



GOC consultation

Draft guidance for registrants: Speaking Up

About us

FODO is the leading national association for eye care providers working in primary and community care settings. Each year our members provide over 18 million eye examinations and offer a wide range of other eye care services across the UK.

Our response

1 What is your name?

[FODO policy team](#)

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.

healthpolicy@fodo.com

3 Are you responding on behalf of an organisation?

(Required)

Please select only one item

Yes

No

Organisation details

5 On behalf of which organisation are you responding?

(Required)

[FODO – The Association for Eye Care Providers](#)

6 Which of the following categories best describes your organisation?

(Required)

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)

Click or tap here to enter text.

Clarity of draft guidance

7 Is the guidance presented in a way that is clear, accessible and easy to use?

- Yes
- No
- Don't know

Please give details

It is well drafted.

8 Would the guidance give you more confidence in knowing what to do if you encounter a patient/public safety concern?

- Yes
- No
- Don't know

Please give details

It is always helpful to remind registrants across the whole of the UK about the need to raise concerns, and this is a good start.

As noted above, this is a good draft and well written. However, it is very England orientated (hence 'no' box checked) and could be more helpful in other parts of the UK if it focused more on raising concerns/whistleblowing as we suggest below. Please see our response to Question 10.

To be effective, the guidance also needs to be part of a more joined-up approach to culture change across the entire sector. Our further comments below aim to help with this.

9 Would the guidance give you confidence to speak up if you identify patient safety concerns?

Yes

No

Don't know

Please give details

Recommending that registrants seek independent legal advice in certain circumstances, although correct, poses a psychological barrier which might put off some people from raising concerns. (Paragraphs 9, 39 and Note 5).

It would be more helpful to recommend that, if registrants need to raise a concern outside their practice/management chain, they can seek advice (including legal advice) through their representative body.

This will be less off-putting, will give registrants the confidence that any advice given will also cover their own interests/risks and, in many cases, will be easy to access without further cost (as already funded through membership fees).

10 Is anything missing, incorrect or unclear in the guidance?

Yes

No

Don't know

Please give details

'Raising concerns'/'whistleblowing' and 'speaking up' are related but not identical concepts. However, this is not as clear as it should be from the guidance which will therefore risk confusing registrants and the public.

The GOC rightly interprets 'raising concerns' and 'whistleblowing' in terms of patient or public safety. 'Speaking up' however is a wider concept encompassing anything which can get in the way of good patient care which might not involve any risk and may fall below the threshold of raising concerns or whistleblowing and its associated protections.

By way of example, speaking up guardians often quote an example of someone in the NHS speaking up about lavatory paper, which helped identify a supplies issue in the NHS.

‘Speaking up’ is not only a concept but also a philosophy and a social movement which, together with the National Guardian’s Office, currently apply only in England. These are at an early stage of implementation in primary care, are not yet fully understood across the primary secondary care divide (with secondary care colleagues frequently over-estimating risks in primary care) and have not yet reached a stable state.

Raising concerns on the other hand is both an established professional duty and a pan-UK requirement (professional standard) of regulation.

The ‘work-around’ explanation in Paragraph 4 does not really help. We suggest amending this to

“Raising concerns duties in all four UK nations, and the speaking up initiative in England, encourage everyone in the optical sector to look out for and raise issues which may affect patient or public safety. The aims are to give all registrants the confidence to raise issues whatever part of the sector or whatever roles they work in.”

11 Is the guidance sufficiently flexible to accommodate differences in policy and practice across the nations of the UK?

- Yes
- No
- Don’t know

Please give details

For patient and public safety the aim should be for common UK-wide approach to raising concerns and whistle blowing. Subject to our feedback to question 10, most the content would be flexible enough to accommodate other differences.

Nevertheless, and for understandable reasons, the cases quoted where raising concerns processes failed, are from England and two of the four sources of further information are England-only. However, there have been and are still similar NHS and care home scandals in other parts of the UK, so greater balance might be helpful in making the guidance resonate with registrants in all parts of the UK.

Impact of draft guidance

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

- Yes
- No

Don't know

Please give details

Yes, as in our answer to Question 8, it is always helpful to remind registrants (and indeed everyone in the sector) about the importance of raising concerns both in specific cases and as part of a growing sector-wide culture of professionalism in clinical practice. If it were clearer about 'raising concerns and whistleblowing' on the one hand and speaking up in England on the other, this guidance would help achieve that goal.

However, for historical reasons, there is still misplaced mistrust in some part of the sector about regulatory approaches (notwithstanding the very approachable and balanced nature of this draft). The cultural change required here will need a broader pan-sectoral approach. Complementary sector guidance which is in development and the training of speaking up guardians, champions and leads in businesses and LRCs will help give this aspect of professionalism greater impetus and acceptability.

13 Are there any specific issues or barriers which might prevent registrants from using the guidance?

Yes

No

Don't know

Please give details

Please see our response to Question 12. The GOC is associated in some people's minds with its policing role and FtP and is therefore sometimes regarded with suspicion. Complementary sector guidance based on the same principles but with more examples, and emphasising access to advice through employers and representative bodies, can help the GOC achieve its aims without in any way undermining the GOC's role as an authoritative source of regulatory advice.

It would also be helpful if the guidance could remind both individual and business registrants of the simple escalation schema for raising concerns suggested in our drafting comments attached viz

1. Colleague → practice/ branch management → area/regional team → company head office/representative body (including local sector guardians)
2. NHS (if NHS) or health care inspectorates (NHS/ private/care homes) in all four countries
3. the GOC or other health or social care regulator (unless significant safety issues).

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?

Yes

No

Don't know

Please give details

[Please see our response to Questions 9 and 10.](#)

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.)

Yes

No

Don't know

Please give details

[Not that we are aware of at this stage. However, given this guidance applies also to students, should references to FtP be changed to 'fitness to practise/train'?](#)

16 Overall, do you expect that the guidance will have a positive impact on: patients and the public; individual registrants; businesses or others?

Patients and the public

Please select only one item

Very positive impact

Positive impact

No impact/don't know

Negative impact

Very negative impact

Individual registrants

Please select only one item

Very positive impact

Positive impact

No impact/don't know

Negative impact

Very negative impact

Optical businesses

Please select only one item

- Very positive impact
- Positive impact
- No impact/don't know
- Negative impact
- Very negative impact

Others

Please select only one item

- Very positive impact
- Positive impact
- No impact/don't know
- Negative impact
- Very negative impact

Support for Speaking Up

- 17** Would any specific supporting activities be beneficial to registrants in implementing the guidance?

- Yes
- No
- Don't know

Please give details

Periodic reporting about how many calls for advice have been received by the GOC, how many concerns have been raised with the GOC and how many of those have led to an investigation or a FtP sanction, say, as part of the GOC's annual report, would be a helpful way of reassuring registrants and encouraging them to raise concerns.

More widely, as mentioned above, the policy will be strengthened by complementary guidance from the 'non-regulator' optical bodies which will include a model 'speaking up' protocol for practices including escalation to whistleblowing.

CPD in relation to raising concerns and whistleblowing would also be useful and DOCET has already started on this.

- 18** Is there anything further we could do to promote speaking up and a culture of openness and honesty within optical care?

- Yes
- No

Don't know

Please give details

Not at this stage but it would be wise to review in say five years across all four UK nations. This would also then reflect any added impact of the roll out of 'speaking up' as a 'movement' in primary care in England.

19 Are there any further comments you wish to make on the guidance?

If so, please give details

This was a good draft which could have been improved by sharing informally with the other professional bodies at an earlier stage. We attach some drafting suggestions, reflecting our responses above, which we hope are helpful.

Further information

20 Can we publish your response?

(Required)

Yes

Yes, but please keep my name and my organisation's name private

No