

**COUNCIL**

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PUBLIC**

**Strategic Plan 2010-15**

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For decision

**Issue:**

At its November 2009 meeting the Council approved, for further consultation, the draft Strategic Plan 2010-15. This further consultation built on the initial consultation, carried out between May and September 2009, which incorporated presentations from the GOC's key stakeholders.

The final consultation ran from 4 December 2009 to 1 February 2010 to which 16 responses were received from a range of registrants and optical partners.

The Strategic Plan 2010-15 has been reviewed in light of the responses received and the suggested amendments are now before Council for approval.

**Recommendation(s):**

Council is invited to consider and approve the recommended revisions to the Strategic Plan 2010-15 for implementation from 1 April 2010.

**Annexes:**

The following annex is attached to this paper:

- Annex 1: Analysis of responses to the consultation questions
- Annex 2: Draft Strategic Plan 2010-15

**Further information:**

If you would like further information about this paper please contact:

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## **Strategic Plan 2010-15**

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For decision

### **Background/Introduction:**

1. 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.
2. 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. The draft strategic plan resulting from this process was approved for phase 2 consultation by the GOC at its November 2009 meeting.
3. The responses from phase 2 have now been considered and the draft strategic plan has been reviewed in the light of the phase 2 consultation.

### **Discussion:**

4. 16 phase 2 consultation responses were received; seven from optical bodies and nine from registrants. No responses were received from non-optical bodies or individuals on this occasion though the views of these groups were received in phase 1 of the consultation which helped Council build its strategic plan.
5. Optical body phase 2 responses were received from:
  - Association of British Dispensing Opticians (ABDO)
  - Association of Contact Lens Manufacturers (ACLM)
  - Association of Optometrists (AOP)
  - British Contact Lens Association (BCLA)
  - College of Optometrists (COpt)
  - Federation of Ophthalmic and Dispensing Opticians (FODO)
  - Optometry Scotland (OS)
6. Three registrants made a joint narrative response but did not indicate whether they 'agreed' 'partly agreed', 'disagreed' or had 'no comment' to the consultation questions. Therefore, the analyses of the responses (given in **Annex 1**) to the consultation questions, are based on responses from six registrants rather than nine.

## ***Summary of key messages from consultation responses***

7. The three main messages from the consultation exercise have been:
  - That the GOC should play a supporting role in innovation and should support the optical bodies, optical practices and businesses in driving innovation rather than take the lead itself;
  - Concern about Internet sales; plano-cosmetic lenses and spectacles and the apparent lack of effective action by the GOC to prosecute illegal supplies;
  - The need to be cost effective and proportionate with spending in relation to public risk.

In summary, the messages from phase 2 consultation responses are:

8. Innovation and Leading Change
  - The GOC should not be leading or being innovative/spear heading change, this is not the role of the regulator, but rather, the GOC should be supporting the optical bodies, practices and businesses in leading change and innovation;
  - The GOC does not have the capacity to impact on innovation;
  - Supply and demand are not issues for the GOC but for the market and public health;
  - There appears to be some concern about the GOC investing resources in this area which is seen as the responsibility of Government.
9. Supply of optical appliances
  - The GOC is not doing enough to combat the sale of contact lenses and spectacles by suppliers who are contravening the Opticians Act (e.g., some online suppliers) or doing enough to prosecute them.
10. Proportionality and cost effectiveness
  - The financial implications of new GOC initiatives need to be actively considered to ensure that changes are proportionate to the risk to public;
  - There is some challenge that the GOC is not seen as being cost effective and efficient – there is some perception that this is why the fees have increased;
  - Respondents would welcome disclosure of data on GOC efficiency gains;
  - Keep GOC annual business priorities at manageable levels for registrants and phase the introduction of developmental work so as to moderate increases in registrant fees;
  - One respondent commented that there should be one healthcare regulator to oversee all the healthcare professions to save back-office support costs and accommodation costs.
11. Stakeholder Engagement
  - All optical professional bodies welcome stakeholder engagement, particularly greater involvement in the GOC's committees but urged that stakeholder engagement be done in as cost effective a manner as possible.
12. Training, Education and CET
  - CET has allegedly not brought about significant change or improvement in standards;
  - Contact lens specific CET needs to be ongoing;
  - Reinstate the annotation of optometrists in the register who fit contact lenses.

## Recommendation(s):

In the light of the consultation responses Council is asked to consider the following amendments to its Strategic Plan 2010-15.

(Note: deletions are ~~struck through~~ and additions are underlined.)

1. *to amend the GOC's 5-year mission statement as follows:*  
**Our mission is to be recognised as a modern, ~~innovative~~ and effective healthcare regulator.**
2. *to amend strategic priority 1 to read as follows:*  
**to develop the regulatory framework (including appropriate education, training and CET) to support UK eye care in delivering safe, high quality care which meets society's needs and expectations;**
3. *No change to strategic priority 2*
4. *to amend strategic priority 3 to read as follows;*  
**promote a wider understanding of our role and engage stakeholders (including the public, patients, registrants, educators and their representatives) in our work.**

## Resource implications:

13. The Council will actively consider the resource implications in the implementation of its strategic plan over the 5 year period of the plan.

## Equality and diversity implications:

*Has an Equality and Diversity Impact Assessment been carried out?*

14. Yes. The Council will actively consider the Equality & Diversity implications in the implementation of its strategic plan over the 5 year period of the plan.

## Human Rights Act implications:

*Has a Human Act Rights Impact Assessment been carried out?*

15. Yes. The Council will actively consider the Human Rights implications in the implementation of its strategic plan over the 5 year period of the plan.

## Stakeholder engagement:

*Has the Consultation Checklist been completed?*

16. This paper is an analysis of the responses from our engagement with stakeholder on the development of the strategic plan and that the Council will continue to actively engage with its stakeholder in the implementation of its strategic plan over the 5 year period of the plan.

## Analysis of responses to the consultation questions

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### Responses to question 1 on mission statement:

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

Six out of seven optical body respondents either agreed or partly agreed with the mission statement as written. Five out of six individual registrants agreed or partly agreed with the mission statement as written. One optical body respondent and one registrant disagreed with the statement.

### Responses to Question 2 on 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.***

Seven out of seven optical body respondents either agreed or partly agreed with the Strategic Priority 1 as written. Four out six of individual registrants partly agreed with the strategic priority with one registrant disagreeing and one chose not to offer a comment.

### Responses to question 3 on Strategic Priority 2:

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

Seven out of seven optical body respondents either agreed or partly agreed with Strategic Priority 2 as written; five out of six individual registrants agreed or partly agreed with the priority as written and one registrant disagreed.

### Response to question 4 on Strategic Priority 3:

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

Five out of seven optical bodies agreed or partly agreed with Strategic Priority 3 as written and three individual registrants either agree or partly agreed with the statement. Two optical body respondents disagreed with the statement as written and three out of six individuals disagreed.

## Draft Strategic Plan 2010-15

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### 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, and effective healthcare regulator.

Deleted: , innovative

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

**Strategic priority 1**

*Develop the regulatory framework (including appropriate education, training and CET) 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 eye care.

**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 (including the public, patients, registrants, educators and their representatives) 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.