

Consultation responses on draft General Optical Council strategy for 2025-2030

March 2025

We have redacted the participant data for anonymity in line with our GDPR obligations and consultation policy.

Respondent 1

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Please explain your reasoning.

describes GOC role

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Please explain your reasoning.

describes GOC role

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Not sure

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Not sure

Please explain your reasoning.

I see why this is included but it is not a major issue at optometric coalface. I spend time with hundreds of registrants, and this is far from their primary concern

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

Absolutely key area

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

GOC are leading other regulators here we should keep raising the bar

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Not sure

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Not sure

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

workforce-numbers/capability /geographic distribution. Not historically within GOC remit but it just never lies down and is major factor in how the profession can develop

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 2

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Contact lens optician

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

No

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Not sure

Q9. Will the proposed changes have effects, whether positive or negative, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

If remote eye care is to be provided, the practitioner must be in control of the ocular health examination in real time. Not like the US model of asynchronous photographs taken of the eye on a slit lamp and reviewed later.

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 3

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

Q9. Will the proposed changes have effects, whether positive or negative, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

No response

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

No response

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) Yes

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

No response

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 4

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

Bailey Opticians

Which category best describes the organisation you are responding on behalf of?

Business registrant / employer

Q1. Do you agree with our vision 'safe and effective eye care for all'?

No response

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

No response

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

No response

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

No response

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

No response

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

No response

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

No response

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

No response

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) No

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q12. Is there anything else you think we should consider as part of the development of our strategy?

No response

If yes, please explain your reasoning.

If it ain't broke don't fix it!

Can we publish your response?

Yes

Respondent 5

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

Bexley Bromley and Greenwich LOC

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

No

Please explain your reasoning

Should include being accessible and equitable also

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

No

Please explain your reasoning

Should include "in the provision of eyecare services"

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

Have not considered issues of EDI in the strategic context and also the external effects of the market as a whole in respect to protecting the general public. Effects of the current model of a low paid NHS sight test fee cannot be ignored in aspects of safeguarding the public.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

Should be in line with NHS strategy and policy completely. eg in respect to equity of access

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

***Does not take in account the current market forces (e.g., low NHS fee for a sight test) and the restrictions on the ability to develop. Also need to reference data protection and data sharing to safeguards patients.
re: paragraph 45 - Feel that it should reference "" wider scope of practice "" instead***

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

A reference to external factors (e.g., commercial factors) is needed and also how stakeholders can input the regulation and safeguarding that the public require

Needs to also analyse risk in eyecare provision. Also to consider the risk of new technology

Feel it is more realistic to say "future regulation" rather than "agile regulation"

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

If yes, please explain how.

All of them impact individuals who are receiving care and also those delivering care.

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

If yes, please explain how.

Very patient focused but also need to consider supporting the registrants. This will lead to better patient care in the long term - supporting education, and innovation of technology

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
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No response

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

***Needs to have registrant input.
Zero support for businesses and how business models develop, who ultimately provide the services and safe eyecare for the public. Greater detail on technology as a whole and how this can be provided whilst safeguarding the public e.g., data sharing and data protection
Insufficient focus on equity as a whole***

Can we publish your response?

Yes

Respondent 6

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

Optometry Scotland

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Please explain your reasoning.

This vision aligns well with our goals and values at Optometry Scotland. Ensuring safe and effective eye care for all is essential and a goal we fully support.

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Please explain your reasoning.

Upholding high standards in eye care services is crucial for public safety and health. We agree with this mission as it reflects a commitment to excellence and protection of the public.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

The impact of the Education and Training Review (ETR) on the workforce seems to be overlooked. With fewer places available at [REDACTED] for first-year optometry students in 2025-26, we are concerned about meeting the growing demand for optometrists due to expanded roles and an aging population. The ETR might reduce the number of pre-reg optometrists, negatively affecting the overall workforce and hindering the vision of safe and effective eye care for all.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

We fully support this objective. Making eye care services accessible to all, including traditionally underserved groups, is vital. We welcome initiatives aimed at increasing inclusivity in eye care.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

Regulation should not get in the way of innovation; it should only ensure that such innovation is safe. Regulation should be proportional to risk, easy to understand and apply.

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

If regulation is truly agile it's a great objective. Regulation must move quickly enough to keep up with actual practise.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

No

If yes, please explain how.

We do not foresee any negative impacts on these groups. In fact, the objective of providing safe and effective eye care for all is likely to positively affect individuals with protected characteristics by improving access and equity in eye care.

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

If yes, please explain how.

The strategic themes are designed to enhance the quality and accessibility of eye care services, which should positively impact all individuals and groups by ensuring better care and inclusion.

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q12. Is there anything else you think we should consider as part of the development of our strategy?

No

Can we publish your response?

Yes

Respondent 7

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

Optometry Wales

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

We would wish the GOC to provide reassurance to the profession in Wales and confirm in its Strategy that it will not seek to propose any changes in the Opticians Act that has the potential to separate the refraction element of the sight test to the eye health element of the sight test.

When referencing business regulation, we would wish the GOC to include within the text that any expansion of regulations will be proportionate and in response to an evidence-based need for change.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

Whilst we completely agree with the strategic objective, we would wish to see additional text within the objective to detail what exactly is meant by 'fairer' and 'more inclusive'.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

Whilst we agree with the strategic objective, we have received feedback from the profession that registrants would prefer a more flexible approach when managing their professional development. Now that more registrants are achieving further qualifications in Wales and providing more extended services, registrants would wish to have more autonomy in deciding their CPD objectives.

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

In Wales, we have struggled to obtain detailed workforce data and would welcome the sharing of any permissible GOC data to support Optometry Wales when negotiating with stakeholders (NHS and Government) on behalf of the profession.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

No

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

No

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Yes

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) No

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) No

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

Paragraph 47 states: "Inquiries into poor patient care often highlight a failure to listen to the concerns of patients or service users. The GOC ultimately exists to protect the public, so we wish to strengthen the user voice across our work, enabling us to put the interests of the public and patients at the heart of regulation. This includes better understanding the views and experiences of the public and patients through the research we commission, building our relationships with organisations representing these groups, and ensuring these interests are at the forefront in shaping the decisions we take".

We would also like to see the GOC highlighting examples of good patient care to the general public and other stakeholders. This would provide opportunities to celebrate the excellent work of registrants and to further support the strategic direction of primary care based enhanced services.

Additional general comment:

Optometry Wales is very grateful to the GOC for publishing the GOC strategy in the Welsh Language. This supports registrants and patients to use the Welsh Language as per the policy of the Welsh Government and offers choice which is appreciated.

Can we publish your response?

Yes

Respondent 8

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Please explain your reasoning.

I believe in high standards of eye care. I believe minimum time for eye tests should be set for patient safety.

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Please explain your reasoning.

I believe that in some cases in the past they have been unsafe practices by a minority of practitioners. There is a need to ensure safety standards for patients.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

The fact that practices do OCT without given the practitioners adequate time to explain it to patients and that there is anterior OCT done at [REDACTED] with limited benefits for patient care. There is also the fact that some stores have 20-minute testing and ghost clinics which can make practicing there unsafe for optometrists

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

I believe that we are in a position to manage minor eye conditions in practice but it's key that our limitations are also understood as we are unable to prescribe medications for some patients without referring onwards

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

I agree as it is important to make sure businesses are regulated in order to ensure a safe environment for patients and practitioners and ensuring that the latest treatments are offered to patients

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

It is important to put patients at the heart of what we do in order to ensure that we as a profession can learn from mistakes in care and put steps into place to ensure it doesn't happen again

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

If yes, please explain how.

It could help empower those who may be less likely to complain seek advice and help ensure better care

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

If yes, please explain how.

It would affect patients positively as it would move the profession away from a profession based on sales and more based on patient care

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Yes, (b) Yes

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(b) Yes, (a) Yes

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) No, (b) No

Q12. Is there anything else you think we should consider as part of the development of our strategy?

No

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 9

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Dispensing optician

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Not sure

Please explain your reasoning.

Lofty ambition but not practically possible

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Not sure

Please explain your reasoning.

High standards would be a minimum expectation from the public, but it does not mean that they will always be achieved. The profession is undermined by illegal dispensing, remote eye examination supervision from companies based overseas, and the breakdown of GOS through lack of funding causing opt-out

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

No response

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

No response

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

No response

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

No response

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

No response

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

No response

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

There is no mention of the need for opticians and optical businesses to protect their patients though ensuring that their working environments meet basic standards of Sustainability (e.g., energy, waste, recycling etc)

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 10

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

[REDACTED]

Which category best describes the organisation you are responding on behalf of?

Patient representative charity/organisation

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Please explain your reasoning.

Setting out the principal of equity from the outset is essential. How effective this will be is something you must endeavour to measure. Many of the barriers to accessing eye health services may be beyond the control of the GOC & optical service providers and therefore effective partnership working with other stakeholders will be required.

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Please explain your reasoning.

Standards are important to ensure equitable access to services.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

There should be a greater emphasis on identifying and seeking the views of people at risk of missing out on eye health services due to social factors or co-existing health conditions/disabilities. We would also like to see more alignment with organisations working with those most at risk of sight loss (EG Age Uk/older people.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

The only thing I would add here is the issue of offering OCT scans as a matter of course in private eye exams. This chargeable service can be selected by people when booking an eye test, but there is opinion that OCT scans should only be offered if indicated from other observations. This leads to an impression that potentially unnecessary scans are being offered to increase income of optical services.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

Please refer to my previous answer

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Not sure

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 11

Are you responding on behalf of an organisation?

No

Which category of respondent best describes you?

Optometrist

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

Workforce mapping: It would be in the public's interest as well as commissioners, businesses and individual optometrists to have an open access easily accessible mapping tool.

Currently 27% of optometrists do not have a practice address accessible on the public register.

In order to map these 27% I suggest forcing a choice of "home town" from a limited list of cities/towns.

Similarly the public, commissioners, businesses and fellow registrants would be empowered if they knew of higher qualifications held such as IP and College higher qualifications.

It would be helpful to 1) maintain a list of higher qualifications but not all qualifications e.g., those achieved abroad. IP and current College HQs would be a good enough list. And 2) make this list publicly accessible.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Not sure

Please explain your reasoning.

Certainly to filtering concerns that have no merit is for everyone. Timely FtP hearings are super important, some still take way too long (years often) I am concerned about the registrants mental health during this time. It is probably only a matter of time before a (preventable) suicide creates much more urgency in the system. Acting before this is a moral imperative.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

No

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Not sure

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

Only as explained before 1) registrant and higher qualification mapping and 2) faster fairer FtP process.

Can we publish your response?

Yes, but please keep my name and/or my organisation's name private

Respondent 12

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

LightAware

Which category best describes the organisation you are responding on behalf of?

Patient representative charity/organisation

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Please explain your reasoning.

LightAware is a registered charity founded in 2015 to respond to the needs of those whose lives and health have been profoundly affected by the ban on the sale of incandescent lighting and the introduction of LED technology.

LightAware's objectives are:

- To raise awareness about the effects of artificial lighting on human health and wellbeing.***
- To stimulate discussion and investigation into the effects of artificial lighting on human health and wellbeing.***
- To promote equality and diversity through encouraging provision of access to civic life for those excluded by sensitivity to artificial lighting.***

About light-disability and light-sensitivity

Many health conditions have some form of sensitivity to light as a recognised medical symptom. These conditions include lupus, autism, migraine, ME and a range of other skin and neurological conditions. People with light sensitivity as a symptom can react to a range of different types of light, at varying levels of exposure, and with varying degrees of severity. Some react to sunlight, some to UV, and some to specific types of artificial light, such as fluorescent lights and certain kinds of LEDs. In some cases people may react to all LED lighting. Some also react to LEDs used in ad boards, display screens, computer monitors and phones.

In addition another group of people have had no previous health issues but have started to have health problems with the introduction of new forms of lighting. Symptoms include eye pain, debilitating headaches, skin burning and rashes, dizziness, fainting and vomiting.

For both groups, reactions can be extremely severe and debilitating,

LEDs produce light in a very different way from traditional lighting – for more information on why see www.lightaware.org/science/whyledsdifferent Sensitivity to LED lighting has been recognised by the EU and subsequently by the UK Government in the Eco-Design Regulations (SI 1095/2021), which list photosensitivity as a reason for continued access to traditional incandescent lighting.

For some sufferers, the severity of their physical reactions means they need to avoid even minimal exposure to light which affects them and the adverse impact on their day-to-day life is severe and long-lasting, thus reaching the threshold to count as a disability under the Equality Act.

This can result in devastating social exclusion with serious consequences for their mental and physical health. A series of case studies of the impact of new forms of lighting on light disabled individuals is on our website at <https://lightaware.org/individual-stories/> Achieving safe and effective eye care for all would require

1 – greater awareness of the difficulties that light sensitive and light-disabled people face in accessing opticians' premises, and the ways that these can be tackled by for example switching off problematic lights and screens, providing a separate room and timing appointments appropriately. LightAware provides an information sheet about access to healthcare

LightingAccessibilityAccessHealthcare_Infosheet3_FINAL.pdf (lightaware.org) and also issues the LightAware Card, a wallet-sized card to help others understand that lighting is an accessibility and inclusivity issue.

2 – light sensitive and light-disabled people may also have problems with the aspects of the eye test which involve shining lights into and close to the eye. In many cases consultation between the optician and the client will enable this aspect of the test to be adapted so that some form of examination can be carried out. However for a small number of people any light in the eye will cause a severe reaction with a significant and long lasting negative impact on their chronic health condition, and this impact may in fact never be recovered from. Case studies of individuals in this situation have been sent separately to the GOC by LightAware. This vulnerable group need to be able to decline any examination with light in the eye, but still have the other element of the eye test. Otherwise they will be excluded completely from eyecare and the GOC's strategy will not deliver safe and effective eye care for all.

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Not sure

Please explain your reasoning.

We would be concerned if “upholding high standards in eyecare services” meant that opticians are nervous of allowing that small group of people who

are very hypersensitive to light to decline having any light shone in their eyes, and therefore deny them any access to eyecare– as has sadly been happening. This would put this mission in conflict with your other mission “safe and inclusive eye care for all” and the strategic objective “creating fairer and more inclusive eyecare services”.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

No

Q4. Do you agree with our strategic objective ‘Creating fairer and more inclusive eye care services’?

Yes

Please explain your reasoning.

As above – there are currently groups who are excluded from eyecare services, either

- because they cannot access opticians’ premises because of the severe reactions they have to the lighting used and the display screens installed, or***
- because due to severe hypersensitivity to light arising from an underlying health condition they have reluctantly to decline the parts of the eye test involving shining lights directly in the eye, and have been therefore refused access to any part of the eye test (please see case studies submitted separately).***

Q5. Do you agree with our strategic objective ‘Supporting responsible innovation and protecting the public’?

Yes

Please explain your reasoning.

Innovation in the ways that eye examinations can be carried out can be beneficial to light-sensitive and light-disabled people who have difficulties with traditional approaches.

Q6. Do you agree with our strategic objective ‘Preventing harm through agile regulation’?

Yes

Please explain your reasoning.

In particular, opticians who show flexibility and humanity in making reasonable adjustments for people with severe light hypersensitivity should not be concerned about suffering professional consequences.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

If yes, please explain how.

For some light-sensitive sufferers, the severity of their physical reactions means they must avoid even minimal exposure to light which affects them. The adverse impact of this avoidance on their day-to-day life is severe and long-lasting. This means that their light sensitivity reaches the legal threshold to count as a disability under the Equality Act, and has been found to do so by tribunals.

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

If yes, please explain how.

We welcome the increased focus on equality, diversity and inclusion. Light-sensitive and light-disabled people can be some of the most marginalised, excluded and socially isolated groups in society. Understanding and awareness of simple practical steps to enable their inclusion can make a huge difference.

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q12. Is there anything else you think we should consider as part of the development of our strategy?

No response

Can we publish your response?

Yes

Respondent 13

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

Association for Independent Optometrists and Dispensing Opticians (AIO)

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

No

If yes, please explain the missing developments.

As a point of expansion, the use of technology may have the potential to revisit the option of Dispensing Opticians being able to refract under the (defined) supervision of an Optometrist. Overhaul of the Opticians Act should give the GOC the ability to make expeditious decisions on such matters.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

And consideration should be given as to how this objective can embrace innovation being offered from offshore, and the extent to which powers can be used to (for example) take down websites in need to protect the public

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Not sure

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Not sure

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

Small independent practices can feel quite remote from the GOC who historically have been regarded as an organisation to be feared. It will be interesting to discover how many Independents actually take the time to respond to this consultation. For any strategy to be fully effective for the intended beneficiaries (the general public) it is very important that the registered community knows and understands what is expected of it. Further, even greater impact can be achieved if practitioners 'buy in' to the strategy. We

suggest that much thought is given as to how the strategy is communicated and made tangible for registrants, and more broadly their practices.

Can we publish your response?

Yes

Respondent 14

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

BCLA

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

No

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Not sure

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

No

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

Unregulated and illegal supply of visual aids continues to pose a risk for the public - particularly contact lenses (although spectacles can also be an issue of course). It is appreciated that this is a challenging area in general but also where supply outside of the UK is concerned. Better education needs to be provided to the public about the legal aspects of purchasing contact lenses/spectacles and also the health risks of procurement from an unregulated supplier. Equally punitive measures and other regulatory aspects should continue to be explored.

Can we publish your response?

Yes

Respondent 15

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

The College of Optometrists

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Please explain your reasoning.

We support this vision in principle. All registrants, as healthcare professionals, have a responsibility to ensure the care and safety of their patients.

We welcome the use of 'eye care' rather than 'optical' as it reflects the wider range of activities that are undertaken by registrants.

However, we would welcome more information from the GOC on how they will measure success in achieving its vision. The GOC should define what it means by "eye care". It is not clear whether "effective eye care" refers to its delivery by registrants and/or outcomes for patients.

In addition, the delivery of safe and effective eye care for all is not limited to optometrists, dispensing opticians, students and businesses, but it also involves other professions not regulated by the GOC, like ophthalmologists, ophthalmic nurses, or orthoptists.

We recommend the GOC specifies which aspects of eye care it will measure to assess progress towards achieving its vision.

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

No

Please explain your reasoning.

As mentioned in our response to Q1, the delivery of safe and effective eye care is not limited to optometrists, dispensing opticians, students and businesses, but it also involves other professions not regulated by the GOC. It is therefore

not possible for the GOC to uphold high standards in all eye care services in the UK. The GOC sets standards for the performance and conduct of registrants to ensure the care and safety of their patients, but not standards in eye care services.

We acknowledge that the GOC uses ‘services’ rather than ‘professions’ to reflect the fact that both individuals and businesses (using any of the protected titles in their company or trading name) are registered with them. We also recognise that the GOC is seeking an extension of its power to regulate all businesses in the eye care sector carrying out restricted functions.

Therefore, we suggest the GOC better aligns its mission with the scope of its core functions and better defines its mission.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

We welcome the increased focus on the changes in the workforce and the recognition of the impact technology is having on the profession and the care they provide, including remote eye care, international delivery of services into the UK and new technologies, including artificial intelligence (AI). As technology improves, registrants will be able to deliver more care in new ways, closer to patients’ homes. Developing good practice around the use of telemedicine is an opportunity for registrants to offer a wider range of services in the future, and to widen access to primary care for patients.

We recommend including the lessons learned from the COVID-19 pandemic which have brought to light that some of the GOC’s legislation and regulations may have prevented care being delivered effectively during the pandemic. To address this, the GOC published statements to remove unnecessary regulatory barriers.

We also welcome the recognition of an ageing population which will lead to increased needs for eye care in general – and not only domiciliary eye care – as it will have an impact on the eye care workforce that is required to meet their needs. However, we recommend also adding the expected increase for eye care of the younger population, as not all children have regular access to eye care services. The prevalence of myopia is expected to increase leading to more eye care needs. The proportion of myopes in the UK has more than doubled over the last 50 years in children aged between 10–16 years and children are becoming myopic at a younger age (McCullough SJ, O’Donoghue L, Saunders KJ (2016) Six Year Refractive Change among White Children and Young Adults: Evidence for Significant Increase in Myopia among White UK Children. PLoS ONE 11(1): e0146332. <https://doi.org/10.1371/journal.pone.0146332>)

Furthermore, we recommend including the expected development of innovative diagnostics and treatments that have the potential to lead to improved prevention, earlier detection and better treatments for eye conditions. This will transform eye care services, including through digital transformation, such as telemedicine solutions, artificial intelligence and remote patient monitoring. Currently, treatments are focused on the slowing or halting of progression, and in some cases partial reversal of condition. Over time, better treatments will evolve towards reversal of deterioration in sight and prevention of disease. Emerging advanced digital technologies, digital therapeutic approaches and innovation in drug delivery also provide new challenges and opportunities for optometry. It will be important to ensure that future regulation:

- reflects current and future context of healthcare delivery, including in terms of developments within technology and treatments, and the potential increase of clinical care and health services delivered by optometrists.**
- reflects future workforce needs and the development of different roles required to deliver the eye care needs in the UK.**

It is important to ensure that registrants are prepared for future treatments and new technologies on the horizon through appropriate education and training and are supported to upskill to deliver more clinical services for the benefits of patients.

Regulation should support optometrists in expanding their scope of practice, including IP optometrists with the development of future new medicines and treatments. We have published guidance on expanding the scope of practice setting out the principles that will support optometrists when deciding whether a particular procedure or therapeutic activity falls within their scope of practice, or when moving into a new area of practice, to ensure patient safety and robust governance.

We recommend adding the increasing role optometrists play in primary and preventative healthcare for both ocular and systemic conditions. They are in a good position to deliver important public health services to patients attending for regular eye examinations who may not be in regular contact with other healthcare professionals. Optometrists can identify both eye problems and other wider systemic diseases, and provide advice, treatment, referral, signposting and support to manage these.

For example, as well as identifying eye conditions, eye examinations can identify high blood pressure, high cholesterol and patients that may have diabetes or are pre-diabetic. A good case study is the Healthy Living Optical Practice initiative, which started in Dudley. Through the scheme, optometrists and colleagues in primary eye care offer a range of health-related advice, including NHS health checks, smoking cessation services, alcohol screening and weight management. Patients can also receive lifestyle advice and, if necessary, referral into other support services.

A pilot stroke prevention study has been set up in East Cheshire, to determine if primary eye care practices could identify patients with undiagnosed atrial fibrillation. Patients aged 60 and over who were already attending for a sight

test were screened. Five practices took part and in 12 months 329 patients were screened and 31 patients were referred for further investigation at their GP. The pilot demonstrated that screening in primary eye care reduced the burden on GPs and identified a number of people at risk of stroke, enabling them to seek appropriate treatment and reducing the negative impact a stroke could have on their lives and to the wider health and social care system. Prevention and wellbeing are an important part of moving towards a healthier population and optometrists are well placed to provide relevant prevention and public health advice. It is important that optometry practices continue to be seen as supportive, accessible and inclusive providers of care.

Where enhanced services require skills and expertise beyond the core standard competencies, additional training, and potentially accreditation, will be needed. However, the regulation of such training, approval of courses and accreditation should be reasonable, rapid, proportionate and not duplicate existing CPD requirements.

Optometrists should be supported to obtain the higher qualifications required to provide additional services. The biggest barrier in delivering this objective is access to clinical learning placements. A national improved approach to removing the bottlenecks in clinical placement opportunities is needed so that we can increase specialist skills in the optometrist workforce and ensure that practices can continue to provide eye care while their employees attend courses or training.

We suggest including the impact the implementation of GOC's Education and Training requirements (ETR) is having on optometry education, employers, and other stakeholders involved in the design, delivery and assessment of GOC-approved qualifications – as this will continue within the lifetime of the GOC's new strategy.

