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Professional Regulation  
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30/1/09

Dear Maree

### **Revalidation**

Please find enclosed an interim report from the General Optical Council's (GOC) Revalidation Workstream. This Workstream was established by the Council following the publication of *Trust, Assurance and Safety* to develop proposals for the revalidation of dispensing opticians and optometrists. The terms of reference of the Workstream are attached.

The report sets out the GOC's response to the publication of the Non-Medical Revalidation Working Group's report, *Principles of Revalidation*, outlining how the GOC intends to embed those principles into a revalidation scheme. The report was considered by the Council on 20th November 2008, and has its full support.

### **GOC Proposals**

We understand that the Department of Health is particularly interested to know how the GOC's proposals will strengthen the safeguards already in place to protect patients and the public. To this end we would emphasise the following:

1. The proposals will provide assurance to patients and the public that all practising registrants take a planned approach to continuing education and training (CET) to keep themselves up-to-date in those areas relevant to their actual scope of practice and in core areas relevant to all practising registrants;
2. The proposals will provide assurance to patients and the public that in areas of the highest risk, where registrants are practising in those areas, that they will undergo periodic peer assessment to ensure they remain up-to-date and competent;

3. Where concerns about the performance or conduct of a registrant have been recorded by employers, commissioning organisations, or the GOC the proposals will ensure that appropriate remedial action is taken by registrants if their registration is to be continued;
4. The proposals will ensure that those who fail to comply with the revalidation requirements are not issued with a licence to practise. Anyone who practises protected functions such as testing sight, fitting contact lenses, or the dispensing of optical appliances to children or the visually impaired without a licence to practise will face fitness to practise action.

We intend to implement our proposals in 2012 following extensive public consultation. This will align with the beginning of the 2012-15 three year cycle in place under our rules for CET. Our proposals for revalidation are that registrants should normally be revalidated every six years (to correlate with two CET cycles) encompassing one sixth of registrants each year. In the meantime, we would emphasise that those optometrists with an independent prescribing specialty, who are working at the higher end of the scale of risk, are already required under our rules to demonstrate on an annual basis that they have had adequate practical experience as an independent prescriber to maintain the specialty.

## **Funding**

Finally, we are aware that significant funds have been made available by the Department of Health to support the introduction of medical revalidation. No such funds have been forthcoming to support revalidation in optics. We will of course undertake a cost-benefit analysis of our proposals, and only intend to implement revalidation in such a way that it is proportionate to risk and where the benefits outweigh the costs. However, it is inevitable that the introduction of revalidation will involve additional costs to the GOC and we would wish to minimise the impact of this on our registrants as far as possible. We have already had to significantly increase our fees, partly as a result of the costs in implementing the reforms arising from *Trust, Assurance and Safety*. This has been at a time when many of our registrants are experiencing financial difficulties as a result of the current economic crisis.

We would urge the Department to consider providing financial support to the GOC to further its revalidation proposals in order that the financial impact on our registrants is minimised. We look forward to discussing this with you further.

Yours sincerely,

Jon Levett  
Director of Standards

**A PROPOSED OUTLINE APPROACH TO THE REVALIDATION OF  
OPTOMETRISTS AND DISPENSING OPTICIANS – A PRELIMINARY REPORT  
OF THE GENERAL OPTICAL COUNCIL’S (GOC) REVALIDATION  
WORKSTREAM**

**Introduction**

1. The Government’s White Paper, *Trust, Assurance and Safety*, directed that revalidation was necessary for all health professionals, and that ‘its intensity and frequency needs to be proportionate to the risks inherent in the work in which each practitioner is involved’ (p.37).
2. Following the publication of the White Paper, the Government established the Non-medical Revalidation Working Group which was tasked with exploring further the issue of revalidation for all health professionals (with the exception of doctors who were covered by a separate working group). The Director of Standards is GOC’s representative on this Working Group. The current chairman of the Federation of Ophthalmic and Dispensing Opticians (FODO), Paul Carroll, also sits on the Working Group.
3. The Working Group has developed a set of principles to underpin non-medical revalidation. Each regulator has been asked to consider the principles developed by the Working Group, and report back to it early in 2009 as to how it intends to embed the principles into its own revalidation processes.
4. The GOC’s Standards Committee considered how it should respond to the Non-medical Revalidation Working Group’s at its meeting of 11th September 2008. The Committee decided to undertake a short consultation with key stakeholders to inform GOC’s response. The GOC’s Revalidation Workstream met on 2nd October 2008 to consider the responses and develop further the GOC’s approach.
5. Outlined below are the Revalidation Workstream’s views on how GOC’s should respond to the Non-medical Revalidation Working Group. This sets out the broad structure of the GOC’s proposed approach to revalidation. Further work will be required to develop the revalidation scheme, and further consultation with stakeholders will be required as the scheme develops and the required enabling legislation is put in place. Impact assessments will also need to be developed for each aspect of the proposed scheme to ensure that the benefits outweigh the costs, and that no particular group is unfairly disadvantaged.
6. In addition to the issues outlined below, the Workstream has considered how a revalidation system will deal with registrants when remedial action is required of them for revalidation purposes, how the system will integrate with employers’ appraisal and clinical governance mechanisms, and how the system should incorporate public and patient involvement. No firm conclusions have been reached on these matters. These will need further exploration as the system is developed.

