply of and demand for optical services to inform our decision making; and
- (ii) Researching and reviewing contemporaneous and emerging optical service delivery mechanisms throughout the UK, Europe and internationally, and where appropriate ensuring that legislation is changed to allow for their safe and effective delivery to the benefit of the public.

Strategic priority 2

- (i) Reviewing how effectively we deliver our business and statutory functions (with particular emphasis the registration and fitness to practise functions) and acting on any recommendations arising from these reviews;

- (ii) Increasing the use of technology and the Internet, where appropriate, to deliver our functions and messages more efficiently and effectively;
- (iii) Involving patients, the public, optical stakeholders and other regulators to help us to modernise, taking account of best practice so that we can continuously improve the way we deliver our statutory functions; and
- (iv) Setting the GOC's fees at a level that will ensure that any necessary improvements to the delivery of our functions can be implemented in an efficient and cost effective way, while maintaining sufficient reserves, at a level to mitigate against major risk factors.

Strategic priority 3

- (i) Explaining why we have done things in a particular way;
- (ii) Promoting and publicising our role to the public and other stakeholders through any cost effective and appropriate mechanism;
- (iii) Continuing to implement the Council's Stakeholder Engagement Strategy;
- (iv) Maximising the contribution of the GOC's statutory advisory committees; and
- (v) Establishing mechanisms to measure stakeholder awareness of and engagement with the GOC.

Annex 1 - response form and consultation questions

How to respond

Please send your responses to **Dian Taylor**, Chief Executive and Registrar, no later than **1 February 2009**.

Post: 41 Harley Street, London, W1G 8DJ

Email: dtaylor@optical.org

Alternatively, visit www.optical.org where you will find an electronic version of this form.

Each main section of the GOC's draft strategic plan is reproduced in numbered boxes below. Please indicate whether you agree or disagree with each section of the draft strategic plan, or have no comments. There is also a space for extra comments, should you wish to make any.

Response form template

Your details

Name:

Address:

Telephone number:

Email:

Are you replying on behalf of an organisation?

Name of the organisation:

Your position:

Nature of the organisation's work:

Keeping in touch

Because we value your input, we would like to contact you occasionally to let you know when we launch consultations and to invite you to future events. We will not pass your data on to any third party. Please tick here if you do not wish to be contacted in this way about the GOC's consultations:

1. Our mission is to be recognised as a modern, innovative and effective healthcare regulator.

Our mission is a statement on where we want to be in five years' time.

- Agree**
- Partly agree**
- Disagree**
- No comment**

Comment:

2. Strategic priorities

Strategic priority 1: develop the regulatory framework to support UK eye-care in delivering safe, high quality care which meets society's needs and expectations;

What success will look like in five years' time:

- (i) The GOC will be recognised by our stakeholders as being a forward thinking regulator of the UK optical professions. We will have successfully anticipated and encouraged changes in the nature of service delivery in the optical sector. This will be for the benefit of consumers and patients, having developed the regulatory framework in relation to such changes to protect, promote and maintain the health and safety of the public.
- (ii) We will identify and act on key consumer/patient risks and opportunities to improve public health and safety through new developments in eyecare.

How we will get there:

- (i) Obtaining demographic data and data on the supply of and demand for optical services to inform our decision making; and
- (ii) Researching and reviewing contemporaneous and emerging optical service delivery mechanisms throughout the UK, Europe and internationally, and where appropriate ensuring that legislation is changed to allow for their safe and effective delivery to the benefit of the public.

- Agree**
- Partly agree**
- Disagree**
- No comment**

Comment:

2.2 Strategic priority 2: continue to modernise our core functions and put in place systems for improvement to become more efficient and more effective;

What success will look like in five years' time:

- (i) There will have been year-on-year improvements in the effectiveness of the delivery of our core functions, particularly for the registration and fitness to practise functions, which are clearly demonstrated in our success rates in achieving increasingly challenging key performance indicators.
- (ii) Evidence to show we have improved the way we work by achieving efficiency gains.