Finally, we suggest adding the developments occurring in each of the devolved nations. We fully acknowledge that the GOC is the UK regulator, but the specificities of each nation and required regulatory changes should also be included. There are potential challenges across the four nations that should be considered when developing the GOC's new strategy. With universities having integrated pre-registration style placements starting and finishing at different times, assessing students in different ways, and having them qualify at varying times, means that there will be a lot of variety across the UK and that might restrict movement of qualified registrants between each nation, exasperating unequal access to eye health services across the UK.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

We agree with this strategic objective but would recommend putting more emphasis on tackling negative working environments since the GOC Registrant Workforce and Perceptions Survey 2023 found high numbers of registrants experiencing bullying, harassment, abuse, or discrimination in the workplace.

We also recommend adding more emphasis on regulation that facilitates more inclusive access to eye care services across the UK, considering geographical disparities and wealth inequalities, in addition to groups with protected characteristics, e.g. tackling the postcode lottery and ensuring every person in the UK has access to an optometrist.

Although 17% of the population live in rural areas, a 2016 workforce survey (https://www.college-optometrists.org/coo/media/media/documents/research/research_projects/optical-workforce-survey-full-report.pdf) indicated that only approximately 11% of the eye care workforce worked in non-urban areas. This indicates that there is a disparity in the location of primary eye care services in non-urban areas, compared to the size of population that lives there. There is also evidence that people living in socio-economically deprived areas face more barriers to accessing primary eye care and regular eye examinations, and therefore present later to hospital eye services. The association between socioeconomic deprivation and eye disease is well established. UK research finds significant unwarranted variation in uptake and inequality in the number and rate of sight-testing in areas of deprivation versus areas of affluence:

- 1. Lane M, Lane V, Abbott J, Braithwaite T, Shah P, Denniston AK. Multiple deprivation, vision loss, and ophthalmic disease in adults: global perspectives. *Surv Ophthalmol* 2018; 63(3):406-436.**
- 2. Rathore M, Shweikh Y, Kelly SR, Crabb DP. Measures of multiple deprivation and visual field loss in glaucoma clinics in England: lessons from big data. *Eye* 2023; doi.org/10.1038/s41433-023-02567-z**
- 3. Shickle D, Farragher TM. Geographical inequalities in uptake of NHS-funded eye examinations: small area analysis of Leeds, UK. *Journal of Public Health* 2015; 37(2): 337-45.**
- 4. Shickle D, Farragher TM, Davey CJ, Slade SV, Syrett J. Geographical inequalities in uptake of NHS funded eye examinations: Poisson modelling of small-area data for Essex, UK. *Journal of Public Health* 2017; 40: 171-179.**
- 5. Shickle D, et al. Addressing inequalities in eye health with subsidies and increased fees for General Ophthalmic Services in socio-economically deprived communities: a sensitivity analysis. *Public Health*. 2015 Feb;129(2):131-7.**
- 6. Harper RA, Hooper J, Fenerty CH, Roach J, Bowen M.. Deprivation and the location of primary care optometry services in England. *Eye* 2024; 38 (4): 656-658.**

It is important that primary eye care services in non-urban and more deprived areas are commissioned, and local residents supported to access both regular eye examinations and enhanced eye care services, to help prevent sight loss

and improve vision and related wider health outcomes. Regulation should not be a barrier to this, and the GOC should consider how they can encourage registrants to work in these areas – perhaps through encouraging people from local communities to consider optometry as a career and be supported to enter the profession.

When it comes to eye health, prevention is key. Although the risk of developing many eye conditions such as cataracts and age-related macular degeneration (AMD) increases with age, worse eye health is also linked with indicators of inequality such as ethnicity and deprivation (Atlas of variation in risk factors and healthcare for vision in England, PHE, 2021) and the environment.

We support the GOC's priorities aiming at reducing unwarranted variation in uptake of sight-testing in areas of deprivation versus areas of affluence. We recommend that the GOC considers how it can use its regulatory levers to help reduce barriers to people accessing services, via a proportionate and collaborative approach.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

We agree with this strategic objective, however, we are of the opinion that the protection of the public is the primary role of the GOC and should therefore be at the heart of all three objectives.

In Section 2 of the consultation document, the GOC identifies innovation and technology as being particularly relevant to its work, mentioning for example AI and remote eye care. Developments in technology and innovations in optics are increasingly influencing the delivery of eye care. However, there is little detail related to what the GOC plans to do in the priorities it has identified under this strategic objective. We would welcome more information on how the GOC plans to effectively support innovation and the use of new technologies, including AI. Appropriate and proportional regulation should support innovation while also providing patients and the public with the sufficient level of protection and trust they expect.

We welcome the GOC objective to support the professions to grow in size and develop their roles to meet more patient eye care needs. However, we note that the GOC fails to recognise that health systems do not consistently make use of the full skills and competencies already available within the eye care workforce. This prevents registrants from delivering a greater scope of clinical care and is a barrier to improving eye care services. Delivering more clinical eye care is not only about education and training but it is also about the opportunities to use these skills. Making full use of registrants' core competencies, as well as higher qualifications and independent prescribing,

can help reduce the reliance on local GPs, cut NHS waiting times and enable more people to live independently.

We would welcome more detail regarding the GOC's priority in taking a more strategic approach to post-registration qualifications. Optometrists who have Independent Prescribing (IP) and Higher Qualifications can offer a wider range of specialist eye care services and treatments for managing more patients closer to home. With continued pressures on hospital eye services, it is important to support the optometry workforce so that the skilled staff needed to deliver patient care can be recruited, trained and retained. However, the availability of clinical placements that are required to complete higher qualifications and IP is severely restricted and constitutes the greatest barrier to achieving them. If not addressed, this will continue to impact patient outcomes. A national approach to removing the bottlenecks in clinical placement opportunities is needed. We would recommend the GOC capitalises on the ETR to make use of supervisors and settings flexibility to open up more placement opportunities. This requires new ways of working and infrastructure to support multi-setting clinical experience, and accessibility.

We would also recommend the GOC adopts a proportionate approach, in collaboration with employers, to support registrants' growth in roles, by better protecting the time needed to develop additional skills and competencies, and incentivising optometrists to contribute to the education of the next generation. We would also welcome the recognition by the GOC of the time and preparation requirements for supervision within a profession. Finally, we welcome the proposal to extend the regulation to all businesses carrying out restricted activities in the UK. While there is little evidence to explicitly suggest that patients have suffered as a result of the current absence of universal business regulation, there are potential new risks, including those arising from the introduction of new technologies and remote consultations, and businesses outside the UK providing services. We believe that, in order to provide adequate protections to patients and the public and to provide public reassurance and enhanced confidence in the profession, the GOC should adopt a more consistent and comprehensive system of effective business regulation.

Extending regulation to all businesses carrying out restricted activities also provides an opportunity for the GOC to further tackle the illegal supply of eye care services and optical appliances from both within the UK and abroad. In recent years, there has been an increase in online prescribing and dispensing of optical appliances. This raises issues concerning potential lack of appropriate supervision for the safe supply of contact lenses without specification verification, and spectacles supplied without ensuring the prescription is valid. This has always been a concern for the sector and registrants. We appreciate that the GOC does not have jurisdiction to take action on overseas sales, but we would like the GOC, as a minimum, to raise the issue with the appropriate local regulator/authority and have the powers to end the illegal practice occurring in the UK.

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

See our responses to Q3 and Q5. We believe optometrists should be better supported and incentivised to upskill and obtain the higher qualifications required to provide enhanced services. Furthermore, employers and local commissioners should be able to audit the wider skills of their local optometric workforce to ensure that the skills available are being effectively used to provide the best possible patient care.

