



Consultation on the GOC's draft strategic plan – 2020-2027

About us

The Federation of Ophthalmic and Dispensing Opticians (FODO) is the association for eye care providers in the UK. Our members include individual optometrists and dispensing opticians and local, regional and national provider organisations, between them providing the vast majority of primary eye care in the UK.

Our response

1. What is your name?

Gary Robjent

2. What is your email address?

info@fodo.com

3. What is your organisation?

FODO

4. Thinking about our mission statement, do you agree with the current wording with a focus on 'continuously' raising standards'?

We fully support the GOC's mission statement (even though technically we might query 'continuously raising standards'. The task, as we see it, is more about maintaining, universalising and supporting high standards' which naturally rise over time to meet changing health need and scope of practice).

5. Thinking about our vision, what does excellent customer service look like to you?

Assuming that everyone is a customer, then there are some general standards that customers expect:

- Service that is effective and timely – with digital services increasingly the primary vehicle for engagement, being in control (e.g. self-service) and quick responses are the expected standard in many interactions in our lives.
- Service that is personalised and provides a 'connected experience' – similarly, with digital services, customers should be able to have their enquiry/needs addressed via a single point of access

6. Thinking about our five values, what types of behaviour or actions would you like to see the GOC demonstrate to meet these values? Please give examples where possible.

We very much support the GOC's plans for a more collaborative approach and 'co-creation' (see below). It follows therefore that we would also like to see a Value that

- 'We listen and engage'

to demonstrate this reciprocity. The values are also all currently unidirectional - i.e. 'the GOC doing unto others' and this would add two-way balance.

We would also like to see the GOC

- 'showing leadership where appropriate' (one of the Nolan principles)

this might for example be in areas where the sector might need to come together to address a particular issue.

7. To what extent to you agree or disagree that our mission, vision and values are clear?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☒ Agree
- ☐ Strongly agree

8. Are there any other external influences that might affect our work?

- ☒ Yes
- ☐ No

If yes, please specify

We would like to see the GOC draw out more under 'ageing population and new treatments' what these challenges mean for optometry and optics. Currently the indent is only about ophthalmology so it would be helpful for the GOC to show leadership here with something like

- "However, the capacity to provide hospital ophthalmology services has not grown quickly enough to meet demand. As is now widely recognised, the only way to close the NHS capacity gap and to meet growing need is to deliver more care outside hospitals through optometrists and opticians working in community optical practices."

The GOC rightly identifies OCT (already with us), remote consultations and AI as technological developments, however, it would be good to be reassured in the strategic plan that, higher levels of self-care involving new kinds of professional interactions and workplace testing, are also covered under that forward thinking.

9. To what extent to you agree or disagree with our three strategic objectives: world class regulatory practice; improved customer service; and continuous improvement?

World class regulatory practice

- ☐ Strongly disagree

- ☐ Disagree
- ☐ Neither agree nor disagree
- ☒ Agree
- ☐ Strongly agree

Improved customer service

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☒ Agree
- ☐ Strongly agree

Continuous improvement

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☒ Agree
- ☐ Strongly agree

10. To what extent do you agree or disagree with our aims under each of the three strategic objectives?

World class regulatory practice

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☒ Agree
- ☐ Strongly agree

Improved customer service

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☒ Agree
- ☐ Strongly agree

Continuous improvement

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☒ Agree
- ☐ Strongly agree

11. Are there any other aims you think we should consider including under our strategic objectives?

Business Regulation

We welcome the open and balanced way in which the recent standards for optical businesses were developed and fully support the GOC's aim of seeking legislation to extend business regulation to any provider offering restricted services delivered by individual registrants operating in the UK. We also welcome the new requirement on regulators to have regard to the impact of their actions on businesses and the GOC's own commitment "promote[...] rather than hinder[...] the growth of these businesses". We take this to mean businesses of all sizes and, as the representative body for eye care providers in the UK, will be pleased to work with the GOC on this.

We also hope that the GOC will engage more openly in future with our Optical Confederation partners the Association of Contact Lens Manufacturers and Federation of Manufacturing Opticians whose members' R&D dictate the clinical practice of tomorrow and who have major roles in patient safety and the sponsorship of professional education and CPD and insights into unsafe practice by non-registrants.

Where we differ is whether the GOC should have inspection powers in respect of optical practices. Those regulators which do, such as the GPhC, have these for other reasons - such as the storage and supply of poisons and addictive narcotics or where there is not already NHS inspection – none of which applies in optics.

Virtually all optical practices are already inspected on opening and three-yearly after that by the NHS, so further inspection would be duplication and add costs both for practices (and hence patients) and the GOC (and hence registrants) without clear public benefit. We would need to see solid evidence of the need for further inspection or aspects of inspection which could not easily be included within the current regimes, before we could support the GOC extending its powers and sector costs in this direction. We doubt there is any evidence which would make this a GOC priority.

Continuing Professional Development

We fully support the move to CPD underpinned by core skills but with more flexibility for individuals including the possibility of specialisation. We hope the GOC will also review how specialisation can be recorded in the register and so be more publicly available where appropriate. This in our view should include those who have specific training in pedagogy as well as high-level clinical specialisms,

Fitness to Practise

We welcome the progress made and GOC plans further to speed up the fitness to practise process. This is an area where the GOC has been heavily criticised by the sector and the PSA and must be a top priority. Currently, both complainants and registrants wait far too long for cases to be resolved and wider lessons learned.

We welcomed the introduction of case examiners and recognise that this is still relatively early days in the reform programme. However, we do have experience of, on the face of it, perverse decisions by some case examiners, which have to be rectified by Rule 16 applications if sent to hearings, including unnecessary warnings after representations are made. If 80% of cases are settled at case examiner stage, as GOC statistics suggest, this could well suggest that far more complaints should have been resolved at the triage stage. We look forward to seeing further progress in these areas.

