Draft guidance for registrants: Speaking Up

Overview

Within the GOC's Standards of Practice for Optometrists and Dispensing Opticians there is a requirement at Standard 11 to protect and safeguard patients, colleagues and others from harm. This includes expectations to raise concerns about patient/public safety, act on them (if within the individual's remit) or escalate them if they remain unresolved. There are similar expectations on business registrants under the Standards for Optical Businesses (Standard 1.1) and students under the Standards for Optical Students (Standard 10). We call 'raising concerns' in this way 'speaking up'. You may have also heard the term 'whistleblowing' used to describe it.

We know that there are difficulties with healthcare professionals being able to speak up about patient/public safety and have their concerns listened to and dealt with appropriately. The majority of recent inquiries into wrongdoing within NHS trusts show that staff had concerns about what was happening at an early stage, but they were either blocked from raising them or not taken seriously. The Mid Staffordshire NHS Foundation Trust Public Inquiry in 2013, tasked with looking at a series of failings at Mid Staffordshire NHS Foundation Trust, recommended the formation of the National Guardian's Office to champion speaking up by staff and that regulators incorporate a duty of candour into their professional standards. A number of more recent inquiries, including the Paterson Inquiry and the Gosport Independent Panel, have also highlighted incidences of concerns being raised by staff but not appropriately actioned.

We are keen to play our part in making sure that everyone working in the optical sector is free and able to speak up about concerns they have, and therefore have created this guidance to make our expectations clear and, hopefully, give our registrants more confidence in speaking up when they need to.

The speaking up guidance on which we are consulting is available to download at the bottom of this page under 'related'.

Introduction

1 What is your name?	
Name	

2 What is your email address?
If you enter your email address then you will automatically receive an acknowledgement email
when you submit your response.
Email
3 Are you responding on behalf of an organisation?
(Required)
Please select only one item
Yes No
Tell us who you are
Knowing who you are helps us to ask you the right questions.
4 Which category best describes you? (Required)
Please select only one item
Member of the public Optical patient Optometrist Dispensing optician Specialist - therapeutic prescriber Specialist - contact lens optician
Student - optometry Student - dispensing Other (please specify)
If other, please specify
Organisation details
5 On behalf of which organisation are you responding? (Required)

Which of the following categories best describes your organisation?
equired)
ase select only one item
Optical business registrant Other optical employer
Undergraduate education & training provider CET/CPD provider
Optical professional body Optical defence/representative body
Optical insurer Commissioner of optical care Healthcare regulator
NHS/Government body Charity Other (please specify)
other, please specify
Is the guidance presented in a way that is clear, accessible and easy to use? ase select only one item No. O Don't know
use?

you encounter a patient/public safety concern?
Please select only one item
Yes No Don't know
Please give details.
9 Would the guidance give you confidence to speak up if you identify patient safety concerns?
Please select only one item
Yes No Don't know
Please give details.

8 Would the guidance give you more confidence in knowing what to do if

Please select only one item Yes No Don't know
Yes No Don't know
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Please give details.
11 Is the guidance sufficiently flexible to accommodate differences in policy and practice across the nations of the UK?
and practice dologo the hations of the ort:
Please select only one item
Please select only one item

Impact of draft guidance

Please select only one item
Yes No Don't know
Please give details.
13 Are there any specific issues or barriers which might prevent registrants from using the guidance?
Please select only one item
Yes No Don't know
Please give details.

12 Do you think the guidance will help to protect patient and public safety?

14 Are there any aspects of the guidance that could have an adverse or negative impact on patients and the public, individual registrants, businesses or others?
Please select only one item
Yes No Don't know
Please give details.
15 Are there any aspects of the guidance that could discriminate against stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy or maternity, caring responsibilities or any other characteristics.)
Please select only one item
Yes No Don't know
Please give details.

patients and the public; individual registrants; businesses or others?					
	Very positive impact	Positive impact	No impact/don't know	Negative impact	Very negative impact
Patients and the public Please select only one item	0	0	0	\bigcirc	\bigcirc
Individual registrants Please select only one item	0	0	\bigcirc	\bigcirc	\bigcirc
Optical businesses Please select only one item	0	0	\bigcirc	\bigcirc	0
Others Please select only one item	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Support for Speaking Up 17 Would any specific supporting activities be beneficial to registrants in implementing the guidance? Please select only one item Yes No Don't know Please give details.					

16 Overall, do you expect that the guidance will have a positive impact on:

culture of openness and honesty within optical care?
Please select only one item
Yes No Don't know
Please give details.
19 Are there any further comments you wish to make on the guidance?
If so, please give details.
Further information
20 Can we publish your response?
(Required)
Please select only one item
Yes Yes, but please keep my name and my organisation's name private No

18 Is there anything further we could do to promote speaking up and a

Equality, diversity and inclusion

We welcome consultation responses from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity.

We don't want anybody to miss out or be disadvantaged because of the way we work and we try hard to make sure this doesn't happen. The following questions help us to understand who we are reaching with our surveys, so that we can make sure that everybody has the opportunity to get involved.

You do not have to answer these questions (just click 'Continue' at the bottom of this page if you don't want to). but we would be grateful if you did. Your answers to these questions will be treated as confidential and held securely in line with data protection requirements. They will not be considered or published alongside your name or anything else that might identify you.

For more information about how we use information like this across the General Optical Council, please visit the **Equality, Diversity and Inclusion section**

https://www.optical.org/en/about_us/equality-and-diversity.cfm of our website.

If you are responding on behalf of an organisation, please do not respond to these questions.

21 Gender
Please select only one item
Male Female Prefer not to say
22 Age
Please select only one item
16-24 25-34 35-44 45-54 55-64 65+
Prefer not to say
23 Sexual orientation
Please select only one item
Bisexual O Heterosexual/straight O Gay/Lesbian/Homosexual O Other
Prefer not to say

24 Disability

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities. Do you consider yourself to have a disability? Please select only one item Prefer not to say Yes **25** Gender identity My gender identity is different from the gender I was assigned at birth. Please select only one item Prefer not to say Yes **26** Pregnancy/maternity Are you pregnant, on maternity leave, or returning from maternity leave? Please select only one item Prefer not to say Yes **27** Ethnicity Please select all that apply White - English/Welsh/Scottish/Northern Irish/British White - Irish White - Gypsy or Irish Traveller White - other (please specify) White and Asian White and Black Caribbean White and Black African Any other mixed/multiple ethnic background (please specify) Indian/Indian British Pakistani/Pakistani British Bangladeshi/Bangladeshi British Chinese/Chinese British Any other Asian background (please specify) African/African British Caribbean/Caribbean British Any other Black background (please specify) Arab/Arab British Any other ethnic group (please specify) Prefer not to say If you have selected 'other', please specify

Please select only one item Civil partnership
29 Carer responsibilities
Do you perform the role of a carer?
Please select only one item Yes No Prefer not to say
30 Religion/belief
Please select only one item
No religion Buddhist Christian Hindu Jewish Muslim
Sikh Any other religion/belief (please specify) Prefer not to say
If you have selected 'other', please specify

28 Marital status