

Policy on approach to consultation

Introduction

1. At the General Optical Council (GOC) we believe it is important that the people affected by our work have a say in how we operate. It is vital that we involve all groups with an interest in our work, such as patients, the public, our registrants, optical bodies, healthcare bodies, employers, other regulators, and other stakeholders in all nations of the UK.
2. Effective consultation is valuable to help us to improve our work and forms a key part of our internal decision-making processes. It informs us and helps us to achieve our mission of protecting the public by upholding high standards in the optical professions.

Overview

- Consultation is the way we obtain our stakeholders' views. It allows us to generate, develop and test new policies and proposals, and it allows our stakeholders to feed back ideas.
- When we plan major changes which affect our stakeholders, we will conduct a full public consultation. Other changes may require targeted consultations.
- Consultation needs to influence. It is not a way of rubber-stamping policies which are effectively already in place.
- Our purpose is to protect the public. It is therefore vital that patients and the public have a strong input into our work to give us a viewpoint from the people that the GOC is in place to protect.
- Our method of consultation must be appropriate for each of our different audiences. We will publicise consultations through the most appropriate media to reach the groups we intend to target.
- We will use different methods of consultation for different issues, depending on what is the most appropriate method of getting feedback for a particular project.

- We will make efforts to seek feedback from seldom-heard, under-represented or hard to reach groups, in particular, on specific issues which directly affect them.
- Documents will be concise, self-contained and in plain English. We will aim to make them free from jargon and not assume knowledge of abbreviations, or optical or medical terms. Where these are necessary or unavoidable, we will provide an accompanying explanation.
- We will try to keep the costs of consultation to a minimum, using electronic and other low-cost methods where these will not adversely affect participation.
- We will focus on the evidence and reasoning given in consultation responses, making primarily qualitative analysis of the responses. Decisions will not be made on numbers alone. Our decisions will be made on the basis of the strength of the arguments put to us and our assessment of the evidence of the impact of our proposals.
- We will publish feedback after the consultation giving a summary of what we heard during the consultation, what we decided to do and why.

Section A: Before we consult

Principles of consultation

3. In developing our approach to consultation, we have taken into account the [Government guidance on consultation principles](#) published in 2018. This sets out guidance on consultations including:
 - being clear and concise;
 - having a purpose;
 - being informative;
 - being part of a process of engagement;
 - lasting a proportionate amount of time;
 - being targeted;
 - taking into account the groups that are being consulted; and
 - that the results should be published.

What should we consult on?

4. When we plan major changes which affect our stakeholders, we will conduct a public consultation.

5. Although we may target our consultations to particular groups, they will be available on our website if any member of the public wishes to respond.
6. While bearing in mind the importance of offering an opportunity for stakeholders to feedback on all that we do, we are conscious of consultation fatigue. Some stakeholders may have limited resources and capacity with which to respond to our consultations. We will make sure that our consultations are as relevant as possible and not overload stakeholders with consultations of limited impact and relevance, which may discourage them from tackling the big projects.
7. We will also be aware of the internal resources that consultation uses, both human and financial. Over-consulting on issues of limited impact and relevance could hinder us in completing other work which is more important for public protection.

When should we consult?

8. Consultation must take place at a stage when it can have a meaningful effect on the outcome. Consultation needs to influence. It is not a way of rubber-stamping policies which are effectively already in place. Therefore, we will consult when we are ready to make enough information public for a well-informed debate – the decision will be made by the GOC but guided by the principle that this will be at the stage when it is early enough for stakeholders to be able to input to the proposal but late enough to enable stakeholders to comment on fully formed proposals.
9. Our consultations will last for 12 weeks, although we allow for longer or shorter consultations where appropriate and justified. If a shortened consultation is necessary, due to time pressures (for example, linked to implementing legislation), we will be clear as to the reasons why.
10. If a consultation covers a period when people are less likely to be available to respond, such as holiday periods, we will try as far as possible to allow a longer consultation period.
11. We will take steps to advertise our consultations sufficiently to attract interest in them from our stakeholders.

Who should we consult?

12. Our stakeholders in all nations of the UK who need to be consulted on our work include:
 - patients, carers, the public and their representative groups;

- voluntary organisations and charities;
- seldom-heard, under-represented or hard to reach groups and their representative organisations;
- existing registrants (including optometrists, dispensing opticians, optical students), potential registrants and their professional and representative organisations;
- business registrants and employers;
- healthcare organisations and commissioning/funding bodies
- education providers and education bodies;
- other regulators; and
- governments.

13. We will try to tailor our consultations to make them appropriate for each stakeholder group.

14. As a minimum standard, we will:

- post electronic versions of our consultations on our [consultation hub](#)¹ and provide a link through the GOC public website (please see paragraph 18 re other versions we will make available);
- send consultations to our consultation mailing list (by default this includes the stakeholders listed in paragraph 13); and
- notify the optical trade press.

Section B: How we consult

What format(s) should our consultations take?

15. Each consultation aims to get a wide range of views using the most appropriate range of formats. We use different methods of consultation for different issues, depending on what is the most appropriate method of getting feedback. These include, but are not limited to:

- questionnaires, either online or in print;
- direct meetings with stakeholders;
- focus groups;
- interviews;
- public meetings;
- through social media or other electronic-engagement media;
- presentations; and

¹ This is a website where we store all of our consultations which allows you to read them and submit a response online.

- consultation activities by a professional research agency.
16. We need to ensure that we carry out an appropriate and proportionate level of consultation.