We welcome the GOC priority to support workforce planning and patient choice by collecting better data about registrants and improving how the GOC publishes and shares this with others. However, we recommend the GOC to continue to maintain all existing registers, including student registration and specialty practitioners. Maintaining a record of higher and additional qualifications (HQs) on the GOC register is key for a number of reasons. The GOC register helps to maintain public trust in the profession. If patients receive enhanced or specialised treatment or management by an optometrist in primary or secondary care, they need to be reassured that the individual is not only regulated but also has the specialist skills required to provide that enhanced service. The requirement for these additional skills is set out in national guidance and frameworks including:

- ***Eye care workforce competency mapping carried out by NHS England for its National Eye Care Recovery and Transformation Project (NECRTP): <https://future.nhs.uk/NationalEyeCareHub/view?objectId=135777829>***
- ***The Ophthalmic Practitioner Training framework <https://www.rcophth.ac.uk/training/ophthalmic-practitioner-training/>***
- ***A national framework for designing glaucoma care pathways <https://www.rcophth.ac.uk/wp-content/uploads/2022/04/Designing-Glaucoma-Care-Pathways-using-GLAUC-STRAT-FAST.pdf>***
- ***NICE's guidelines for glaucoma diagnosis and management <https://www.nice.org.uk/guidance/ng81>***
- ***Welsh Government's new WGOS contract for primary eye care services <https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/>***
- ***Enhanced primary eye care services are also provided by Health Boards in Scotland (NB the qualifications required by optometrists to deliver those services are decided locally).***

Such services help to take pressure off ophthalmologists and hospital eye services, and so it is vital that the qualifications required to provide such services can be seen by members of the public.

The register is also widely used beyond members of the public. It is a useful and unique resource for national and regional workforce and service commissioners and planners. At a time when Hospital Eye Services are over capacity and patients are losing sight unnecessarily due to long wait times, it is imperative that more enhanced and shared care services can be

commissioned and provided in the community. To enable this, commissioners need to know where optometrists (and dispensing opticians) with additional clinical skills are located, and the register provides an authoritative source to identify and confirm their qualifications.

We welcome the GOC's priority to "support workforce planning and patient choice by collecting better data about registrants" and advocate that the registration data that GOC is planning to share more widely will be a complete and up-to-date picture of the number and location of registrants with all relevant core and additional qualifications.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

If yes, please explain how.

See our response to Q3. An ageing population will lead to increased needs for eye care, and we believe that older patients may be disproportionately impacted if regulation becomes a barrier to them accessing services. Similarly, regulation needs to enable all children to have full access to eye care services, especially with the rising rates of myopia.

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

If yes, please explain how.

See our response to Q4. We recommend the GOC includes more emphasis on the need to ensure more inclusive and equal access to eye care services across the UK, considering geographical disparities and wealth inequalities, in addition to groups with protected characteristics.

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

While we acknowledge that the GOC has decided to describe its proposed new strategy at a high level at this stage, we recommend the GOC continues working in cooperation with registrants and organisations across the sector as it further develops its strategic plan. We recommend that the GOC provides more detailed information on how they will achieve each objective, and further consults with registrants and stakeholders, to ensure that any proposals and priorities do not impose disproportionate administrative or financial impacts on patients, registrants, and the sector, whilst retaining good patient safety and public protection.

We recommend the GOC reinforces the importance of working closely with the stakeholders in the sector to achieve outcomes and be clearer on its role and the support it needs from the sector, e.g. the highly successful SPOKE Knowledge Hub.

We also recommend the GOC ensures the implementation of this strategy includes measures to continue to mitigate the impact and maximise the benefits of transition to ETR, given that handbook and ETR qualifications will be delivered in parallel for at least the next five years. Finally, the GOC should continue to engage with the stakeholders in the sector in addressing emerging challenges, and developing and sharing curricular innovations, building on the success of SPOKE."

Can we publish your response?

Yes

Respondent 16

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

FODO - the Association for Eye Care Providers

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Not sure

Please explain your reasoning.

We agree in principle but feel the draft mission statement focusses too much on the GOC's standard setting and punitive role and not enough on its supportive role e.g., guidance, CPD, FtP. Although 'upholding' potentially includes 'supporting' (just as 'effective' includes 'safe' in the vision statement above) we feel the mission would be improved by bringing it out more viz 'to protect the public by supporting and upholding high standards in eye care services'

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

Paragraphs 20-22 correctly outline anticipated advances in technology and the benefits these are likely to bring. However, a key patient health and safety risk arising from these technological advances, which is not mentioned but which the GOC has a key role in preventing, is the potential separation of the interconnected eye and adnexa health and refraction elements of the sight test.

Paragraph 23 rightly mentions potential for amending the Opticians Act and it is here that the GOC could make clear that it will not propose anything which risks separating the vital eye health aspects of the sight test from the

refraction aspects even if these are performed virtually and asynchronously (Paragraph 21). This would align better to the GOC's stated ambition (Paragraph 23) to increase its 'role in proactive regulation, preventing harm before it happens' and we ask that this be made clearer.

Paragraph 23 – we too welcome (and have indeed long advocated for) the GOC having greater freedoms to make its own rules, bringing all providers of protected functions into regulation and moving to a unitary board governance model. However, in the case of expanding and developing business regulation, we feel regulatory anticipation should be moderated by 'proportionality' and 'evidence of the need for change', as in the past. It would greatly reassure the sector, therefore, if the final sentence of Paragraph 23 could be amended to 'through improved evidence gathering of the need for change, analysis, and identification of appropriate and proportionate responses.'

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Not sure

Please explain your reasoning.

We appreciate that this is shorthand and fully support the GOCs commitment to embed 'EDI across all its work and throughout the professional lifecycle' (Paragraph 39), a public commitment we also share, and also to have an accompanying EDI strategy (Paragraphs 9 and 27). However, would 'embed EDI across all our work and throughout the professional lifecycle' be a better strategic objective as, without the explanations in Paragraphs 36-39, it is not clear what 'fairer' and 'inclusive' in isolation mean.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Not sure

Please explain your reasoning.

Yes in principle but we feel the CPD priority in Paragraph 45 does not go far enough. Historically the GOC's CPD system has tended to be a little infantilising and we would like to see greater trust and autonomy shown in registered clinicians to direct and manage their own CPD.

In addition, reforming the CPD system must be done efficiently and in a cost-effective way so as not to increase costs to registrants, and not negatively impact patients (either financially through increased charges for services, or through reduced services due to increased costs).

In our view the above two points could be included by amending Paragraph 45 (third bullet) to: Efficiently and cost-effectively reforming our CPD system so

that it focuses on the quality rather than the quantity of professional development, provides a framework within which registrants can better direct and manage their professional development, and supports the expanded clinical roles registrants will perform within service redesign;"

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

We would particularly highlight the benefits which sharing the GOC's rich stores of registration and survey data in aggregate form would bring to the sector as well as to commissioners in all four UK nations. Workforce is now one of the major challenges facing the sector and will soon be a constraining factor on the expansion of services in primary eye care which are needed to meet growing need and reduce pressures in NHS hospital systems. Sharing these data with sector partners will help the sector monitor workforce, plan strategies and influence governments to meet workforce shortages by nation and location as well as UK wide.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

No

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

No

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Yes, (b) No

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) No, (b) No

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) No, (b) No

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

The GOC can only of course use regulatory levers to achieve change but it does not operate in a vacuum. In our view the strategy does not sufficiently recognise that the GOC is also part of a system and that it is only by working with partners within that system that, without in any way compromising its independence and regulatory role, some of its strategic objectives can be realised. This goes further than just 'positive stakeholder relationships' (Paragraph 29).

It would be helpful therefore if this were more clearly recognised and set out in a clear objective to work with sector partners, registrants and other regulators to achieve 'safe and effective eye care for all'.

Finally, the strategy refers to 'healthy reserves' (Paragraph 29). 'Healthy' is a subjective term so it might be helpful for fee payers to spell out what this means here as well as in the planned financial strategy (which we assume will also include savings, efficiency targets etc compared with other regulators – and will be consulted on as part of the wider GOC strategy documents).

Can we publish your response?

Yes

Respondent 17

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

Association of Optometrists

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Please explain your reasoning.

Impossible to disagree with this vision as worded and is a laudable aim.

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Please explain your reasoning.

The mission is clear.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

No

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

We would urge being as thorough as possible when gathering the research data on health inequalities – ensuring to cover all aspects that encapsulate ethnicity, socio-demographic, geographical et al. All with a view to how they affect patient access to services. The GOC strategy should endeavor to use these data collected on health inequalities for the purpose of improving eyecare services all over the UK - not only for highlighting it.