## **Licence to Practise**

7. Revalidation will apply to all those optometrists and dispensing opticians who are active in clinical practice. Those who are on the register but who are not practising will not be required to be revalidated. This is because those who are not active in clinical practice pose no actual risk to patients, and hence it would not be proportionate to require such registrants to be revalidated so long as they continue to remain clinically inactive. Whilst it could be argued that the register need only consist of those who are active in clinical practice, and hence all registrants should be subject to revalidation, the GOC can see there is public benefit for many non-practising optometrists and dispensing opticians maintaining their registration. Some are in positions of authority in optical businesses and academia, and it remains in the public interest that such persons should be subject to the GOC's Code of Conduct for Individual Registrants, and fall within the scope of the GOC's jurisdiction on Fitness to Practise matters. As such, the GOC will seek the legislation required for registrants who are practising to be issued with a licence to practise. Those on the register who are not practising and not subject to revalidation will not be issued with a licence. This mirrors the approach being taken to revalidation by the General Medical Council (GMC).

8. The ability to perform protected functions without committing a criminal offence will continue to be linked to registration. However, where a registrant performs such functions without their possessing a licence to practise this shall be treated as adversely affecting their fitness to practise. The GOC will seek the legislative change to enable this. Further consideration will need to be given as to how the GOC will deal with registrants who are returning to practice after a significant break, and the basis on which such registrants are issued with a licence to practise.

## **Profiling risk**

9. As directed by the Non-medical Revalidation Working Group's report, the GOC will undertake risk profiling of its registrants. In measuring risk, consideration will be given to the impact of 'competency failure' for patient health and safety, and those contextual factors which may make competency failure more or less likely. Registrants will be asked to provide details of their scope of practice and details about their context of practice. This will inform what will be expected of registrants in terms of CET and other development activities undertaken. Where registrants are considered to be practising in high risk areas, the GOC will require that they have undergone an appropriate form of peer assessment against the relevant competencies (as part of approved CET involving such assessment, GOS re-accreditation, or other accredited assessment process).

10. Risk-profiling will be evidenced based wherever possible. For example, the GOC will examine data available from the General Ophthalmic Service re-accreditation schemes undertaken in Scotland and Wales, and its own fitness to practise processes when profiling risk. It is acknowledged that risk profiling will

be a complex task, and that there is a risk that certain registrants could be unfairly disadvantaged if the risk assessments undertaken are not sufficiently robust. The GOC will work closely with the optical professional and representative bodies in carrying out this work to utilise their expertise and to ensure that the risk profiling is robust and fair.

### **Competencies**

11. The competencies against which registrants will be revalidated will be the competencies which the GOC requires be met by those seeking entry onto its registers, or where specialty registration is held, the competencies required for entry into a specialty. However, it would not be practical or proportionate for each and every registrant to be required to demonstrate that they continue to meet each and every competency. The GOC will take a risk-based approach as to where a demonstration that the competencies continue to be met is required, taking into account the scope and context of practice of each registrant. The GOC will identify:

(a) *The competencies which all licensed registrants must demonstrate that they continue to meet.* These could be in core areas such as Professional Conduct and Communication.

(b) *The competencies which all dispensing opticians and the competencies which all optometrists must demonstrate that they continue to meet.* These would be in core elements of clinical practice related to carrying out those functions reserved to each profession in law (testing sight, fitting contact lenses, paediatric dispensing and dispensing to the visually impaired).

(c) *The competencies specific to the particular scope of practice of a registrant.* A risk-based approach would be adopted to identify those competencies outside of the functions reserved in law which a registrant would need to demonstrate that they continued to meet if these related to their actual scope of practice.

(d) *The competencies which those registrants with a specialty annotation on the register must demonstrate that they continue to meet.*

### **Evidence**

12. In determining the evidence required to demonstrate that the relevant competencies continue to be met, the GOC will again take a risk based-approach. The greater the risk to patients of 'competency failure', taking into account the contextual factors of a registrant's practice, the more robust will be the evidence-base required to satisfy the GOC that competency has been maintained.

13. At the higher end of the scale of risk, evidence that peer assessment against the relevant competencies has been undertaken will be required. The GOC will invite providers to submit peer assessment programmes for accreditation. This may include existing schemes such as the General Ophthalmic Service re-accreditation schemes in Scotland and Wales. Other schemes may be provided by the professional bodies or training establishments.

14. At the lower end of the scale, evidence that relevant CET or other development activity has been undertaken may be considered sufficient and that no concerns have been recorded by employers, NHS commissioning organisations, or the GOC.

#### **Intensity and frequency of revalidation in relation to risk**

15. For the vast majority of registrants, a licence to practise will be issued every six years following a revalidation review (two CET cycles). However, where concerns are identified, a licence may be issued for a shorter period subject to the registrant meeting certain conditions. This may require them to submit information during the conditional period to satisfy GOC that they are taking steps to meet the conditions.

16. The cost of undertaking remedial action to meet such conditions will be met by the registrant.

#### **Implementation**

17. A full implementation plan will be published by the GOC early in 2009. This will follow the GOC's report to the Non-medical Revalidation Working Group, on the basis that the GOC will receive the endorsement from the Working Group to develop further its plans for revalidation on the basis outlined above. The scheme and a specification for the IT support will be developed during 2009-10. It is anticipated that an on-line system similar to that in place for CET will support revalidation.

18. It is intended that revalidation will be introduced to link with the beginning of the 2012-15 CET cycle, and that 1/6th of registrants will undergo revalidation each year (matching a 2 x 3 year CET cycle).

## TERMS OF REFERENCE

### REVALIDATION WORK STREAM

#### **Objective**

To ensure that a revalidation scheme for optometrists and dispensing opticians is risk-based, targeted and proportionate and which sustains, improves and assures the professional standards of optometrists and dispensing opticians as well as identifying and addressing poor practice or bad behaviour (*Trust, Assurance and Safety*, Foreword, p.2).

#### **Remit**

The Revalidation Work Stream shall make proposals to the Project Board on all key matters relating to establishing a revalidation scheme for optometrists and dispensing opticians in the light of the decision in the White Paper, *Trust, Assurance and Safety*, that revalidation is necessary for all health professionals.

In particular, the Revalidation Work Stream will make proposals on:

1. The standards required for optometrists and dispensing opticians to maintain their registration on a regular basis.

As well as considering standards specific to optometrists and dispensing opticians, it will take into account work undertaken by the CHRE's Working Group on Revalidation which will examine the possibility of common standards being developed across professional groups. It will consider how the CET scheme can be developed so that this forms a key part of the evidence for revalidation, and will integrate relevant work from the Registration Work Stream on good character etc. into a description of the standards required of registrants to maintain registration.

2. The system of revalidation for optometrists and dispensing opticians.

It will consider the roles and responsibilities of GOC, NHS commissioning organisations, and employers in revalidation, and propose a framework for the delivery of revalidation. It will consider a framework for the analysis of risk, and propose a system of revalidation which is demonstrably risk-based, targeted, and proportionate, which will withstand the scrutiny of a regulatory impact assessment, and which will have the confidence of all stakeholders. It will take into account work undertaken by the CHRE's Working Group on Revalidation which will examine the possibility of common systems

being developed across professional groups. It will refine its proposals in the light of any pilot schemes undertaken across the professions.

### 3. Implementation.

It will propose a realistic timetable for the introduction of revalidation, taking into account the need for enabling legislation to be in place and the impact of such a scheme on dispensing opticians and optometrists, NHS commissioning organisations, and employers, and their readiness for revalidation.

4. Other issues that the Project Board and/or Council consider the work stream should develop.

5. In considering the above issues the Revalidation Work Stream will identify what amendments might be needed to:

- a. primary and secondary legislation;
- b. and other relevant documents.

## **Organisation of work and output**

The Work Stream will organise its work to ensure that GOC is able to respond to Government in a timely fashion in accordance with the Government's implementation plan.

It will keep itself informed of the work of the UK Steering Group on Revalidation and the CHRE Working Group on Revalidation and ensure that its proposals are in synergy with that work. It will keep itself informed of the work being undertaken by other regulators to establish revalidation schemes, and relevant work of other GOC work streams.

It may seek such outside advice as it deems necessary (within agreed budgetary constraints). It will report on the progress of its work to the Project Board and/or Council as and when directed by the Project Board.

Notes of all meetings will be posted on the Council members' section of the website once agreed by the Chairman of the Work Stream. Other information on the work of the Work Stream (relevant reports, agenda papers etc) will also be posted on the members' section of the website.