

# FtP FOCUS

A focus on Fitness to Practise from the General Optical Council

Issue 1 December 2020



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## Welcome to FtP FOCUS

Let me start with a very warm welcome to our readers of the first edition of FtP FOCUS – designed to help demystify our fitness to practise (FtP) process and to share learning from some of the concerns that have been raised with us. I hope you enjoy the read.

The last few months have been an incredibly challenging time for our sector. As we start to move towards a new normal, we thought it would be helpful to respond to the many requests we have had to share more learning from our FtP function – not just from the hearing outcomes that you can read on our website [www.optical.org](http://www.optical.org), but also from the decisions that are made at each stage from the time we receive an initial concern.

I am grateful for the honest and frank conversations I've had with some of you and your representative bodies over the last 18 months or so. I have had the opportunity to speak with practitioners, students, businesses and witnesses who have either gone through the FtP process themselves or have heard about it through others. This has highlighted that there is a lot of work we can do to dispel some of the myths around FtP but also to provide some insight into how we approach concerns when they are raised. Most of you will never have any involvement with us but I am aware that the fear of ever receiving a notification from us can be overwhelming. I hope we can do something about that.

I joined the GOC as Director of Casework and Resolutions in early 2019 and am responsible for overseeing our case progression, hearings and legal functions as well as our independent Optical Consumer Complaints Service (OCCS). My team and I are fully committed to ensuring that our statutory remit to protect the public is fulfilled while ensuring that all optical professionals and patients involved in our process are treated fairly.

The FtP process is not intended to punish you. Our objective is to ensure that where concerns about your ability to practise safely and effectively are raised, these are considered in a prompt, fair and transparent manner. We look at whether the issue raises broader concerns that may require additional observations, further training or in rare cases, restrictions on practice in order to protect the public.

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We also want to ensure that you learn from these concerns so they might go towards improving the service you provide to customers within your own practice and minimise any risks that may be presented to the public, or to the reputation of our sector.

Much of our regulatory work is concerned with setting appropriate standards and supporting you in continuing your education and training to be the best that you can be.

To give some context to the success of this, we have over 30,000 of you registered with us and receive initial concerns about less than 1 percent of you. This reflects the high quality provided by the majority of you across the sector. Of the small number of concerns received, fewer than 60 individuals will appear before a hearing in respect of their fitness to practise, fitness to train or fitness to carry on business.

### *We have over 30,000 of you registered with us and receive initial concerns about less than 1 percent of you.*

It is important that only the most serious concerns proceed to an investigation – those where there has been, or could be, an impact on the health or wellbeing of the public, or where there has been, or may be, a detrimental impact on the reputation of the optical sector.

Over the last year, we introduced some new ways of working throughout our process and the early signs are promising, including a notable reduction in the number of investigations we are opening.

Alongside this reduction in new cases we are very mindful that improving our overall timeliness remains our primary concern, and over the next few issues, we will explain what we are doing to address that as well.

We aim to produce FtP FOCUS approximately every three months. We will take you through the FtP journey and through case studies and interviews with members of the team, as well as share some of the learning that we have identified that may give you food for thought on how you might improve your own practice. We may highlight some useful Continued Education and Training (CET) and remind you of the standards we expect you to adhere to at all times.

The first stage of our process and the focus of this first issue is triage, where we determine if the initial concern could raise a fitness to practise matter. We will explain how the introduction of our enhanced acceptance criteria has given us more clarity in assessing whether a concern should warrant a formal investigation and a little bit about the preliminary enquiries that we can now make before that decision is made. It might surprise you to know that presently we close well over 60% of concerns raised at this stage!

I've really enjoyed working with my team to develop this bulletin for you and hope you will find it interesting. To help inform future editions, we would very much welcome your feedback and suggestions on what you think about this one and what you might like to know more about.

Thank you and stay safe.

*Dionne Spence*

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# What is Fitness to Practise (FtP)?

We call those on our register, registrants.

A registrant is fit to practise, train or carry on business if they have the relevant skills, knowledge, health and character to perform their work and/or practise safely.

The Standards define the standards of behaviour and performance that are expected of registrants.

One of our core functions is to investigate and act when registrants' fitness to practise, train or carry on business is impaired.

Therefore, if we receive information which could potentially call into question a registrant's fitness, we may need to investigate.

## FtP Case Progression Stages



Triage



Investigation



Case Examiners



FtP Committee

### Triage – Stage 1 of the case progression process

The Triage team is responsible for reviewing any complaints, self-referrals or referrals from employers that we receive and deciding whether the issue requires a further investigation.

A new triage model was implemented following a successful pilot, which has effectively utilised the revised [Acceptance Criteria](#). This now provides us with greater clarity on the matters that may raise a regulatory concern and those that might be better and more effectively dealt with elsewhere.

Previously, all complaints that raised fitness to practise concerns were opened as full investigations without further work undertaken in triage. Our new model allows for broader enquiries to be conducted before deciding if a full investigation should be opened. One advantage of this is earlier interaction with our clinical advisors, whose knowledge and experience working within the sector is invaluable.

We can also now contact registrants and employers for an early view on the concern and consider any reflection or remediation. The new model, coupled with the

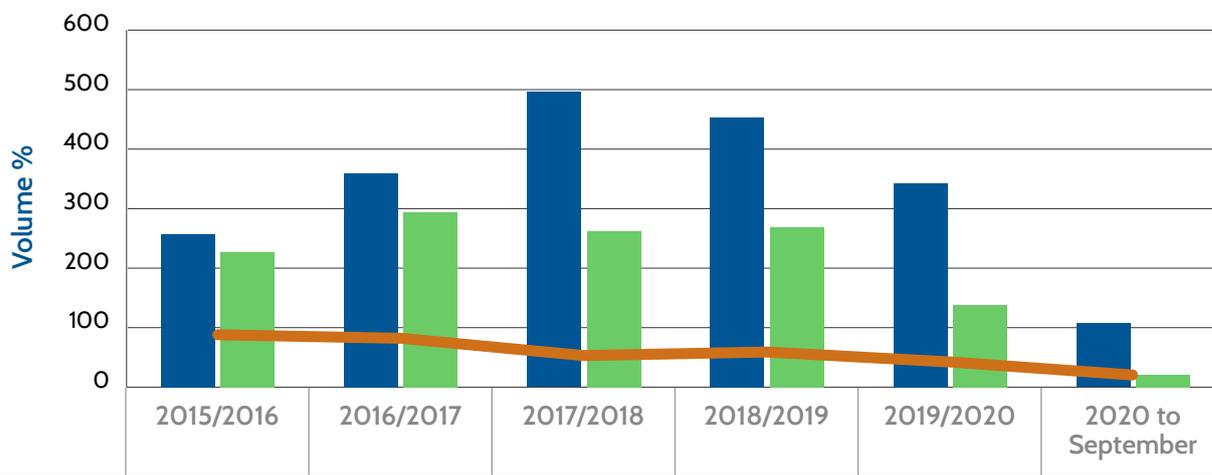
revised Acceptance Criteria, supports the Triage team in progressing complaints that raise potentially serious concerns, while providing greater scope to identify complaints that do not require regulatory intervention and closing them at an earlier stage. The additional work carried out in triage has resulted in fewer cases requiring full investigations and we expect the time taken to investigate cases that do open to improve as a result too.

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The COVID-19 pandemic has resulted in an overall reduction in the number of complaints received by triage, though we've been managing new types of concerns and enquiries related to the pandemic. On 19 March 2020, we released a statement explaining that consideration for this unprecedented situation will be taken into account when concerns are raised for registrants' conduct. In line with this, the Triage team and senior FtP colleagues have been meeting regularly to ensure decisions on these unique cases are fair and consistent, while always ensuring the public is protected.

# Triage Numbers

## Concerns received and opened in Triage 2015 –2020



	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020 to September
receipts	257	360	495	453	342	107
investigations	227	294	262	269	135	21
% opened	88	82	53	59	39	20

Operating year

Here is a breakdown on the number of concerns we have considered in triage in recent years. As the table illustrates, so far this year, we have opened far fewer investigations than previously. The reduction in case numbers is largely because of our improved triage processes but also due to the impact of the COVID-19 pandemic.

# Triage Case Studies

To show the type of concerns we receive and how we assess them, we have created three case studies that are based on real referrals reviewed by our Triage team. We have included reflection points for you to consider and highlighted the relevant Standards and CET course areas.

To preserve confidentiality, the case studies have been anonymised and modified and only the key points of the referrals are noted.

## Case Study #1



### Complaint from Patient A

I attended my local optical practice for my routine annual contact lens aftercare. The optometrist insisted I try soft contact lenses instead of my usual gas permeable lenses, so I did.

At the lens fitting, I had difficulty with the lenses but was advised I would adjust. I later emailed the practice to let them know I thought the lenses were faulty as I could not see well with them and struggled to remove them. The practice sent me a new set of lenses to try. These were not suitable either, so I went into the

practice, where I was told I was allergic to soft lenses and should go back to using gas permeable ones. They also sold me eye drops at an inflated price.

I continued to experience problems with my eyes, but the practice was unable to offer an appointment, so I attended a different practice instead. There, I was told I did not have an allergy but rather dry eye syndrome. I was advised not to wear lenses until my eyes improved and to apply dry eye drops and a gel.

## Triage Review: What we considered

### Record Keeping



The patient reported feeling pressurised to trial the soft lenses. However, the records suggested that the patient had enquired about soft lenses. The records also indicated that the patient had made an informed decision as the optometrist noted that the different lens options were discussed. There was also evidence that appropriate guidance on how to insert and remove soft contact lenses had been provided.

### Clinical Management



We noted that the patient had a session on contact lens use (a 'teach'), and they completed this successfully before they could take away the new trial lenses. When the patient reported further problems, a teach refresher was arranged, and the patient was advised not to wear the lenses in the meantime and to attend the practice or eye casualty if they had any problems. The drops recommended were appropriate, and when an appointment could not be offered to the patient an alternative practice was suggested.

### Communicating Effectively



The records revealed that the patient did have an allergy but not necessarily to soft contact lenses. The written communication with the patient (email correspondence) was to a high standard, however the cause of the allergy was not explained clearly.

## Outcome: No further action

We identified no clinical concerns that raised public protection or public interest issues that would require further investigation. It appeared there may have been a breakdown in communication, but appropriate clinical

advice had been provided to the patient and a follow-up appointment was arranged in a suitable time frame. Records also suggested the patient had been shown how to insert and remove the contact lenses.

### Reflections:

- When making recommendations to patients, do you record the options discussed?
- Do you explain treatment options to patients in a way they can understand?
- What checks do you do to make sure patients have understood the information provided?
- If a patient reports a problem and you are unable to provide an appointment, what action would you take?

### Standards for Optometrists and Dispensing Opticians

- 1. Listen to patients and ensure they are at the heart of the decisions made about their care.
- 2. Communicate effectively with your patient.
- 7. Conduct appropriate assessments, examinations, treatments and referral.
- 8. Maintain adequate patient records.

### Standards for Optical Businesses

- 1.3 Communication is clear and effective.
- 2.1.8 Provides clear information to patients about costs of products and professional services.

### Suggested CET Courses



CONTACT LENSES



COMMUNICATION

# Case Study #2

## Student Self-Referral

I am an optical student and have been charged with fare evasion after being stopped on a bus in possession of an invalid ticket.

### Triage Review: What we considered

#### Representing the profession



Registrants are expected to comply with the law. However, the offence is unrelated to clinical practice and any potential dishonesty is at the lowest end of the scale. The offence is therefore unlikely to significantly impact the registrant's fitness to train and it would not be in the wider public interest for us to investigate further.



## Outcome: No further action

We responded to request an update; the student's court hearing was yet to take place.

A decision was made to take no further action as the allegation was not linked to the student's professional training and not in the public interest to undertake a full investigation.

In closing the case, we wrote to the student to ask that they submit the outcome of their court hearing to ensure we were in receipt of all the information considered by the court.

### Reflections:

- Did you know that registrants must declare any criminal conviction or caution received in the UK or Ireland?
- Are you aware that your personal conduct could have an impact on your fitness to practise/undertake training?

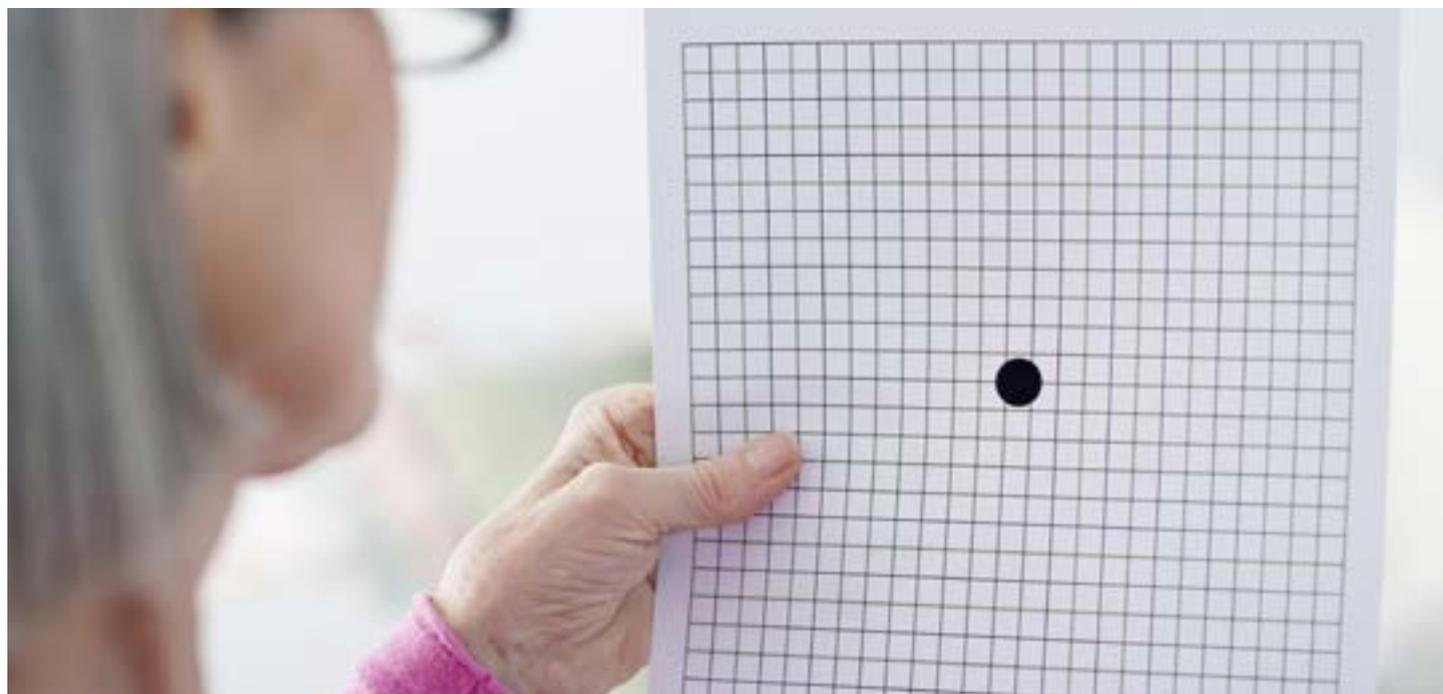
### Standards for Optical Students:

- 10.3 If you have concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, do not participate in any further clinical training and seek advice from your training provider immediately.
- 16. Do not damage the reputation of your profession through your conduct
  - 16.1 Ensure that your conduct, whether or not connected to your professional study does not damage public confidence in you or your profession.
  - 16.2 Be aware of and comply with the law and all the requirements of the General Optical Council.

### Standards For Optometrists and Dispensing Opticians:

- 11.4 If you have concerns about your own fitness to practise whether due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, stop practising immediately and seek advice.
- 17. Do not damage the reputation of your profession through your conduct.
  - 17.1 Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.
  - 17.3 Be aware of and comply with the law and regulations that affect your practice, and all the requirements of the General Optical Council.

## Case Study #3



### Complaint from Patient B

I noticed something was wrong with my vision, so I went to get my eyes checked. The optometrist detected dry age-related macular degeneration (AMD) in my right eye and reassured me, telling me that I had signs of this at my previous sight test as well. He advised that I should monitor my vision using an Amsler grid. The optometrist also told me that I should return to the practice immediately if there is any change in distortion of the lines on the grid, or if I notice a sudden loss in vision, otherwise in 12 months' time if there is no change.

My sight got worse, so I attended a different practice around four months later. The optometrist there referred me to hospital where I was diagnosed with early wet AMD which required prompt treatment. I want to know why my optometrist missed this and did not refer me at my initial sight test.

### Triage Review: What we considered

#### Clinical management



Although the initial records suggested that the registrant provided appropriate advice, we noted that Patient B was symptomatic, had signs of distortion on Amsler and reduced visual acuity (VA) since their last sight test.

There was a concern that the registrant had not conducted an adequate sight test of a symptomatic patient. Consequently, the patient may have been delayed in receiving crucial treatment as a hospital referral was not made.

We decided that the matter needed further investigation.

### Outcome: Case progressed for further investigation

To get a complete picture we obtained the patient's full sight test records, relevant hospital records, an expert clinical opinion and an account from the registrant.

Following investigation, the case examiners decided there was no need to refer the matter to a FtP committee. You can find out why in Issue 3 - Introducing Case Examiners.

