

**Draft impact assessment:
the GOC's approach to COVID-19 to maintain patient and public safety**

Name of the policy/function:	The GOC's approach to COVID-19 to support registrants and ensure the safety of patients and the public
Assessor:	Marcus Dye, Acting Director of Strategy
Date IA started:	7 September 2020 (reviewed 15 October 2020)
Date IA completed:	
Date of next IA review:	January 2021 (following public consultation)
Purpose of IA:	
Approver:	SMT
Date approved:	

Aims: To maintain patient and public safety during the COVID-19 pandemic.

Purpose and Outcome:

The intention of the COVID-19 programme of work is as follows:

1. Supporting the national effort to reduce the rate of infection and transmission in the general population and healthcare settings
2. Support our registrants to continue to deliver safe and effective optical care for patients and the public during the emergency
3. Support our registrants to make professional judgements on care
4. Remove any unnecessary regulatory barriers to the effective delivery of care during a pandemic, particularly allowing flexibility for remote care delivery.
5. Reviewed and adapted our own regulatory functions to ensure they could continue as much as possible during the pandemic, while protecting patients, the public and others.

Support for registrants

During the COVID-19 emergency period, we realised that some of our legislation and regulations may have prevented care being delivered effectively during the emergency situation. To address this, we published a series of guidance statements to remove any unnecessary regulatory barriers to the safe and effective delivery of care to patients and the public, particularly during the lockdown period where remote care was the safest option to reduce the risk of infection. We also sought to reassure our registrants and the sector that we would support them when they act in good conscience and exercise professional judgement for the public benefit.

Due to the need to implement change quickly, we were only able to consult a small number of key stakeholders in the sector and healthcare commissioners prior to implementation. We acknowledge the importance of seeking a wider range of views from our registrants, patients and the public in developing our regulatory processes and policies and now propose to undertake a full public consultation on these statements to ensure they remain effective, to determine how they should apply as we exit lockdown at different rates and how they might

apply to local lockdowns, a second surge in the current pandemic or to future pandemics. We are also interested in whether some of these statements should become more general regulatory policy, separate from COVID-19 and whether the statements should lead to any changes in our legislation either on an emergency basis or permanent.

Statements which promote the use of remote care:

- [GOC/COVID/09: GOC statement on verification of contact lens specifications during COVID-19 emergency](#)
- [GOC/COVID/03: GOC statement on contact lens aftercare during COVID-19 emergency](#)
- [GOC/COVID/02: GOC statement on supply of spectacles and contact lenses during COVID-19 emergency](#)

Statements which enhance our existing standards:

- [GOC/COVID/11: GOC statement on infection prevention and control during COVID-19 emergency](#)
- [GOC/COVID/13: GOC statement on use of technology during COVID-19 emergency](#)
- [GOC/COVID/07: GOC statement on optometrists, dispensing opticians and students working in different settings during the COVID-19 emergency](#)
- [GOC/COVID/12: Redeployment of optometrists or dispensing opticians within pharmacy practice](#)

Registration

- [GOC/COVID/14: GOC statement on service of registration notices during COVID-19 emergency](#)

Fitness to practise

We have continued to conduct 68 hearings using remote technology to deliver 'virtual hearings'. We have postponed seven hearings, four of which have been relisted. To support remote/virtual hearings we have produced a statement outlining how these will be conducted:

- [GOC/COVID/05: GOC statement on our approach in fitness to practise for the service of documents and facilitating hearings during the COVID-19 emergency](#)

Education

We have worked closely with our education providers throughout the emergency to anticipate and mitigate the impact of COVID-19 on our education work. Our quality assurance of education providers continues and we produced the following statement:

- [GOC/COVID/01: GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency](#)

Quality assurance visits were initially delayed or undertaken remotely to lessen the burden on institutions during an extremely busy time, as they aimed to support existing students and prepare for a new student intake in September. Providers were reminded of things they could change with a simple notification to the GOC and of other areas where agreement would be required, which saw applications for variations to learning and assessment approaches. The circumstances were challenging but we are pleased with the progress and the ongoing collaboration. Having received concerns regarding the ability of students to

undertake clinical experience during the pandemic, we held a two-week consultation on temporary changes to our Education standards and requirements for Optometry and our Supervision policy. We received 71 responses and published the outcomes of the consultation [here](#).

Continuing Professional Development (CPD) and Revalidation

We have produced guidance for Continuing Education and Training (CET) providers which allowed a wider range of remote CPD to be delivered remotely and this is outlined in our statement for delivery of CET:

- [GOC/COVID/08: GOC statement for CET providers on CET provision during the COVID-19 emergency](#)

We have waived the annual requirement for CET points to be accumulated during 2020 to acknowledge the difficulties that some registrants would have difficulties in meeting this. We have explained this in the statement.