How we will get there

- (i) Reviewing how effectively we deliver our business and statutory functions (with particular emphasis the registration and fitness to practise functions) and acting on any recommendations arising from these reviews;
- (ii) Increasing the use of technology and the Internet, where appropriate, to deliver our functions and messages more efficiently and effectively;
- (iii) Involving patients, the public, optical stakeholders and other regulators to help us to modernise, taking account of best practice so that we can continuously improve the way we deliver our statutory functions;
- (iv) Setting the GOC's fees at a level that will ensure that any necessary improvements to the delivery of our functions can be implemented in an efficient and cost effective way, while maintaining sufficient reserves, at a level to mitigate against major risk factors.

- Agree**
- Partly agree**
- Disagree**
- No comment**

Comment:

2.3 Strategic priority 3: promote a wider understanding of our role and engage stakeholders in our work.

What success will look like in five years' time:

- (i) Raised stakeholder support for and collaboration in our work.

How we will get there

- (i) Explaining why we have done things in a particular way;
- (ii) Promoting and publicising our role to the public and other stakeholders through any cost effective and appropriate mechanism;
- (iii) Continuing to implement the Council's stakeholder engagement strategy;
- (iv) Maximising the contribution of the GOC's statutory advisory committees;
- (v) Establishing mechanisms to measure stakeholder awareness of and engagement with the GOC.

- Agree**
- Partly agree**
- Disagree**
- No comment**

Comment:

3 Any further comment

If you have any further comments , please use this page:

Annex 2 - presentations from stakeholders as part of consultation phase 1

Strategic futures

1. To aid in the establishment of the five-year strategic plan, the General Optical Council (GOC) invited various stakeholder groups to its May, June, July and September seminars, to present to Council their expectations of and aspirations for the short, medium and long-term delivery of high quality optical services in the UK.
2. Presentations were received from:
 - Macular Disease Society
 - Action against Medical Accidents (AvMA)
 - Royal National Institute for the Blind (RNIB)
 - Association of British Dispensing Opticians (ABDO)
 - Association of Optometrists (AOP)
 - Federation of Ophthalmic and Dispensing Opticians (FODO)
 - College of Optometrists (COpt)
 - Royal College of Ophthalmologists (RCOphth)
 - Dispensing Optician Training Providers
 - Dispensing Accreditation Scheme Provider
 - Optometry Training Providers
 - Optometry Accreditation Scheme Providers
3. The main points outlined by these stakeholders are given below (A to H) with a brief indication of how the GOC might respond in each case. In the early years of its five year strategic plan (2010-15) it is likely that the GOC will continue to gather information, research and review to enable it to reach further strategic decisions and recommendations.

A. Awareness - understanding of the role of the GOC and understanding of the different roles within optics

Aspiration: Better awareness of the role of the GOC generally and that the public should not be confused by the many different roles within optics.

How could the GOC respond:

4. One of the three strategic priorities for the GOC will be to: '*promote a wider understanding of our role and engage stakeholders in our work*', with the expectation that the Council will have achieved raised stakeholder support for and collaboration in our work in five years' time. This work will continue progress already made in the current financial year (2009/10) in communications projects to raise public awareness of the registers, and of how to complain, including: development of a 'toolkit' of materials to promote practitioners' registration; patient

information leaflets about the GOC and 'How to Complain'; participation in public and patient focused events; and ongoing implementation of our consultation framework and stakeholder engagement strategy.

B. Awareness – of the importance of the sight test and information to patients.

Aspiration: A better informed public - on eye care and guidance on where to obtain non-clinical information and advice.

How could the GOC respond:

5. The GOC is committed to working collaboratively with others to achieve greater public awareness of the importance of eye care. The GOC is a member of the Eye Health Alliance, which is a coalition of the optical bodies and eye care charities who work together to promote eye health for all.