**Reflections:**

- Do you take an adequate history ensuring you elicit the detail and relevance of any significant symptoms plus consider ALL risk factors?
- Are you confident in your ability to distinguish between wet and dry AMD based on symptoms and clinical findings?
- Do you ensure you have obtained an adequate view of the macula? If not, what would you do?
- When unsure of your findings, what do you do?
- Do you give appropriate advice to patients, including prognosis, management of risk factors, dietary advice and self-monitoring for disease progression?

**Standards for Optometrists and Dispensing Opticians:**

- 5. Keep your knowledge and skills up to date.
- 6. Recognise, and work within, your limits of competence.
  - 6.2 Be able to identify when you need to refer a patient in the interests of the patient's health and safety, and make appropriate referrals.
- 7. Conduct appropriate assessments, examinations, treatments and referrals.
  - 7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.

**Standards for Optical Businesses:**

- 3.2.5. Makes staff aware that they must only work within the limits of their competence, and takes appropriate action where they do not;
- 3.4.1 Supports its staff in making referrals and ensures that they only make referrals when appropriate and clinically justified.

**Suggested CET Courses**



OCULAR EXAMINATION



OCULAR DISEASE

*All referrals are considered on a case-by-case basis. While the above case outcomes should illustrate the factors we consider, they should not be relied upon for future decisions.*

# Top Tips on Complaints

**We have noticed that you can often avoid complaints from patients by communicating effectively and ensuring they are at the heart of the decisions made about their care.**

- You must give patients information in a way they can understand and adapt your language and communication approach as appropriate. For example, if a patient would like more tests, and you decide they are not needed, it is good practice to let them know the reasons for your decision. (Standard 2.1)
- Patients may be anxious about developing a certain eye condition. It is therefore important to show empathy to patients ensuring you address their concerns and fears. (Standard 4)
- It is important to give patients your full attention and allow sufficient time to deal properly with their needs. If a patient feels their presenting concern has not been addressed, they may complain. (Standard 1.1) (Business Standard 3.1.4)

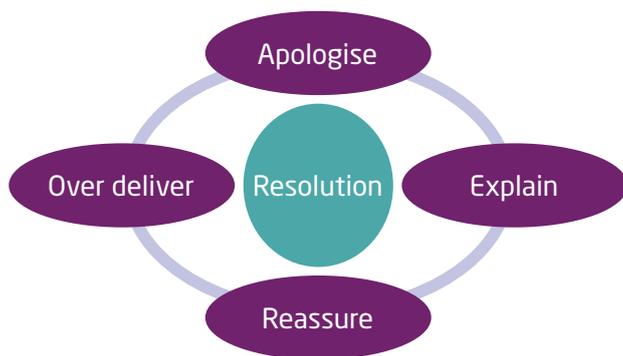
# Insights from the Optical Consumer Complaints Service



Sometimes we receive concerns which do not meet the criteria to open a fitness to practise investigation. Some of these can be dealt with by the Optical Consumer Complaints Service (OCCS). Although funded by us, this is a wholly independent mediation service which has proved invaluable in resolving consumer disputes that fall outside of our regulatory remit. We are grateful for their insights for registrants.

*If you are faced with a consumer complaint, it is important to try and resolve it as best as you can.*

If you are faced with a consumer complaint, it is important to try and resolve it as best as you can. The OCCS has devised a simple memory aid called the OCCS AERO model. This is made up of four key components to resolve consumer complaints:



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## 1. Apologise

This is an important first step in rebuilding trust as a foundation upon which to develop a resolution. There are many ways to apologise, none of which are an admission of blame or wrongdoing.

## 2. Explain

Whatever the origin of a complaint, a successful resolution will require an element of explanation. Be honest, be candid and try to avoid the use of jargon.

## 3. Reassure

The fear of unknown consequences can be the trigger for many consumer complaints. Reassurance relating to either the matter at hand or steps being taken to prevent recurrence will be a critical factor in enabling the complaint to be resolved.

*A successful resolution will require an element of explanation. Be honest, be candid and try to avoid the use of jargon.*

## 4. Over-deliver

What can we do to over-delight this valued customer? Often a small gesture can go a long way to restore faith and avoid unnecessary escalation. Ask yourself the question: can I turn this patient into an evangelist for my practice?

To contact the OCCS for information on insight sharing or for complaint resolution, you can email [enquiries@opticalcomplaints.co.uk](mailto:enquiries@opticalcomplaints.co.uk) or follow their social media channels which can be found at [www.opticalcomplaints.co.uk](http://www.opticalcomplaints.co.uk)

We hope you have found our first issue full of useful insights. We look forward to sharing more in our future editions. Be on the lookout for the next issue coming early 2021.

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