Who will benefit:

Patients, the public, GOC registrants, the optical sector, and the wider healthcare system including the NHS.

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

Activity/Aspect
• Data collection on impact of COVID-19
• Production of COVID-19 specific guidance for registrants promoting the use of remote care
• Production of COVID-19 specific guidance for registrants to enhance our existing standards
• Changes to Registration activities in response to COVID-19
• Changes to fitness to practise (FTP) procedures in response to COVID-19
• Changes to Education quality assurance in response to COVID-19
• Changes to CPD and Revalidation (CET) in response to COVID-19

Gathering the evidence

Available evidence – used to scope and identify impact
<p>Research</p> <ul style="list-style-type: none"> • Public Health England’s Disparities in the risk and outcomes of COVID-19, published 2 June 2020. The report confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. • Public Health Messaging for Communities from Different Cultural Backgrounds report SPI-B, 22 July 2020 – outlines the need for health messages for BAME

communities to be tailored to reflect socio-cultural influences and drivers of behaviour which, at times, may differ from White British communities.

- Black Community and Human Rights report, Clear View Research, September 2020 – outlines concerns from the Black Community’s on the protection of its Human Rights including access to healthcare and NHS services.
- @thecrazyoptom poll regarding Racism in Optics, June 2020. Poll of GOC registrants showing that 82% of 891 respondents had experienced some form of racism in optical practice or training.
- National LGBT survey – summary report, 2018 – outlines concerns from the LGBT community about access to healthcare and NHS services
- National LGBT Action Plan, 2018 – UK government action plan in response to the National LGBT survey
- Gender in the workplace survey, 2017, SPIE Women in Optics – outlines findings relevant to workforce planning policy
- NMC Equality Impact Assessment, August 2020

GOC data

- [GOC EDI report 2018](#) detailing breakdown of registrants by protected characteristics for 2018-19
- Data on increase in online CET activities since the beginning of lockdown: shows that from 1 January 2020 to 16 March 2020, applications for the modalities Online Peer Discussion, Recorded Lecture and Online Lecture with Discussion Group made up 3% of all approved CET. From 17 March 2020 to 31 August 20, those same modalities made up 28% of all approved CET.

Q5. Evidence gaps

We have identified the following gaps in its evidence base:

- GOC EDI report 2019 detailing breakdown of registrants by protected characteristics for 2019-2020
- FTP data on cases arising from COVID-19 and the percentage of these linked to individuals with protected characteristics
- Renewal data to ascertain whether COVID-19 had a particular impact on any particular protected characteristic that we hold data for, i.e. gender, ethnicity or age
- Renewal data to ascertain whether COVID-19 had a particular impact on students as a group
- CET data on whether those with certain protected characteristics are finding it more difficult to complete CET requirements as a result of COVID-19

- Wider stakeholder views on our COVID-19 guidance statements and any adverse impacts that they have had, in particular the impact on patients, the public and our registrants.

Q6. Involvement and Consultation

Rapid consultation has already taken place on all COVID-19 guidance statements related to promoting remote care delivery, enhancing our standards or changing our regulatory approaches. This was undertaken with the following stakeholders:

- Sector professional and representative bodies including the devolved nations;
- NHS and commissioning bodies in each of the UK nations;
- Education providers and approvers for the Education, quality assurance and CET statements;
- Defence bodies and FTP panel members for the FTP statements; and
- Some larger sector employers for certain statements where there was no commercial interest.

This consultation generally lasted for one or two weeks maximum due to the urgent need to implement the statements.

Summary of the feedback from consultation:

Feedback focussed on drafting changes and where impact was discussed it tended to focus on whether the statement was required in the first place. Please see the [impact assessment on the hearings statement and remote hearings guidance](#) for more detail on that area. One main area of feedback on impact was the use of email to serve notices to registrants and whether this might cause any issues for registrants with poor computer skills which could be related to possible characteristics such as age, disabilities or those in lower socio-economic groups.

Link to any written record of the consultation to be published alongside this assessment:

We are not publishing our written record of feedback from the rapid consultation as we did not seek consent to publish this information. We are collecting further information as part of the public consultation which we will publish.

How engagement with stakeholders will continue:

We now plan to undertake a full public 12-week consultation to see the views of those that we did not have an opportunity to gain previously, namely:

- GOC registrants – optometrists, dispensing opticians, students and businesses.
- Patients and the public, including patient representative groups
- Other interested stakeholders

This will allow us to gain some insight into the impact of the publication and implementation of the existing statements and where our statements and legislation might need to change in the future to support the effective delivery of care during this pandemic and any future pandemics.

Activity/aspect	Potential/actual impact	Analysis and actions to remove, reduce or enhance impact
<p>1. Data collection on the impact of COVID-19</p>	<p>We need to collect and analyse our own data on our registrants in order to be able to determine the impacts of COVID-19 on groups with certain protected characteristics. Certain gaps in this data have been identified above which make this more difficult to assess and we should take action where possible to source this data.</p>	<p>Action: consider the gaps in data identified above and review whether it is possible to collect this data going forward. By end of September 2020.</p> <p>Action: a full 12-week public consultation will take place to capture the views of all our stakeholders on the COVID-19 guidance statements and when they should apply going forward.</p> <p>Any further data collected should be used to update this impact assessment and inform future policy.</p>

<p>2. Production of COVID-19 guidance statements related to promoting the delivery of remote care</p>	<p>These statements will have a positive impact for patients, the public and registrants that potentially fall into high risk groups for COVID-19. This includes high risk groups linked to protected characteristics of ethnicity (BAME), age (over 70) and gender (men) and also to the occupation as a healthcare professional. Our own EDI annual report shows that the percentage of registrants falling into a BAME category in terms of ethnicity in particular is above the national average, potentially meaning optometrists and dispensing opticians (DOs) as a group may be at higher risk of the effects of COVID-19.</p> <p>However, there may be a corresponding detrimental impact on some patient groups from continuing to receive remote care. This may disproportionately impact those such as older people who are subject to more serious eye conditions. This impact is mitigated by requiring registrants to use professional judgement to determine whether individuals should continue to receive remote prescriptions or care.</p> <p>Registrants will be required to use professional judgement to determine the type of care that certain categories of patients receive and this may be biased against those who may be shielding to being classified as vulnerable or extremely vulnerable – this includes those with disabilities or certain illnesses such as cancer or diabetes; the over 70s and those elderly patients in care homes;</p>	<p>We should continue to give flexibility to registrants to take decisions on the way that care is delivered in the future to support more effective care delivery during pandemics, to keep certain groups of patients, the public and staff safe during pandemics.</p> <p>Action: consult on whether we should have temporary or permanent powers to enact guidance on waiving contact lens specification verification and allow prescribing on out of date contact lens and spectacle prescriptions, in pandemic emergencies. To be conducted as part of 12-week public consultation.</p> <p>We need to ensure that we continues to support our registrants in making professional judgements on care delivery for patients and also about deployment of its own staff in care settings. We should help our registrants to mitigate unconscious bias in these professional judgements wherever possible without undermining the confidence of the professional.</p> <p>Action: to consider updating guidance to include specific reference to bias</p> <p>Accessibility issues related to remote care should form a part of professional decisions made by our registrants.</p> <p>Action: to update guidance statements to include this as part of the list of considerations in relevant statements.</p>
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<p>those who are pregnant; those who act as a carer for a clinically vulnerable patient; or those from a BAME background. Employers will also need to complete a risk assessment and make the same professional decisions about whether staff can continue in the same roles if categorised in a high risk category – this may result in some of our registrants taking these decisions based on their own professional judgement.</p> <p>There is evidence that some groups face discrimination from health professionals based on their protected characteristics, particularly, lesbian, gay, bisexual, intersex, ethnic minorities and trans. The evidence from the @crazyoptom survey conducted recently shows that a large percentage of our registrants have witnessed some form of racial discrimination in practice whether against staff or patients and this is indicative of the increased risk of bias, conscious or unconscious, in professional decision making. Evidence also available in the LGBT National Survey.</p> <p>During emergency situations, employers may not implement all of the usual training and procedures to minimise discrimination or bias such as EDI training.</p> <p>Remote delivery of care may not be as accessible for those in poorer socio-economic groups due to lack of access to technology required to communicate with registrants for consultation purposes. Young, older or vulnerable patients</p>	<p>We need to ensure that these guidance statements only apply when necessary to protect certain groups within society. If the statements continue unnecessarily, they may have a detrimental impact on the care received by those considered as clinically vulnerable or extremely clinically vulnerable or other high risk groups, if professional decisions are made to deliver care in different ways for these groups, and remote care is less effective in certain situations.</p> <p>Action: we should set out and consult on a framework for the application of these standards during lockdown and after, taking account of the fact that different parts of the country may enter and exit lockdowns linked to pandemics at different times. To be conducted as part of 12-week public consultation.</p>
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	<p>including those with mental health issues may not have the technological skills to feel comfortable interacting with registrants online.</p> <p>During lockdown the priority to reduce infection, prevent deaths and minimise impact on NHS services outweighs the individual concerns identified here, but this will need to be monitored as we exit lockdown and infection rates reduce.</p>	
<p>3. Production of COVID-19 specific guidance for registrants to enhance our existing standards</p>	<p>Guidance statements on use of technology and infection control make clearer our expectations of standards we already set for all our registrants.</p> <p>Enhanced infection control procedure, including use of personal protective equipment (PPE) may have negative outcomes for certain types of patients. Those patients who have difficulties with communications skills, hearing-impaired patients who lip-read and younger patients or those with mental health difficulties who may be alarmed by changes in approach or the environment in which care is delivered. This may result in difficulties in completing the consultation satisfactorily resulting in more negative patient outcomes.</p>	<p>Communication and explanation to patients and their carers is most effective way to mitigate some of these issues.</p> <p>Action: to consider how to emphasise the need for adequate communications to address the needs of certain types of patients within the statement on infection control.</p>
<p>4. Registration activities</p>	<p>Our retention requirements including payment of fees may be difficult for certain groups of people to</p>	<p>Whilst healthcare professionals are more likely to have access to technology for the purposes of care delivery, which could also be used for e-mail of registration notices, we should take care</p>

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	<p>meet during the emergency, i.e. those in certain socio-economic groups.</p> <p>E-mailing registration notices during the pandemic is intended to improve safety for certain groups of people affected more significantly by COVID-19 as discussed in 2 and 3 above. However, this may have a detrimental impact on those in certain socio-economic groups who do not have access to technology or those less likely to use or be confident in using technology such as older people. This is less likely for healthcare professionals who will likely access technology on a daily basis to deliver care.</p>	<p>to ensure that we clearly communicate that this is one of the usages of the email addresses that we collect and that adjustments are made should a registrant raise an issue related to access. As a safety net, we currently issue all removal from the register notices by post and telephone these registrants as well to ensure they are aware.</p>
<p>5. FTP procedures including remote hearings process</p>	<p>During emergencies, registrants with certain protected characteristics may be more likely to be subject to FTP proceedings if there is unconscious bias towards them, i.e. based on ethnicity, sexual orientation or gender.</p> <p>Registrants may also be subject to greater likelihood of FTP action being taken by the regulator if the context and background of COVID-19 is not sufficiently taken into account by decision makers at the GOC, i.e. to take account if increased mental health issues. This is especially true where registrants have been asked to use</p>	<p>Action: implement wider actions agreed in remote hearings impact assessment.</p> <p>Action: we are content that changes to access to remote hearings for the public are compliant with the Human Rights Act 1998, but would review any feedback received through the public consultation.</p> <p>Action: undertake a fuller public consultation on the impacts of our emergency changes to FTP to identify any potential negative impacts on certain groups and put in place mitigating actions.</p> <p>Action: GOC staff have received some training in considering and making reasonable</p>