C. Healthcare delivery systems and effective referrals

Aspiration: Consistency in healthcare delivery systems in the UK, particularly parity with Scotland and Wales; ensuring high quality care which is regulated; and the adoption of good practice from other parts of the world and other professions for the benefit of the public.

Aspiration: Rapid referrals for patients suffering from AMD and glaucoma.

How could the GOC respond:

6. The Council is sensitive to the need to constantly review new and emerging ways of delivering eye care to make sure that the legislation, which the GOC uses to regulate the professions, is appropriate and proportionate and supports enhanced public benefits from these advances. One of the GOC's three strategic priorities over the next five years will be to:
7. *'develop the regulatory framework to support UK eye care in delivering safe, high quality care which meets society's needs and expectations'.*

D. Dispensing Opticians

Aspiration: An enhanced role for dispensing opticians and contact lens opticians.

8. It was proposed that refracting rights for dispensing opticians should be considered. It was asserted that this is normal practice in some European countries. The point was made that refraction is used in contact lens practice, low vision and paediatric practice and is part of the core competencies. It was suggested that this represents a wasted resource and that if dispensing opticians' practice were extended in this way, it would free up optometrists' time.
9. It was proposed by presenters that a return to full regulation of dispensing would support an extended scope of practice. It was also suggested that contact lens practice should become part of the dispensing core competencies.
10. Stakeholders also proposed a more structured career ladder to include optical assistants and technicians. It was felt that transferable skills should be looked at more closely.

How could the GOC respond:

11. In achieving its first strategic priority over the next five years: *'to develop the regulatory framework to support UK eye care in delivering safe, high quality care which meets society's needs and expectations'*, the GOC will consider whether to review the regulatory regime for dispensing opticians. If such a review is instigated, the GOC will then have to consider the regulatory framework in relation to any changes which are needed for the continued protection, promotion and maintenance of the health and safety of the public.

E. Delivery of effective Fitness to Practise

Exploring different models for the disposal of FTP cases against registrants was proposed with an **aspiration** for more cooperation in FTP cases before and during hearings.

How could the GOC respond:

12. The GOC's second strategic priority for the next five years is: *'to continue to modernise our core functions and put in place systems for improvement to become more efficient and more effective'*.
13. The GOC will review the effectiveness of current FTP mechanisms with a view to modernisation, in line with other healthcare regulators. The GOC will aim for year-on-year improvements in the effectiveness of the

delivery of our core functions, particularly for the registration and fitness to practise functions.

F. Action on poor supervision and breaches of the Opticians Act

Concern that the public benefit is not being best served by the supply of optical services by unregistered people working 'under supervision'.

Perception that the GOC is ineffective in tackling illegal supply of optical services which are restricted under the Act to registered professionals.

14. One presenter suggested that the GOC should review the opportunity under the Act for people to work 'under supervision'.
15. The GOC will always investigate any allegation of inadequate supervision by registrants. It is then a matter for the Investigation Committee to decide whether an allegation merits referral for an FTP hearing and whether the evidence available to it is sufficiently robust to justify a reasonable expectation of a successful FTP outcome. The GOC has taken a successful action in this financial year against Boots Opticians (a registered body corporate) where supervision arrangements were not adequate for the protection of the public.
16. It has been the expectation of the professions that the GOC would be the body to pursue criminal prosecutions against unregistered companies or individuals who are in breach of the Opticians Act. The GOC does investigate and will continue to investigate (in line with the GOC Criminal Prosecutions Protocol) allegations of such breaches of the Act. The incidence of such complaints to the GOC is growing steadily. In 2008 the GOC brought a successful criminal prosecution against Vision Direct Ltd for the illegal supply of contact lenses over the Internet. The GOC does not have the powers for an 'inspectorate' similar to that of the Royal Pharmaceutical Society of Great Britain and the introduction of such an inspectorate would have significant cost implications.