A commitment in the strategy to working with the wider sector to reduce the inequalities highlighted is strongly recommended. The AOP would be keen to collaborate on future work in this area as complexity will grow exponentially with the widening societal health gap.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

Delving further into the detail of your suggested activities to meet this objective, the AOP do hold some concerns on the educational aspects, namely CPD reform and the potential expansion of GOC responsibility for post-registration qualifications.

Firstly, the reforming of the CPD system with a focus on quality of training modules rather than the quantity is welcomed. However, our members have expressed concern over having to spend a disproportionate number of hours for CPD. Indeed, many have been reporting that the administration burden to record CPD has become a hurdle to recording evidence for all the education they have undertaken. In some cases, this has caused a perverse incentive of reducing the quantity of CPD undertaken, which contravenes the core purpose of CPD. We have also been made aware of some registrants struggling to keep track of all their points under the new scheme.

A number of members spoke positively about the personal development plan (PDP) as a welcome addition in the most recent changes and considered it the key to structuring a practitioner's learning and achievements while preventing professional stagnation. Our members also acknowledged that undertaking this process could also encourage optometrists to consider more post-registration qualifications. However, a number also felt the process was overly burdensome and had lacked advice and guidance on implementation from the GOC.

Additionally, we would suggest that CPD could focus more on non-optical skills such as management, leadership, equality and diversity and legal topics. These would be particularly relevant in light of the new GOC standards that more overtly cover leadership and patient access. In short, the AOP feel that many aspects of the proposed changes to the CPD system are advantageous for professionals and the profession, but the system could be simplified in terms of the administrative burden.

The stated "Strategic approach to post-registration qualifications" incited some concerns and discussion among our members. The AOP recognise the benefits of having qualifications searchable by the public as long as that are presented in a consistent manner and feel that having a comprehensive list of higher qualifications demonstrating the specialisms in the field may help to validate and promote optometric clinical

skills among service commissioners. However, many questions have been raised:

Does the GOC intend on expanding its responsibility for regulating post-registration qualifications? And if so, will this incur an extra registrant fee? Is the GOC best placed to hold further specialist registers, in terms of capacity and skill set? (We would note that other professional regulators do not regulate post-registration qualifications).

What would additional registers mean for optometrists with extensive experience in specialist clinics but who do not hold formal professional certifications? Does this mean they can't be on the list? Is this a disservice to their experience and does that act to prohibit experiential learning as a means of advancement.

There was concern from some of our members that the disparity between the pre-registration training grant and the funds available via the apprenticeship levy, could become a significant driver to the adoption of one model over another. The views were broadly that the various education delivery models should stand on their merit not simply on financial drivers.

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Not sure

Please explain your reasoning.

We recognise the positives of adopting an agile approach to regulation, especially in such a fluid healthcare culture. One obvious recent example of this need for flexibility is the COVID-19 pandemic (the GOC's swift response to support patients and the eye health professions during that difficult time is to be applauded).

However, we question if agile regulation comes at the cost of true accountability? What kind of structure would this follow? How would this agile regulation prevent harm effectively? How will risk be addressed and/or mitigated? In terms of process, how flexible and adaptable will new regulations be to update? How will agile regulations fit into the GOC's priorities?

Regulation should be proactive and have the necessary levels of flexibility built in. There are potential risks involved in decisions being made too quickly without all of the relevant information.

We would request that you are clear and concise on your definition of 'agile' as the new strategy is finalised. Regulation, by definition, should be consistent and transparent. Shifting sands aren't helpful or reassuring for professionals, 'responsive' could be a better term?

We also have some concerns about the challenge of keeping abreast of any regulatory shifts that professionals returning from career breaks might face. If regulation changes too frequently, then those who have been on career breaks may be disadvantaged unfairly.

We feel that the GOC needs to consider what data they would be collecting and the reasons for it. If this is necessary to inform decisions on the size and qualifications of the future profession then we would be broadly supportive.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

No

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

No

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(b) Not sure, (a) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

In a broad sense, many of the activities you have suggested to help implement the 3 objectives will depend on funding levels. We are aware that there is a Finance Strategy being crafted alongside the main strategy being consulted

on, but our members felt that they couldn't endorse some aspects of the strategy without fully understanding the funding implications. GOC needs to expand on the financial planning and resourcing of these objectives. Will this lead to another unwelcome increase in the GOC fee? This will obviously affect registrants and needs to be considered.

To help avoid any negative perception of the strategy from registrants, we recommend a cross-referenced caveat to weave through the objectives that note funding implications wherever appropriate. This could help to mitigate registrants' fears and concerns over how their fees are being utilised.

To take it a step further, as the GOC income has demonstrably increased over the last few years, we would respectfully request a formal Value For Money review over the coming strategy period.

Can we publish your response?

Yes

Respondent 18

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

Royal National Institute of Blind People (RNIB)

Which category best describes the organisation you are responding on behalf of?

Patient representative charity/organisation

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Please explain your reasoning.

We are very supportive of the GOC vision for 'safe and effective eye care for all'. Ensuring safe and effective eye care for all, is a fundamental aspect of regulating eye care. It is important to note that safe and effective eye care goes beyond the clinical care, and it also encompasses patient support.

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Please explain your reasoning.

We are very supportive of the GOC mission to protect the public by upholding high standards in eye care services, as this is a fundamental role of a regulator. It is important to note that eye care is more than clinical care, it also encompasses patient support.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

***Some missing developments include:
The way eye care is being delivered is changing. For example, in recent years, many diagnostic hubs have opened in community settings. This is not reflected within the analysis. Similarly, the devolved nations have explored a number of different delivery models of enhanced eye care that have not been***

captured in the analysis in any detail. It is also likely that more care will be delivered outside of hospital eye care services in the future.

An increase in automation and the use of digital tools utilised within eye care could have unintended consequences to patient care. Particularly those who are digitally excluded.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

We are supportive of the GOCs strategic objective to create fairer and more inclusive eye care services as it's crucial that optometry practices are more accessible and inclusive particularly for blind and partially sighted people. However, in order for this objective to be achievable, it's important that the GOC ensure the necessary supporting elements are in place. These include:

- Securing adequate funding to support the accessibility needs of marginal groups, including people with sight loss.***
- Ensuring all those involved in eye care services receive adequate accessibility and inclusivity training as staff attitudes and actions will play a key role in achieving this objective.***
- Engaging with the many different community groups that are currently underrepresented and face inclusivity challenges, to ensure eye care services are inclusive for all.***
- Ensuring that the Accessible Information Standard is adhered to in all patient communications so that patients can effectively interact with eye care services.***

We welcome the GOC prioritising using research insight and data to highlight inequalities facing the public, patients and professionals. This will be crucial to reducing inequality. The insights and data the GOC gather should be used to develop meaningful metrics that can track progress towards achieving this objective as all too often inequality issues are only brought to light when patients complain, leaving many issues to go under the radar as not all patients will lodge a complaint.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

We would welcome more innovation in eye care services as long as those innovations are in the best interest of the patient and are equitable so as not to disadvantage any particular group.

We also support this sections proposals in terms of training reforms and expanded clinical roles.

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

We welcome this objective and are in support of more agile regulation in eye care services. Particularly the proposal to include more patient facing groups to improve patient choice. It is important, however, that any changes are developed in the best interest of the patients and should undergo a stringent assessment to ensure they do not lead to worse patient outcomes before they are deployed.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

If yes, please explain how.

While we support the overall strategic themes, it's important that their implementation be well considered so as to ensure it is equitable for everyone and does not lead to any unintended deterioration in patient experience.