We would also highlight the high calibre of the GOC hearing panels, especially the chairs', legal advisers' and members' skills (even if the administration sometimes falls short of expectations). Progress in speeding up the process should not come at the expense of not using panels' skills properly or of not investing in high-calibre individuals and hence of fairness and appropriateness of outcome for all parties.

As one of the major providers of insurance and legal defence in the sector, we would welcome and support the idea of a new *Learning the Lessons* bulletin for all registrants.

Collaborative Working

We very much welcome the GOC's new approach to collaboration in terms of regulation and to 'co-creation'. We have seen how well this can work over the past year on CPD and standards. A past chief executive of the College of Optometrists used to say that, although we all have distinct and separate roles, we are all, to a greater or lesser extent, involved in regulation and improving care. She was right. Openness, sharing, listening and collaborative working used to be the GOC's *modus operandi* until eight years ago and the profession and public have been less well served by the policy of isolationism since. The recent return to sensible engagement with stakeholders is to be welcomed and is clearly in the public interest.

We also support the GOC's collaborative working with other UK health regulators. However, we hope the GOC will also be open to collaboration with regulators outside health (which can be a rather closed world) and also outside the UK and particularly with CORU in Ireland which has a more advanced system/view in areas such as CPD. We would remind the GOC that 'four registrars' ago, the GOC was an international leader on health regulation and recognition of qualifications and the sector benefited accordingly.

Efficiency

We welcome the GOC's commitment to 'lean' operations, the drive for greater efficiency and improving human resources practices. There has certainly been a notable absence of 'leanness' since the last GOC restructuring 10 years ago and by implementing this programme of work we hope more can be done to support staff to perform at their best for customers and stakeholders.

We particularly welcome the GOC's commitment to return to breakeven in 2021-22 and to not be "asking for more funds from registrants". This is an important business discipline which will keep the GOC focused only on those things which must be done rather than those things which 'might be interesting/nice to do'.

12. How can we better involve patients/public in our work?

Participation by patients and the public has long been regarded as an essential aspect of healthcare regulation, with many regulators reflecting this in their constitution and governance structures.

Having identified the need to develop 'better' patient and public involvement, the GOC should, if it has not already done so, review and map existing stakeholders in order to better identify audiences, developing communications strategies and target engagement activities.

It is also important that information is communicated more clearly. For example, the GOC's "research into risk in the optical professions" is not an assessment of risk at all, but in the main a survey (of a sample which is also not necessarily representative) of perceived risks with non-validated methods to infer actual risks. Here it is essential that such studies are framed in a more objective way so as to reduce the risk that prejudices are recycled and used out of context in ways which misrepresent the sector and are not in the public interest.

13. To what extent do you agree or disagree with our measures for success?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☒ Agree
- ☐ Strongly agree

14. Is there anything else you think we should include?

No but we would emphasise the need for a Values that listen and are two way (see our response to question six). The GOC has made a good start with improving fitness to practise and better engagement with the sector (although there is some way to go with all parts of the sector). We also now need to see these followed through into the processes for reviewing standards and developing a more modern approach to CPD.

15. How can we better promote equality, diversity and inclusion in our work?

We fully support the GOC's ambition and plans in this regard. As a sector which seeks to prevent and correct as far as possible visual impairment, we should be a field leader in accessibility and inclusion wherever possible.

It also has to be recognised however that NHS fees are already far lower than cost and have been frozen for four years thereby undermining confidence and investment. Whilst spelling out for "customers with disabilities what they can reasonably expect from their eye-care provider" it is important to remember that solutions have to be reasonable (Equalities Act 2010) and hence proportionate.

16. Do you have any further comments on anything in our draft strategic plan?

Communications

We welcome the GOC's commitment to improving communications, especially with individual registrants in respect of investigation and fitness to practise issues, where the GOC still falls far short of any criterion other than clarity and sometimes fails even that. This has been a longstanding concern of FODO and such improvement is long overdue.

We understand that Fitness to Practise is a quasi-judicial process, but more attention needs to be paid as how communications land with individual registrants. The current communications are not geared to promoting insight or openness with the regulator. Instead they fuel fear and defensiveness which are regrettably all too often instilled at undergraduate level and by defence bodies. Terrifying registrants, even when something serious has occurred, is never the best way of protecting the

public where openness, honesty and learning should be the hallmarks of a professional approach.

FODO would be very happy to work with the GOC to get this right in terms both of public protection and promoting high quality practice.

Education

FODO has warmly welcomed the GOC's Education Strategic Review. There is strong need to reshape education and training to meet the public health needs of the future and FODO employer members have been reporting declining standards of graduates entering the profession for many years.

We are fully committed to common UK wide standards for admission to the register and to greater practical experience at undergraduate level prior to qualification. We look forward to working with early adopters and indeed all universities and other providers (e.g. ABDO) over the period of this strategic plan to advance the sector to meet the needs of the future based on a solid scientific and clinical academic underpinning.

Optical Consumer Complaints Service

We have nothing but praise for the way the OCCS has been transformed over the past 5 years with Nockolds Solicitors. We doubt however that the members of the public who have had issues about product or customer services resolved so efficiently and without cost to themselves by the OCCS would consider their complaints "more low level". Perhaps the term 'complaints about optical products and customer services which need resolution' would be better in a public-facing document.

17. Can we publish your response?

- ☒ Yes
- ☐ Yes, but please keep my name and my organisation's name private
- ☐ No

If you provide an email address you will be sent a receipt and a link to a PDF copy of your response.

Email address

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