



## **Learning from Covid: PSA review**

- 1. Which measures, new policies, new approaches or key decisions implemented by regulators during the period do you assess to have been most effective in responding to the pandemic, and why?**

### **Patient Care**

Easements of regulatory requirements to enable primary eye care (practices, optometrists and dispensing opticians) to meet patients' needs. Some of these will have dated from earlier estimations of risk and compromises made on best evidence at the time and other measures based on a dynamic risk assessment at various stages of the pandemic.

### **Regulatory**

Temporary registration (e.g. for recently retired registrants) and flexibility over removing restrictions placed on registrants have both been useful tools to have in place to ease workforce pressures where necessary.

Remote statutory notifications and remote hearings (where this is agreed by both registrant and regulator) have been beneficial in enabling issues to be processed which might otherwise have been hanging over registrants' heads and causing stress for long periods as well as delaying resolution for complainants.

### **Education**

Flexibility over education and training and education quality assurance requirements have been very helpful in allowing educational establishments to flex timescales so that students and vocational trainees have been able to complete their studies and practical experience and enter the register.

CET/CPD flexibility has enabled practitioners to continue their professional development even in these tough circumstances which has benefited patients and the public.

### **Reliance on Public Health Advice**

Reliance on public health and scientific advice and guidance about infection prevention and control, without duplicating, has been very helpful in ensuring consistent and clear messaging to protect patients, registrants and the public.

**2. Should any measures implemented by regulators during the first phase of the crisis become the new normal?**

The General Optical Council is helpfully consulting on this separately. We would be happy to share our final response to that consultation with the PSA in January.

**3. Are there areas where further work is needed before innovations become adopted in the longer term?**

**Patient Care**

Risks to patients need to be fully assessed before any innovations are either reversed or adopted for the long term.

**Regulatory**

No evidence is yet available of the effects of remote hearings on participants particularly on the mental wellbeing of registrants who may feel isolated and lacking the support they would normally have at an in-person hearing or on the behaviour of witnesses. Body language (both individual and collective e.g. a Panel) is also much harder to read on screen.

For other people, who are nervous in-person, remote may be easier for them. It may be that the best solution is to offer both options to registrants to be agreed through procedural submissions.

There are still security issues which need to be fully assessed and addressed if remote hearings are to become a permanent feature of the regulatory landscape. What is an acceptable risk in a crisis and when systems are new may not be acceptable when arrangements are standardised and more widely known about. These would include covert recording of hearings, off screen prompting/coercion of witnesses or registrants.

There is a cost and logistics-driven school of thought in favour of having smaller panels for fitness-to-practise hearings. Our experience is that a five-person panel (with at least two registrants) includes more perspectives on evidence, guards against 'small group think' and invariably reaches fair and balanced conclusions. It is unclear whether or how this might be affected by remote hearings. More research is needed (perhaps in those regulators which have already adopted smaller panel models) before smaller panels become standardised for either remote or in-person hearings in other regulators.

**4. Are there areas where you feel regulatory innovations or actions during this period have been particularly impactful?**

Yes

**Patient Care**

The option of remote care.

Regulators placing greater trust in the clinical judgement of registered professionals to meet patients' needs within the ethos of existing professional standards.

### **Education**

Flexibilities to enable students to complete their studies and vocational training and qualify.

Flexibility over CET/CPD to enable registrants to continue to develop.

## **5. Have there been any unintended consequences of measures, new policies, new approaches, or key decisions?**

### **Regulatory**

Other than the possible negative impacts of remote hearings referred to in our response to Q.3, none that we are currently aware of.

## **6. Are there areas where the full impact of measures taken is not yet fully understood?**

### **Patient Care**

We do not yet know what the full effects of remote care have been on patient care, patient satisfaction and patient and population health outcomes. It may be that remote care has benefits which were not previously anticipated (such as patients seeking advice at an earlier stage online than they might have done via a face-to-face appointment), which may support wider adoption within clinical practice. On the other hand, it may also be that remote care has risks which will only become evident in the future once face-to-face care resumes.

### **Regulatory**

Please see our response to Q.3.

### **Education**

There may be lessons from the use of flexibilities e.g. about supervision or bridging course which, when evaluated, should be carried through into the General Optical Council's Education Strategic Review reforms.

## **7. Do you think that any regulatory gaps have been disclosed by the pandemic?**

No but one lesson has been that optical registrants (including businesses) have had better, prompter, more immediately relevant and more targeted support from the General Optical Council as a dedicated eye care regulator than other sectors have experienced from regulators with wider remits both in the UK and overseas.

**8. What are the main learning points for further waves of the virus, other future crises, and future business as usual?**

**Patient Care**

The regulator having in-depth knowledge of and working in close liaison with the sector regulated. The bespoke support from the General Optical Council, within the common framework adopted collectively by all healthcare regulators, has enabled the optical sector to provide more and better care to patients than more general positions adopted by other regulators.

**Regulatory**

Using modern technology to expedite regulatory processes, where appropriate and agreed by the registrant, can benefit both registrants and complainants whilst also saving costs for the regulator (although, as the costs are borne by the sector, this is a very much a secondary issue to the fair operation of a judicial process).