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Not sure

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(a) Yes

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

(b) No

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

In addition to the points we have raised in response to previous questions, there are four other areas that we believe are important for the GOC to consider further as part of its strategy development. They are:

- Ensuring registrants have a clear awareness of and are implementing the Eye Care Support Pathway. The Eye Care Support Pathway is a framework that has been developed by RNIB and partners from across the sector to support the transformation of eye care and eye care services in the NHS, social care organisations and the third sector. The report sets out why it's necessary to integrate non-clinical support into existing eye care pathways and what support people require at every stage of their eye care journey.***
- We also know that many members of the public, particularly people with sight loss, don't have an adequate understanding of what eye care services are available to them or what role various parties play in advocating for improved eye care services. We would like to see the GOC consider what role they could play in enhancing the accessibility and availability of advice for patients regarding the role the GOC can play in supporting their care and access to services.***
- We welcome the GOC's recent work to raise awareness amongst its registrants regarding the need to make reasonable adjustments, which is a legal requirement. However, in practice we know that reasonable adjustments are not always made and the legal requirements to do so are not always adhered to. More data is needed on this issue to identify the true scale of the issue and what is preventing practitioners from making the necessary reasonable adjustments.***
- We would also like to see a greater emphasis placed on understanding the role of and support available from low vision rehabilitation services and Eye Care Liaison Officers (ECLOs). These services make a vital contribution to patient experiences but it's important that they are signposted to in a timely manner. We would therefore encourage the GOC to consider including additional mandatory training signposting towards these services as part of its strategy development.***

We would also like to explain our reasoning for the question ""Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on: (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language?""

Our reasoning is as follows:

The priorities for 'Creating fairer and more inclusive eye care services' objective include monitoring for and addressing any disproportionate

representation of groups with protected characteristics in the GOC's regulatory processes.

Although language is not listed as a protected characteristic under the Equality Act 2010, this principle could be extended to include collecting information the ability of registrants to speak additional languages including Welsh to ensure that communication needs are taken into consideration which in turn will reduce barriers to people accessing services and allow for greater patient choice.

If an element of the service is available in Welsh, registrants this could voluntarily move towards providing an 'Active Offer' as outlined in the Welsh Government's 'More than just words...' strategy for NHS Wales. An 'Active Offer' simply means providing a service in Welsh without someone having to ask for it, with the Welsh language being as visible as the English language. It is a proactive approach that ensures language need is identified as an integral part of safe high-quality patient care.

Guidance could also be provided to ensure that bilingual communication is shared with patients in their required formats in a manner that is accessible to blind and partially sighted people, enabling documentation to be compliant with assistive technology such as screen readers and designed in accordance with best practice for bilingual materials.

Can we publish your response?

Yes

Respondent 19

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

SeeAbility

Which category best describes the organisation you are responding on behalf of?

Patient representative charity/organisation

Q1. Do you agree with our vision 'safe and effective eye care for all'?

Yes

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

Yes

Please explain your reasoning.

We are very supportive of GOC putting more emphasis in its vision and mission on patient safety and good care for all, as this is the core role of any regulator in delivery of good healthcare.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

To add some further points of reflection:

- There are increasing numbers of people in the population with more complex conditions, disabilities and comorbidities (children and working age disabled adults) – i.e. more emphasis than “an ageing population”.***
- In terms of technological developments – while this may be positive, there is a concern that this could lead to the ‘deskilling’ of the workforce. For example, the use of retinoscopy is declining in practice because of autorefraction. However, autorefraction may be impossible for people with complex needs and retinoscopy is a vital skill for identifying accommodative weakness as well as early keratoconus (a condition with a significantly higher incidence in the learning disabled population). Identifying keratoconus early is vital to enable collagen cross-linking treatment.***

- *Increasingly automated assessments and digital tools including online booking systems may lead to difficulties for people who may struggle with standardised testing routines or are digitally excluded.*
 - *There should be a recognition that GOC is regulating professional practice in predominantly retail or domiciliary environments where professionals are working to an NHS contract that only partially covers the costs of eye care. The reports that GOC has commissioned on this make it clear that this system generates competing tensions for professionals and almost everyone in the sector is familiar with business needs relating to 'chair time' and 'conversion rates'. More detailed research by GOC on these issues, such as reviewing prescribing practice and whether it aligns with known incidence of refractive error/change in refractive error may help identify whether there is an evidenced issue.*
 - *The provision of eye care in a retail setting or from those with a financial incentive can create distrust from some members of the public as to whether they are receiving impartial advice on importance of sight tests and need for glasses etc. The necessity of cross subsidisation of the NHS fee through sales or enhancements to testing, such as the increasing offer and use of OCT, also create confusion as to what is a necessity and sometimes undue concern or cost for patients.*
 - *The risks of abuse can be heightened in a domiciliary environment– we would argue for separate standards here to protect both patient and also practitioner, particularly given GOC's refreshed focus on patient protection. This is underpinned by the recent Optical Consumer Complaints Service annual report which identified domiciliary complaints made to them had more than doubled in the past year and has outlined the need for action.*
- None of the above is helped by the lack of focus by some UK governments and NHS national bodies on eye care policy and strategy (Scotland and Wales being more of an exception than others). We acknowledge the influence of commercial pressures and low NHS funding or strategic planning is a difficult area for GOC as it cannot change the system through its regulatory levers alone. However we hope that GOC will do more in its work going forward that costs and commercial pressures remain a very real issue for patient experience and perceptions, and can cause conflict and tensions for registrants in abiding by the GOC standards.*

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

Yes

Please explain your reasoning.

We very much welcome GOC using research insight and data to highlight inequalities facing the public, patients and professionals, and deploying its regulatory levers to help reduce barriers to people accessing services and supporting those who are under-served by healthcare to access it. For people with learning disabilities these include:

- *Uncertainties among carers that the sight test will be accessible and also regarding which optometric service would be best suited.*

- ***Difficulties in providing a sight test where the needs to the patient with learning disabilities were not identified before the appointment***
- ***Communication difficulties***
- ***Inappropriate testing methods***
- ***Inadequate feedback of sight test results***
- ***Difficulties in prescribing suitable spectacles and support to get used to them***
- ***Particular concerns about access to, and experiences around domiciliary eye care.***

We are aware of some very good practice and some less so. Please see our response to Q 12 on some cross cutting areas which we feel GOC could explicitly focus on as part of its strategy to reduce barriers and improve experiences.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

This section reflects on education and training reforms including reform to the CPD system and expanded clinical roles. It also reflects on extending regulation to all businesses carrying out restricted activities and updated standards for registrants. We support all these overall aims.

Please see our answer to Q12 for some specific areas of training, qualification and business registration we would encourage the GOC to consider.

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

We welcome the explicit focus on preventing harm before it arises is better than treating problems after the fact. Using data from registrants and surveys will also help support commissioners to plan for better services. We also very much welcome the proposal to include more from patients and the public and involve more patient facing groups, research with patients and doing more to provide better data so there can be better patient choice.

As always, at SeeAbility, we are happy to help in this goal so people with learning disabilities and autism are better informed and better supported. Please see our response to Q12 for some particular proposals.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

If yes, please explain how.

We welcome the more inclusive approach that GOC is taking and a focus on health inequalities and those from under-served patient populations.

Q9. Will the proposed changes have effects, whether positive or negative, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:
(a) opportunities for persons to use the Welsh language, and
(b) treating the Welsh language no less favourably than the English language?

No response

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

As the GOC already notes the optical professions are well performing and in terms of patient and public satisfaction rates are higher than for other areas of primary care and the NHS, and this is very welcome.

However, as the GOC also notes the increasing complexity of the patient population, the experiences of disabled people showing lower satisfaction when in contact with optical care, and the increasing focus on providing clinical care outside of secondary care settings in primary optical care will mean the professions will need different skills and patients will need assurances that their needs can be met and safeguarded.

For these reasons we would encourage the GOC to focus within its new strategy on the following areas:

Information for the public

- ***Considering how GOC could improve its communications and make it easier for the public and in particular people with learning disabilities and autism, as well as those with sight loss, to understand how to raise concerns if they have them. This will involve enhancements to the accessibility of information and advice provided by the GOC. The sector is a very confusing one, and we think it would be helpful for GOC to have something that illustrates its role, that of the Optical Consumer Complaints Service and professional membership bodies that have their own standards and training.***
- ***Presently there is no 'search' function held by the NHS where patients can see if there are extended schemes or specialist practitioners in their area, so we would support GOC to enhance its 'searchable' criteria for members of the public to search for registrants against additional qualifications/services offered.***
- ***In the case of those supporting people with learning disabilities and/or autism, we would welcome understanding if GOC might signpost to SeeAbility, as it is difficult presently to search by registrant for accredited practices that can support those with more complex needs. We hold information on both LOCSU easy eye care pathways and a database of optical practices who are promoting the support they offer.***

Training, skills and advice

Presently our project piloting the Tier 1 Oliver McGowan Mandatory Training in Learning Disability and Autism to the optical sector is being independently evaluated. Given the review of business standards and registration, we would welcome a more detailed discussion with the GOC based on the evaluation feedback, which is enabling all those from optical reception staff to individual GOC registrants to have the awareness needed to improve care for these patient groups. As noted in the introduction, presently the awareness training is only applicable to CQC regulated services or providers who have an NHS standard contract. Including in the business standards would mean this valuable training is more embedded.

We would additionally welcome registrants having clearer awareness and support for the Eye Care Support Pathway, which is a framework for support for patients who have had an initial appointment through to living well with a diagnosed eye condition. Practitioners will be increasingly in contact with people at any stage of this journey and their role in understanding the local picture of eye care support services such as low vision clinics and being able to signpost patients (including to third sector/voluntary support for example through local sight loss societies) is vital.

It is important that everyone should still be able to access eye care if digital technology is not suitable for their needs. This is particularly the case when delivering eye care in 'non clinical' settings such as people's own homes, day centres, and special schools. It is vital professionals are competent and

maintain their competencies to deliver ‘analogue’ eye care and that the increasing use of automated testing does not lead to de-skilling.

Research and data

In terms of GOC’s recent work, SeeAbility has welcomed the recent changes to the standards of practice and the fact that GOC makes it explicit that practitioners must be able to offer communication in different formats, expectations to make reasonable adjustments to practice, and around consent and capacity. These are all legal requirements. In England, the NHS Accessible Information Standard is an obligation to ensure information is provided in the format the person needs. Going forward we would suggest that GOC use surveys, data and the OCCS complaints system to understand what people’s experiences are of getting these adjustments in practice.

Similarly, we welcomed that the business standards review in 2018. However, we’re unsure what happens if it is apparent to GOC that a business has breached those standards. There appears to be little data published on that aspect of GOC’s work and we would be interested to know why that is the case.

As noted in our introduction, more detailed research by GOC on commercial pressures and tensions, such as reviewing prescribing practice and whether it aligns with known incidence of refractive error/change in refractive error may help identify whether there is an evidenced issue around overselling.

Domiciliary eye care research and standards

We would urge GOC to undertake new research with patients using domiciliary eye care and understand if there are patients who are missing out. There is some evidence that awareness of the ability to ask for a domiciliary eye care appointment can be low, even if this is what would be most suitable for the patient. New research could also look at the particular needs and challenges amongst domiciliary care providers and registrants.

Reflecting on the commercial tensions that can lead to poorer patient care, this review could also reflect on the oversight needed in the domiciliary eye care system where patients are inherently more vulnerable. The need for this is bolstered by the very clear concerns OCCS has been gathering in terms of a more than doubling in domiciliary complaints which it describes as ‘alarming’. At present what we hear about good and bad practice is anecdotal, but the OCCS reports of pressure to buy and overselling are amongst the issues that we hear of.

This would help inform if separate domiciliary business standards are needed so ensuring the public, residential and nursing care settings are better protected. Given the low fees the NHS sets for domiciliary eye care, it would also allow patient groups such as SeeAbility to lobby for greater investment and dedicated pathways for complex needs patients, as these exist in other areas of NHS care.

Regulatory change

We encourage GOC to support our case for amendment of Part 4, Section 27 of the Opticians Act 1989 so that people with learning disabilities have their spectacles dispensed by a registered practitioner. Currently statutory regulation does not permit the dispensing of spectacle prescriptions by unqualified persons to children under 16, and patients who are registered as severely sight impaired or sight impaired (blind or partially sighted). Sales of spectacles to persons in these classes can only be made by or under the supervision of a registered practitioner.

We believe the particular needs of people with learning disabilities for expertise in this area (and the role the GOC plays in protecting vulnerable members of the public), justify a change to legislation.

Can we publish your response?

Yes

Respondent 20

Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

ABDO

Which category best describes the organisation you are responding on behalf of?

Optical professional/representative body

Q1. Do you agree with our vision 'safe and effective eye care for all'?

No

Please explain your reasoning.

We share the desire for 'safe and effective eye care for all', but we question whether this an appropriate vision to guide the GOC's work for the period until 2030.

The GOC should be able to achieve its vision using the levers at its disposal and operating within the statutory framework created by the Opticians Act. The proposed vision does not meet this test.

First, the GOC is the statutory regulator for dispensing opticians, optometrists and registered optical businesses. These registrants play an important role in providing eyecare in the UK, but so do other healthcare professionals, such as orthoptists, ophthalmic nurses and ophthalmologists, and other healthcare providers, including NHS and independent service providers. Therefore, the GOC does not have leverage over all the actors involved in the UK's system of eyecare.

Secondly, the GOC does not have the levers to achieve 'safe and effective eyecare for all'. Upholding high standards is part of achieving this goal, but other factors will also have bearing on whether the goal is achieved. For example, safe and effective eyecare for all will also rely on the effective funding and commissioning of eyecare services, with these services being underpinned by technology that enables the sharing of information between different parts of the system.

For these reasons, adopting the proposed broad vision would not provide a clear focus for the GOC's activity over the next five years.

Another reason not to adopt such a broad vision is that measuring progress in achieving it would require an expansion of the GOC's approach to research

and data-gathering. This would involve considerable expense, with the costs being borne by its registrants.

Q2. Do you agree with our mission 'to protect the public by upholding high standards in eye care services'?

No

Please explain your reasoning.

We agree that protecting the public by upholding high standards is a good encapsulation of the GOC's role, but as explained in the answer to question 1, describing the GOC's mission as relating to eyecare services in general is too broad a description of its role.

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

If yes, please explain the missing developments.

Myopia management is an important, evolving area of optical practice, with a range of interventions available to slow the development of myopia among children and young people. Dispensing opticians and optometrists have an important role in providing advice and treatment in relation to myopia management.

It is also worth highlighting myopia management using spectacles is dependent on spectacles being fitted correctly. This provides an additional reason to ensure that practitioners who fit spectacles for children have the necessary expertise and if not registrants, are supervised appropriately.

You have mentioned that an ageing population will lead to increased comorbidities and eye health concerns. We would add specific mention of the challenges involved in providing eyecare to patients with dementia.

Registrants will need appropriate education and training to ensure that, for example, they understand the impact of dementia on vision and have the appropriate communication skills.

Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?

No

Please explain your reasoning.

As mentioned in answer to question 1, the GOC does not have the levers to create fairer and more inclusive eye care services.

Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?

Yes

Please explain your reasoning.

We agree that this should be a key focus for the GOC.

We suggest that in pursuing this objective, it would be useful for the GOC to explore the role that deliberative research could play in gaining views from patients and the public on the potential trade-offs between harnessing technology and public protection.

Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?

Yes

Please explain your reasoning.

We agree with this objective. Agility will be essential in anticipating and responding to the developments which the GOC has outlined.

We would like to understand what 'agile regulation' means in practice and this is an opportunity for the GOC to lead the way among healthcare regulators.

Q7. Do you think any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Not sure

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Not sure

Q9. Will the proposed changes have effects, whether positive or negative, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q11. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language no less favourably than the English language?

(a) Not sure, (b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

If yes, please explain your reasoning.

We encourage the GOC to think creatively about how it can protect patients and the public in relation to the risks posed by services that cannot be regulated using its formal powers, such as services provided by businesses based outside the UK. In our view, raising patient awareness of the risks, and enabling patients to make informed choices, should be an important part of the GOC's toolkit as it is for regulators in many other sectors.

Supporting responsible innovation should be one strategic objective. Combating irresponsible innovation should be another.

ABDO would be happy to work with the GOC and other bodies to explore how collaboration in this area could serve the interests of patients and the wider public.

Can we publish your response?

Yes