	<p>professional judgement in determining patient care as referenced above.</p> <p>Use of virtual hearings will have a positive impact for patients, the public and registrants that potentially fall into high risk groups for COVID-19. This includes high risk groups linked to protected characteristics of ethnicity (BAME), age (over 70) and gender (men) and also to the occupation as a healthcare professional. Our own EDI annual report shows that the percentage of registrants falling into a BAME category in terms of ethnicity in particular is above the national average, potentially meaning optometrists and DOs as a group may be at higher risk of the effects of COVID-19. Changing the way we hold hearings could however lead to inaccessibility of the complaints process and engagement of the Human Rights Act, article 6 right to a fair trial for registrants and referrers (examples explored below).</p> <p>Delays to FTP proceedings may cause mental stress to both patients and the registrants involved, so proceeding with virtual hearings where possible can be beneficial. The decision to postpone non-essential hearings could cause such delays.</p> <p>Proceeding with virtual hearings may disbenefit certain groups due to either unfamiliarity with the technology used or inexperience and nervousness using the technology. These might include some disabled people, older people, younger people, people with communication difficulties.</p>	<p>adjustments for disabled customers participating in FTP hearings and we should ensure that this continues to be up to date and relevant.</p> <p>Action: review whether the benefits of remote hearings in promoting accessibility for certain groups of people outweigh disbenefits to others. Consider how remote hearings may be taken forward as an option in the future either linked to a pandemic emergency or not. To be undertaken following public consultation.</p> <p>Action: to review data on FTP complaints related to COVID-19 to ensure that they are not disproportionately against people with certain protected characteristics and monitor on an ongoing basis.</p> <p>Action: ensure that unconscious bias training is up to date for GOC staff involved in decision-making related to FTP cases (investigations staff, case examiners and FTP hearings panel members) and that guidance for staff at triage stage is updated to consider the context of COVID-19 on decision making. Staff should be fully aware of the GOC guidance statements on COVID-19 and have an awareness of the guidance produced by the College of Optometrists in relation to the different phases of clinical care possible during lockdown and the different exit phases.</p> <p>Action: we should consider offering a support line to registrants or patients participating in FTP</p>
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	<p>Socio-economic issues or geographical location may also restrict people's access to technology or sufficient internet coverage to support the technology used in virtual hearings, impacting groups of people through no fault of their own.</p> <p>A separate impact assessment has been completed in relation to remote hearings with further detailed actions being taken by the Hearings team.</p> <p>E-mailing FTP notices during the pandemic is intended to improve safety for certain groups of people affected more significantly by COVID-19 as discussed in 2 and 3 above. However, this may have a detrimental impact on those in certain socio-economic groups who do not have access to technology or those less likely to use or be confident in using technology such as older people. This is less likely for healthcare professionals who will likely access technology on a daily basis to deliver care.</p>	<p>to acknowledge the mental stress caused by the FTP process, particularly during the COVID-19 emergency.</p> <p>Action: whilst healthcare professionals are more likely to have access to technology for the purposes of care delivery, which could also be used for emailing FTP notices, care should be taken by the GOC to ensure that we clearly communicate that this is one of the usages of the email addresses that we collect and that adjustments are made should a registrant raise an issue related to access.</p>
<p>6. Education standards and quality assurance</p>	<p>COVID has a significant impact on optical education. There may be financial implications for education providers.</p> <p>We have allowed education providers to make changes to their teaching and assessments. Online delivery may have some impact on attainment,</p>	<p>Action: launch our annual monitoring review of education providers for 2019-2020 as per the schedule in October 2020 to identify any additional risks or impacts in the sector.</p> <p>Action: continue to monitor provider communications with students and monitor complaints received from students regarding</p>

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	<p>although this does not appear to have manifested in the recent summer examinations.</p> <p>Education providers are responsible for supporting their students and considering any reasonable adjustments that they may need to make in their alternative teaching and assessment arrangements.</p> <p>Temporary changes to the supervision policy and the optometry handbook – we completed a separate impact assessment on the changes that we have made on a temporary basis.</p> <p>There continue to be potential mental health and financial impacts for students due to potential further delays in the delivery of education, particularly in pre-registration assessment schemes and availability of placements and jobs once individuals have qualified.</p> <p>With regards to quality assurance, we are able to continue our activities with minimal impact and seek to reduce burden for providers by asking for only the necessary information and continuing to conduct remote visits.</p>	<p>providers, taking appropriate quality assurance action if required.</p>
7. CPD and Revalidation	<p>The statement will have a positive impact for registrants that potentially fall into high risk groups for COVID-19. This includes high risk groups linked to protected characteristics of ethnicity (BAME),</p>	<p>In considering any further changes to CET, we should be careful to maintain as much flexibility in delivery methods for CET.</p>

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	<p>age (over 70) and gender (men) and also to the occupation as a healthcare professional. Our own EDI annual report shows that the percentage of registrants falling into a BAME category in terms of ethnicity in particular is above the national average, potentially meaning optometrists and DOs as a group may be at higher risk of the effects of COVID-19.</p> <p>The statement allows registrants to more flexibly distribute their CET requirements and avoid the need to undertake CET during the height of the pandemic. This is especially important for the high-risk groups mentioned, who may be more adversely affected by COVID-19 and need to minimise contact with others at this time.</p> <p>However, our data shows that there has been an increase in CET delivered online: previously these modalities made up 3% of all CET and now make up 28% of all CET. This requires registrants to have access to better equipment and connectivity. This may be problematic in certain parts of the country where with poorer internet coverage or for certain socio-economic groups who do not have access to required technology or knowledge/confidence on how to use, i.e. older people, those with communications difficulties or disabilities such as deafness where it may be more difficult to lip read on screen. Those with vision</p>	<p>Action: ask about the impacts, intended or unintended of publishing our two statements on CET. This will be completed as part of our 12-week public consultation.</p> <p>Action: monitor data on CET to ensure that registrants with certain protected characteristics are not unfairly disadvantaged.</p>

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	difficulties may also have difficulties accessing online CET, but this could be mitigated by technology to support these participants.	