G. International collaboration and influence

Aspiration: Continuation of the GOC's influence on the development of standards and codes of conduct throughout Europe, particularly through the audit of the ECOO Diploma and the operation of the EU Directive on the mutual recognition of qualifications. Presenters aspired to a vision of the GOC being stronger, more conspicuous, and more receptive to a wider audience and it having an enhanced European role.

17. Presenters saw the need for the GOC to continue to participate in Europe with a number of suggestions on the development of the GOC's website to give additional information to patients and the public. It was also put forward that as it has accumulated valuable experience in implementing the European Directives, the GOC could consider hosting a seminar or conference for other Directive 'competent authorities' on the practical issues surrounding the application of the Directive, specifically focused on optometry and optics.

H. Role of the GOC to meet the challenges of the future

Role: Standard setting and audit of the achievement of standards by registrants was put forward as the essential role of the GOC with the ultimate aim of improving eye health and preventing blindness as its main focus.

1. Presenters' expectations of the GOC were to ensure that professionals working in the field of ophthalmic dispensing and optometry should be appropriately trained and deliver care to an acceptable standard; that patients should have assurance that they will be treated well by a competent practitioner; and that there should be checks in place to ensure good standards of conduct and practice.
2. Collaboration in standard setting and the development of new ways of working for the benefit of the public was advocated for the future, as was collaboration in information gathering and analysis to guide the GOC's decision-making. While it is unusual that the GOC delegates the issuing of guidance on professional conduct and ethics to the College of Optometrists and the ABDO, presenters wished this arrangement to continue, with the provision that the GOC maintains an appropriate level of oversight of these functions and ensures that they continue to focus on public protection.
3. The continuation of the GOC as an independent and single regulator for the optical professions was cited as an aspiration of one presenter.
4. The following **challenges** were identified:
 - a. The ageing population means increased demands for services to manage conditions such as Age-related Macular

Degeneration (AMD) and glaucoma. Rising obesity levels are resulting in an increasing number of people with diabetes. There are also changes to service requirements due to changes in the ethnic make-up of communities. Enormous changes in the last five years were acknowledged, e.g., in cataract treatment and waiting lists; and in the development of the independent prescribing practitioner as a new category of registrant to help meet the future demand for eye care/eye health services in the community.

- b. With computerised equipment and technological changes there will be a need for more data management alongside delivery of clinical services etc. The GOC was challenged as to how we can ensure that students have the knowledge and skills needed to properly prepare them for their future career.
- c. These developments create additional challenges of ensuring that registrants remain up-to-date and fit to practise. Revalidation was seen as key to achieving this goal.
- d. Recent initiatives for enhanced services in the primary care sector were highlighted, which it was acknowledged created a challenge for regulation to support the successful delivery of these initiatives.
- e. Greater global collaboration and exchange affords practitioners and regulators greater opportunities to learn from each other. Effective work in the UK across the four countries is also critical to ensure that patients and practitioners alike are not disadvantaged by different models of delivery.
- f. The environments in which registrants work are changing - for example in future this may include work in polyclinics.
- g. There is a danger that measuring the GOC's performance against patients' experience of being 'treated well' could cover aspects that are not regulated and therefore out of its control. For example, an entirely satisfactory sight-test could potentially be followed by a less than satisfactory retail experience. It was felt that the whole team would not need to be regulated but that it was important for managers to ensure that optical assistants and receptionists are trained to convey the same values as clinicians.
- h. Many FTP cases were matters of poor communication and record keeping. Patients must understand what is being done and why.
- i. The effect of the growth of the five largest corporate providers of optical services in the UK was cited. Medium sized practices account for 5-10% of the market and might be under pressure. The GOC will need to be aware of the impact this might have in the provision of optical care.

Annex 3 - written responses to consultation phase 1

The GOC received ten written responses to the consultation. These came from:

- The Association of Contact lens Manufacturers (ACLM)
- The Association of Optometrists (AOP)
- The Federation of Ophthalmic and Dispensing Opticians (FODO)
- Optometry Scotland
- Optometry Wales
- Patient Concern
- Four responses from individual registrants

Executive summary of responses

Q1. What should the GOC's role be in relation to patients?

A number of respondents felt that the GOC should help make the public and the optical sector more aware of its role in protecting the public. Suggestions were made about the types of information the GOC should make more available to the public. It was also suggested that the Council do more to inform the public of the need for regular eye exams.

Some bodies saw it as a priority that the GOC clamp down on illegal contact lens sales. Patient Concern suggested mystery-shopper and unannounced visits to ensure that registrants are meeting the standards.

Q2. What do patients need to know about us and why?

A number of respondents suggested work to let the public know that opticians are registered and regulated. It was suggested that the GOC target key groups such as Citizens Advice Bureaux, Councils and libraries with information. Patient Concern made a number of suggestions about information they would like to be made more available to the public.

Q3. What can we do to support patients?

Making a lot of information available to the public was widely suggested and number of organisations saw minimising jargon and using plain English as important.

Patient Concern asked to be involved in working groups on issues of direct relevance to the care that patients receive.

Q4. How should we work with other organisations to protect the public?

Respondents were positive about close working with one another and open, transparent consultation. A number of bodies suggested closer day-to-day working between the GOC and themselves. Closer working with patient organisations was suggested as a way to help stop problems before they occur.

Q5. How do the public know that optical professionals are doing a good job?

The optical bodies felt that publicising the GOC's standards and the comparatively low level of FTP cases would help to increase the public's confidence in opticians.

Some registrants were concerned about a perceived trend of opticians becoming 'shopkeepers', and patients being satisfied depending on whether they liked their glasses rather than whether the optician did a good job clinically.

Another respondent felt that practitioners should be judged on results – eg if a patient can see well from birth to death and if they have been offered every available treatment for their condition.

Q6. In addition to what we are doing now, what can we do to support registrants to meet our standards?

There were a number of suggestions related to Continuing Education and Training (CET) - that optometrists should do more contact lens-related CET, that it should be targeted to areas of greatest risk to patients and that more face-to-face CET take place.

A monthly bulletin offering feedback and learning points from complaints and FTP cases was suggested while there were also calls for better funding of CET. One registrant felt a 'chartered' status could be sought by optometrists if they had done extra training.

Q7. What should our role be when things don't go well?

There was a general theme of talking about balance and fairness between registrants and complainants. The need to keep registrants well-informed throughout the process was mentioned.

A registrant who had been subject to a complaint suggested a more conciliatory approach. Another registrant suggested a rehabilitative rather than punitive approach.

Q8. How should we support patients who raise concerns?

Responses to this question were similar to those for question seven – leading on impartiality, fairness and provision of information throughout the process. Again, a number of respondents suggested a conciliatory approach.

Q9. How should we support registrants who raise concerns?

It was noted that it is hard for a professional to raise a concern against a colleague and the GOC should handle such complaints with particular sensitivity.

Q10. How should we support others who raise concerns?

Many organisations gave similar answers to this question as to questions eight and nine. One optical body gave a single answer to all three questions and reiterated their point about treating cases fairly on their merits. The same body felt that the GOC had effectively ignored breaches of the Opticians Act that they had reported.

Q11. What should we be doing to protect the public?

A number of respondents made points about tackling unregistered selling of glasses and contact lenses. Greater public engagement and awareness was suggested, as was the GOC benchmarking itself against other regulators in the UK and elsewhere. Another mentioned greater public awareness and more engagement.

One optical body gave a detailed response about how the GOC should be a world class regulator – defining world class as proportionate, targeted, fair and cost-effective rather than box-ticking, bureaucratic, over-regulating or inflated. They called for the GOC to challenge breaches of the Opticians Act by non-registrants and not to be afraid to push the boundaries of legislation, as it was their contention that this was the only way the Department of Health would approve new legislation.