Making our consultations accessible

17. Our consultations will be available on our [consultation hub](#). For each consultation there will be an overview which will provide a clear summary of the consultation. It will make it clear what we are consulting on, why we are consulting on it and explain the background to the consultation. It will also include contact details, and information about when and how to respond.
18. We can provide material in formats such as audio, Braille and languages other than English on request. As a minimum standard, our consultation documents will be in 12pt text and a clear font such as arial. They should also be compatible with screen readers.
19. We will make efforts to seek feedback from seldom-heard, under-represented and hard to reach groups and make efforts to allow their voices to be heard, in particular, on specific issues that will directly affect them. For example, if we consult on an issue which particularly affects people with sight loss, we must make extra attempts to reach the people who will be affected. We must also be aware of groups which are minorities within optics (if not the UK as a whole) and ongoing equality and diversity monitoring of registrants will help us identify these groups.
20. Documents should be concise, self-contained and in plain English. They should be free from jargon, and not assume knowledge of abbreviations, or optical or medical terms. The views of non-experts are highly valuable to the consultation process so documents must be accessible to them. Where these are necessary or unavoidable, we will provide an accompanying explanation.

Getting value for money

21. We will provide registrants with value for money in our consultation exercises. We will work to effectively target our consultations to the right audiences and will use different methods to make sure that we target each audience in the most appropriate way, to make our consultations engaging, credible and cost-effective.

Making our consultations manageable

22. We will encourage stakeholders with expertise in a specific area to give feedback on those parts of the consultation relevant to their area of expertise. Stakeholders are not required to feed back on all areas of the consultation.
23. We are aware that a lot of our stakeholders, especially charities, have limited resources or capacity to respond to multiple consultations. There are also many other organisations which are seeking their input.
24. We will minimise the burden of consultation by making our consultation as relevant as possible to the target audience. We will work with other regulators to ensure that, where possible, we work together on issues which affect regulation as a whole.
25. For all our consultation formats, we aim to make participating as quick and as easy as possible. If we use online tools, we minimise the bureaucracy of hurdles such as registering. If we hold events, we endeavour to hold them in different parts of the UK.

Patient and public involvement

26. Our purpose is to protect the public. It is therefore vital that patients and the public have a strong input into our work to give us a viewpoint on our work from the people that the GOC is in place to protect. We will work with patient groups to involve their members to make sure that we get as wide a range of views as we can.
27. We will consider working on joint consultations with other organisations to share knowledge and to participate in regulation across the sector. This has the added benefits of reducing consultation fatigue and providing better value for money through economies of scale.
28. We have access to a public panel for research purposes which gives us access to members of the public. Where appropriate, we will utilise this panel during consultation.

Ensuring integrity in the consultation process

29. We will consult in a manner designed to give us the genuine views of our stakeholders, not the answers we want to hear. We will avoid using leading questions and make our consultation process open. We will focus our questions and clearly state any assumptions made.

30. We will be clear about where there is scope for consultation to affect decisions, and which changes are beyond our control (such as legal requirements).
31. We will seek consent from anyone responding to our consultations as to whether they are happy for their response to be published, and if so, where their name (or the name of their organisation) can be included.

Impact assessment

32. We will prepare a draft impact assessment prior to consulting and will publish it alongside our consultations. An impact assessment is an exercise which considers the implications of a policy (including costs, benefits and unintended consequences) on the organisation and its stakeholders. This should include an appraisal of the likely effects on different categories of stakeholder, including the extent of the impact, as well as on the GOC as a whole. Our impact assessment will include an assessment of equality, diversity and inclusion (EDI) issues.

Section C: After the consultation

Analysing the consultation

33. We will carefully analyse the responses from our consultations to make our policy proportionate, clear, fair and in line with the stated aims of the GOC.
34. Where possible, we will seek to encourage debate between stakeholders who may hold differing or opposing views. By facilitating debate, we hope that compromise positions will arise in these situations.
35. We will remain guided by our governing principles, in particular the principle of protecting the public. We focus on the evidence and reasoning given in the consultation, making primarily qualitative analysis of the responses. Decisions will not be made on numbers alone. Rather, our decisions are made on the basis of the strength of the arguments put to us and our assessment of the evidence of the impact of our proposals. Consultation is not a vote and we do not devise any artificial weighting of responses from optometrists, dispensing opticians, patients or any other stakeholder group. Where appropriate, we are likely to give more weight to feedback from optical sector bodies representing significant numbers of our registrants than individuals.
36. We will analyse who has responded to the consultation to assess which groups we have successfully reached. Where we have been unsuccessful in reaching particular groups we will attempt to find out why. We will learn from these experiences to ensure we reach these groups in other ways in the future.

37. On some occasions, particularly with significant changes affecting all registrants, we will contract with an external research agency to help us with consultation activities (for example, engaging with stakeholders such as carrying out a registrant survey or focus groups, focus groups or interviews with members of the public, and/or analysing consultation responses). Where we do so, we will ensure that we comply with our [Contracts and procurement policy](#).

Publication of consultation feedback

38. As part of our consultation feedback, we may publish a report which contains free-text comments (either in part or in full) received during the consultation, provided that we have consent to do so. Where we have consent, we will attribute names of organisations to the comments. We will not normally attribute the names of individuals to comments, even where we have consent to do so.
39. We will not publish comments that are vexatious or not about the subject matter at hand. Where we receive vexatious comments, we may contact the respondent and refer them to our [Acceptable behaviour when communicating with the GOC policy](#).
40. We will publish feedback after the consultation (usually on our [consultation hub](#)) giving the outcome and how we will implement the policy changes. Where possible, we will notify those who participated in the consultation to let them know how their views were taken into account in the formulation of the policy. Our feedback will conform to accessibility guidelines, including the use of plain English.