

Impact Assessment Screening Tool

Name of policy or process:	Illegal Practice Strategy Review			
Purpose of policy or process:	Update Illegal Practice Protocol			
Team/Department:	Legal			
Date:	25 May 2022			
Screen undertaken by:	Claire Bond			
Approved by:	Dionne Spence			
Date approved:	25 May 2022			
Instructions:	 Circle or colour in the current status of the project or policy for each row. Do not miss out any rows. If it is not applicable – put N/A, if you do not know put a question mark in that column. This is a live tool, you will be able to update it further as you have completed more actions. Make sure your selections are accurate at the time of completion. Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions. If you think that a full impact assessment is <u>not</u> required, put you reasoning in the blank spaces under each section. You can include comments in the boxes or in the space below. Submit the completed form to the Compliance Manager for approval. 			

A) Impacts	High Risk	Medium Risk		Low Risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that rese	erves may be required	No impact on the reserves / not used	
2. Budget	No budget has been allocated or agreed, but will be required.	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	Budget has been allocated and it is unlikely more will be required	N/A
 Legislation, Guidelines or Regulations 	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation & Media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
 Resources (people & equipment) 	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	N/A
8.Communication (Comms) / Raising Awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	Must be published in Welsh, Comms Team aware.		Does not need to be published in Welsh.	

Please put commentary below about your Impacts ratings above:

2) Budget

Implementation of the revised protocol would raise additional cost in cases where a test purchase is deemed necessary. Proof of an illegal sale would be compelling evidence should a prosecution be brought. We think this offers value for money against what is likely to be modest expenditure in persistent / high risk offending cases where the evidential and public interest tests are met.

5) Reputation and media

Whilst there is little coverage in the media, illegal practice is an area of great concern to our stakeholders. The review has, on balance, been well received but some stakeholders still think we can do more about non-UK businesses, namely that we should not rule out prosecutions against business based outside of our jurisdiction and online supply more generally in the form of public awareness campaigns. Our response to the consultation makes clear that acting against illegal practice is not part of our core statutory functions and that we have no jurisdiction to act against non-UK businesses.

8) Communication / Raising Awareness

The developing approach has been shared with SMT, our defence stakeholder group and our advisory group. A closed consultation was shared with stakeholders to determine the initial sector concerns and we have run a full public consultation.

Our Communications team are aware of the need to publish our response to the consultation and updated illegal practice protocol and have communicated to stakeholders and registrants that both will be presented to the June meeting of Council for approval, and published soon after, subject to Council's approval. A formal communication / raising awareness plan will be developed by the project and Communications teams to coincide with publication of the response to the consultation and launch of the updated protocol.

B) Information Governance			ım Risk	Low Risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted.	
 Will someone be identifiable from the data? 	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	
4. Is all of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	N/A
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between	1,000-3,999 records	Less than 1,000 records	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	
Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule and the relevant employees are aware	
 Where and in what format would the data be held? (delete as appropriate) 	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; Archive room; office storage (locked)	GOC shared drive; personal drive	other IT system (in use); online portal; CRM; Scanned in & held on SharePoint dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO and approved by Gov. dept.	N/A
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	

13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG.	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	N/A	
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Please put commentary below about reasons for Information Governance ratings:

The protocol relates our overarching objective to protect the public and take proportionate action against illegal optical practice. All data (subject or business) will be collated, used and retained in accordance with current information governance guidance.

2&3

Sensitive personal data from which defendants can be identified will be held for the purpose of investigating offences under the Opticians Act 1989.

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In relation to the protocol, data will only be shared with third parties for the purpose of investigating / stopping a criminal offence.

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Information governance training is part of an annual rollout and refresh so all staff will have been trained or refreshed within the previous 12 months.

C) Human Rights, Equality and Inclusion	High Risk	Medium Risk	Medium Risk	Low Risk	? or N/A
Main audience/policy user	Public			Registrants, employees or members	
Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process.			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process.	
The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by a panel which is randomly selected; which may or may not review all cases.	Yes, the decision is made by a representative panel (specifically selected). No, no decisions are required.	
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case- by-case' consideration.	There is clear decision criteria, but no form to record the decision.	There is clear decision criteria and a form to record the decision.	
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process.	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	
	The decision-makers have not received EDI & unconscious bias training, and there are no plans for this in the next 3 months.	The decision- makers are due to receive EDI & unconscious bias training in the next 3 months, which is booked.	The decision- makers are not involved before receiving EDI & unconscious bias training.	The decision-makers have received EDI & unconscious bias training within the last 12 months, which is recorded.	

Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned	received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12 months, which is recorded.	
Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer- based but paper versions can be used		Alternative formats available and users can discuss and complete with the team.	
Venue where activity takes place	Building accessibility not considered	Building accessibil considered	ity sometimes	Building accessibility always considered	N/A
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	N/A
Attendance	Short notice of dates/places to attend	Medium notice (5-14 days)of dates/places to attend		Planned well in advance	
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	N/A
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	N/A
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed.		Attendance/involvement is equal, and monitored per attendee.	N/A
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates.	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates).	N/A
Associated costs	Potential expenses are not included in our expenses policy	Certain people, evi need, can claim for expenses, case by	r potential	Most users can claim for potential expenses, and this is included in our	N/A

Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors.	Most employees ki contact with querie reasonable adjustr	es about	expenses policy; freepost available. Contact listed for reasonable adjustment discussion	N/A
Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups.	

Please put commentary below for Human Rights, Equalities and Inclusion ratings above:

Decisions will be made on a case-by-case basis in accordance with the assessment criteria and protocol with lawyer oversight.

Decisions at each stage of the protocol may be judicially reviewed.

All staff have had training in EDI within the last year. This is renewed annually.

Attendance only required if proceeds to court hearing.

We are developing a policy for managing applications for reasonable adjustments and will include a link to that in the final protocol once considered.

Step 1: Scoping the IA

Name of the policy/function:	Illegal Practice Protocol
Assessor:	Claire Bond
Date IA started:	23.08.21
Date IA completed:	25.05.22
Date of next IA review:	
Purpose of IA:	To assess and mitigate the potential impact of the GOC's revised protocol on illegal optical practice with particular regard to fair process.
Approver:	Dionne Spence
Date approved:	

Q1. Screening Assessment

- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
 - □ x Impacts
 - □ x Information Governance (Privacy)
 - □ x Human Rights, Equality & Inclusion
 - \Box None have been completed

Q2. About the policy, process or project

- What are the main aims, purpose and outcomes of the policy or project?
- You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?

Aims: To provide clarity internally and externally when we will act against alleged illegal practice and what action will be taken.

Purpose and Outcome: Updated Illegal Practice Protocol implemented.

Who will benefit: GOC and external stakeholders and members of the public.

Q3. Activities or areas of risk or impact of the policy or process

• Which aspects/activities of the policy are particularly relevant to impact or risk? At this stage you do not have to list possible impacts, just identify the areas.

Activity/Aspect

- Test purchase
- Decision on prosecution
- Managing comms with external stakeholders

Q4. Gathering the evidence

- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

Available evidence – used to scope and identify impact

Public consultation in October 2021.

Q5. Evidence gaps

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
 - 1) Impacts;
 - 2) Information Governance and Privacy implications; and
 - 3) Human Rights, Equality and Inclusion implications.

If yes, note them here:

Q6. Involvement and Consultation

Consultation has taken place, who with, when and how:

The developing approach has been shared with SMT, our defence stakeholder group and our advisory group. Further, a closed consultation was shared with stakeholder to determine the initial sector concerns. A full consultation ran from October 2021 for a period of 12 weeks. This considered potential impacts of the revised protocol as well as any IG or HRA

Summary of the feedback from consultation:

Most respondents felt that there were no aspects of the protocol that could discriminate against individuals with specific characteristics.

Of the respondents who felt that the protocol could discriminate, under 16s and vulnerable users were identified as stakeholders who could be impacted by the protocol's failure to ensure compliance in the online market, particularly by overseas sellers. The protocol sets out current legislation which offers greater safeguards for restricted categories (under 16s and those registered sight impaired). We are working with online suppliers to ensure awareness of our legislation and notification of the relevant legislation to their customers.

It was also mentioned that the illegal practice complaint form could be more accessible. We will update the complaint form accordingly and publish it on our website. Link to any written record of the consultation to be published alongside this assessment: not yet published

How engagement with stakeholders will continue:

Through our quarterly Defence stakeholder group meeting and Council updates

Step 2: Assess impact and opportunity to promote best practice

- Using the evidence you have gathered, what if any impacts can be identified. Please use the table below to document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Use the table below to document your strengthening actions (already in place or those to further explore or complete).

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
Implementation of updated protocol	Improve awareness of legislation in pace to keep the public safe	 Develop comms plan and operational strategy in accordance with illegal practice objectives

Step 3: Monitoring and review

Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

Cessation of offending in 100% of clinical (ie sight testing and contact lens fitting) and individual title misuse cases, 95% within six months of receiving a complaint.

Registrant survey demonstrates increased awareness of, and confidence in, GOC strategy – as measured against registrant surveys before and after the review

Positive PSA response to new strategy/ protocol

Please provide a review date to complete an update on this assessment (three months from initial completion).

Date: