

Phil Harper
Deputy Director
Professional Standards & International Workforce
Department of Health and Social Care
Sent by email

7 February 2025

Leading the NHS: proposals to regulate NHS managers – consultation response by the General Optical Council

Dear Phil,

At our recent meeting we agreed that GOC would respond to the consultation on regulating NHS managers in a letter rather than use the online template. This better allows us to explain how our regulatory arrangements support effective leadership and accountability among registrants. Further, many of the consultation questions are less relevant to us given that so few registrants are likely to fall within the current intended scope of the proposals.

In summary, our position is:

- We support stronger regulation of NHS managers. Findings of healthcare inquiries and modern concepts underpinning good practice in regulation place importance on the role of organisational governance in protecting the public. There is heightened focus on the role of systems, policies and processes, and culture in shaping the conduct of organisations and everyone who works for them.
- Leadership and accountability are addressed in our existing regulatory arrangements including the education standards, CPD requirements and standards of practice. Serious failure of leadership by a registrant that creates a risk to public protection may constitute a breach of our standards of practice and trigger a fitness to practise investigation.
- Our proposals to modernise business regulation, including the head of optical practice role, would further strengthen our requirements and align well with the proposals on NHS manager regulation.
- Where an NHS manager is also a regulated healthcare professional, broadening existing regulatory frameworks would be a more targeted and proportionate solution than dual registration with another body or developing common standards between the healthcare regulators and another body for NHS managers.
- The scope of NHS manager regulation should be proportionate, targeted and risk-based in line with the better

regulation principles. Few of our registrants are likely to be board level directors, ALB directors and ICB members – the government’s starting point for those NHS managers who would fall within scope. Any expansion of scope beyond this should be based on evidence of harm.

- Managers on NHS performer lists in primary care should fall outside of scope. In our sector this category includes managers in high street optical practices. This would vastly increase the numbers of individuals subject to regulation, be disproportionate to the risks and could have unintended consequences that undermine wider government priorities such as shifting eye care from hospitals to communities.

I hope the enclosed material is useful, and please get in touch should you like further information about GOC regulation or wish to discuss our comments.

Yours sincerely

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Steve Brooker
Director of Regulatory Strategy

Annex

GOC regulatory arrangements relating to leadership and accountability

Below we describe how GOC's existing regulatory arrangements help to nurture effective leadership and accountability among our registrants.

- Leadership and management is one of seven high-level categories in our **education and training requirements** (ETR) approved in 2021. Since 2024 all students beginning qualifications at education providers in England are being taught under the ETR framework.¹
- Leadership and accountability is a mandatory domain in our **CPD system**.² All registrants must undertake some CPD activity in this domain over a three-year cycle as a condition of registration renewal.
- The CPD domains are mapped against our **standards of practice**.³ From January 2025 revised standards came into effect, including changes that have strengthened the emphasis on leadership.
- **Supplementary guidance** relating to aspects of leadership, such as on speaking up⁴ and the professional duty of candour⁵, support registrants to comply with the standards of practice.
- Breaches of the standards of practice could lead to **fitness to practise** activity with a full range of sanctions available including erasure.

Our standards of practice apply to everything that registrants do, not just the restricted activities within the Opticians Act 1989. This means that behaviour by registrants acting in their role as NHS managers could potentially lead to fitness to practise activity and appropriate action taken to protect the public.

We are seeking legislative change via DHSC's healthcare regulatory reform programme to strengthen these arrangements. There is strong and broad stakeholder support for GOC to regulate all businesses carrying out specified restricted activities. Specifically, as part of plans to modernise our approach to business regulation, we have recently consulted on proposals for business registrants to nominate a head of optical practice (HOP).⁶ HOPs would be registrants with overall responsibility for the conduct of the business in accordance with the GOC's regulatory arrangements and be concerned with systems, policies and culture controlled at the top of the business.

¹ [Education and training requirements | GeneralOpticalCouncil](#)

² [Continuing Professional Development \(CPD\): A guide for registrants | GeneralOpticalCouncil](#)

³ [Standards of practice for optometrists and dispensing opticians | GeneralOpticalCouncil](#)

⁴ [Speaking up | GeneralOpticalCouncil](#)

⁵ [The professional duty of candour | GeneralOpticalCouncil](#)

⁶ [\(6\) Project: Business regulation | General Optical Council](#)

We consider that patients would benefit from strengthening organisational governance via the HOP proposals. Further, improved clinical governance across the sector will help businesses to deliver enhanced services in primary care, enabling them to grow by providing more services to patients and maximise the potential of the optical workforce. Therefore, there is strong alignment between the GOC's proposals for regulatory reform and proposals to regulate NHS managers and indeed the government's wider ambitions as part of the 10 Year Plan to shift more care from hospitals into communities.

Finally, effective regulation makes use of hard and soft levers in combination. GOC's 2025-30 corporate strategy has preventing harm through agile regulation as one of its three strategic objectives. This includes making better use of data and using tools like thematic reviews to consider issues in depth. Our governing council will decide the topic for our first thematic review in March, but one candidate is workplace culture to address evidence of high levels of bullying, harassment and abuse, and discrimination.⁷ Our registrant surveys indicates that registrants experiencing these behaviours are likely to find it more difficult to provide safe patient care. Such issues are core to leadership and the connection to patient safety gives regulators a clear mandate to act. The findings of a thematic review could lead to remedial activities by GOC including changes to our regulatory arrangements as well as identify where action by stakeholders would help bring about change.

Scope of the NHS manager regulation

The GOC currently register around 34,000 optometrists, dispensing opticians, student optometrists and dispensing opticians, and optical businesses. In our 2024 registrant survey, 10% of respondents indicated that they worked at least some of the time in a hospital environment. In many cases, registrants will work across multiple settings, for example spending a day a week in a hospital clinic and the remainder in high-street practice. Of the subgroup of respondents working in hospital, 6% work at CEO or Director equivalent level, although we are not able to tell from the data whether these senior positions relate to their work in hospitals or roles in other healthcare settings.

Based on these findings, we estimate that around 150 GOC registrants with senior managerial roles spend at least some time in a hospital environment, although few are likely to occupy those positions (board level directors, ALB directors and ICB members) that reflect the government's starting point for those NHS managers who would fall within scope of the proposals.

We understand that at this stage the government has not ruled out the possibility that managers on NHS performer lists would fall outside of scope.

⁷ [GOC Registrant Workforce and Perceptions Survey 2024 | GeneralOpticalCouncil](#)

The practical effect in our sector would be that managers working in high street optical practices would be subject to these regulatory arrangements. This would vastly increase numbers of individuals within scope. In our view, there is insufficient evidence of harm to justify this step, and it is unnecessary given GOC's arrangements described above. Further, the additional costs of regulation need to be considered in the context of wider economic pressures facing business registrants, especially smaller businesses. In the context of the government's focus on economic growth, our business registrant survey indicates significant dissatisfaction with compliance costs.⁸ Given widespread dissatisfaction with the fees paid for NHS work in England, it is possible that some businesses may choose to give up their NHS contracts with detrimental consequences for patients in accessing care and undermining government's wider policy ambition to shift more eye care from hospitals to communities.

Policy options

The consultation identifies three main options for dealing with regulating managers who also hold another clinical professional registration:

- dual registration;
- broadening existing regulatory frameworks; and
- developing a set of mutually agreed standards between existing clinical regulators and the body responsible for regulating managers.

Since our existing regulatory arrangements already address leadership and accountability, requiring our registrants to register with another body is likely to fail better regulation principles requiring a proportionate and targeted approach. Serious failure of leadership by a GOC registrant in their role as an NHS manager that creates a risk to public protection may breach our current standards of practice and trigger a fitness to practise investigation. GOC periodically updates its standards of practice to reflect changing risks and modern expectations of good practice in regulation. As noted above, our existing regulatory arrangements address leadership and accountability, so we have mechanisms to strengthen these as necessary. This would be preferable to a dual registration system where our registrants would be held accountable by two bodies on two sets of standards covering similar ground.

In relation to dual registration, please note that the GOC can only investigate breaches of its own standards of practice. However, our standards of practice require registrants to be aware of and comply with the law and regulations that affect their practice, and our Declaration Guidance requires registrants to report the outcome of a regulatory determination by another statutory healthcare regulator as well as details of any current regulatory investigations. If the GOC considers that a registrant's fitness to practise could be impaired

⁸ [goc-business-registrant-survey-report-final.pdf](#)

by reason of such a regulatory determination, we would need to open a fitness to practise investigation.

Developing a set of mutually agreed standards is likely to be the most difficult option to achieve. We note the Professional Standards Authority has decided not to pursue work to explore a common code of conduct across healthcare regulators. Research that it commissioned⁹ found there were advantages to having one code, but it would not necessarily reduce complexity. There was also a risk that a common code would need to be diluted to cover so many and varied professions. This view was further reinforced by conversations with other stakeholders, including several of the regulators who expressed concerns about the practicalities around implementing a common code and, for some, a desire to recognise the differences between professions. Ultimately, the PSA concluded that the work required to overcome these challenges would not be justified by the potential benefits of a common code.

⁹ [New PSA research concludes clear and consistent expectations of professionals in specific contexts may be more useful than common codes of conduct | PSA](#)