



Review of Professional Regulators – stakeholders survey

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 members provide the majority of NHS sight tests in England and offer a wide range of NHS extended primary eye care services. We welcome the opportunity to share our views on the future of healthcare regulators.

Section 1: Introduction

1. Your organisation: [FODO – The Association for Eye Care Providers](#)
2. What is your role? (Please provide only if comfortable sharing this information)
3. Which country do you work in (i.e. where is your workplace based)? [England, Scotland, Wales and Northern Ireland](#).

Section 2: Potential reforms

4.	• In your view, what are key considerations relating to the following objectives of regulatory reform? Are there any missing? (Guide: max. 200 words) • Improving public protection – i.e. minimising risk of harm due to poor professional practice • Flexible workforce – i.e. supporting the development of a flexible workforce that is better able to meet the challenges of delivering healthcare in the future • Performance – i.e. addressing concerns about the performance of professionals in a more proportionate and responsive way • Support – i.e. providing greater support to regulated professionals in delivering high-quality care • Efficiency – i.e. always seeking to improve the efficiency of the system These objectives are unobjectionable and the General Optical Council (GOC) already achieves these. There is a risk of this consultation, wrongly in our view, assuming that change is universally necessary when this is not necessarily the case. The key issue for us therefore is rather which regulators are currently not meeting these objectives and how can reforms be targeted on those specific cases, whilst
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	allowing existing high performing and well-run regulators to continue with their inbuilt quality improvement processes and delivering efficiencies. As far as missing considerations are concerned, generally, we would also expect to see • ensuring appropriate educational and training outcomes, standards and quality assurance of relevant qualifications • encouragement and support for continuing professional development (CPD) and lifelong learning, and in the case of eye care • we would add 'optical businesses' alongside 'professionals' as an important part of public protection. On the issue of reform, we would strongly support the eight principles of better regulation – of which we would highlight the importance of proportionality as not all healthcare carries the same level of risk – and would emphasise understanding and agility as the keys to effective regulation. In our experience proportionality (understanding the sector regulated) and agility in action are not always easy within larger regulatory bodies and shortcomings in any of these areas adds to costs on front-line care and ultimately patients or the NHS/taxpayer.
5.	In your view, what are the key benefits of the multi-regulator framework for health and care professions in the UK? (Guide: max. 400 words) Assuming the multi-regulator framework means what we have now, as KPMG has confirmed, we would support that strongly. There is of course always room for improvement as particular sectors change and advance. However, having nine regulators which can change agilely and flexibly in sector appropriate ways is one of the strengths of the UK system. We have often found (most recently during the Covid pandemic) that having a sector specific regulator – the General Optical Council – which understands the nature and risks involved in the care we provide has enabled us better to protect the public, patients and staff whilst at the same enabling new technologies, techniques and modalities of care to be implemented with significant health benefits for the population. Responding to the findings of the DHSC's 'Busting Bureaucracy' report (2020) there are clear benefits in all regulators having common standards and terminology (e.g. in relation to conduct, fitness to practise and sanctions) to aid public understanding. However, this does not necessarily mean moving away from the current arrangements, merging regulators or moving to 'super regulators'. FODO also operates in audiology and in the Republic of Ireland and our experience is that larger and non-bespoke regulators can be less agile and sensitive to changing technologies, models of care and specific population

	health needs. In our experience, standalone regulators can achieve all the advantages of consistency through collaboration and coordination within the current multi-regulator framework without the risks inherent in mergers and upheavals particularly at a time when health services should be focusing on pandemic recovery and service transformation to meet growing need. (Please see our response to question six)
6.	In your view, what are the key risks / costs associated with this multi-regulator framework? (Guide: max. 400 words) Regulators have been established at different times and under different piece of legislation which means there is currently a variety of terms and processes in place covering similar functions. As noted in our response to questions five and ten, therefore, there are benefits in all regulators moving to common standards and terminology and exploring what, if any, efficiencies might be achieved by sharing resources and pooling back-office functions etc. The General Optical Council for example already hires out its fitness to practise facilities to other regulators so maximise their use and cost- effectiveness. However, as set out in our response to question five, trying to merge regulators would be a step too far and would risk adding to (often hidden) costs despite this being the opposite of the policy intention. This means that the apparent (running costs) costs of nine regulators can be more than offset by the benefits which would be foregone through merger. For instance, larger regulators can result in delays when addressing patient concerns and fitness to practise (FTP) issues. These processes can actually be more costly in gross terms because of the lack of understanding of each profession and important differences between professions, leading to artificial efficiency computations – e.g. lower registration fees but greater indirect costs such as the regulator and profession costs due to rigid FTP models when managing complaints. Such delays also cause avoidable stress for patients and practitioners which has an additional hidden cost.
7.	<i>In your view, does the multi-regulator framework enable regulators to instil confidence in regulated professionals and protect the public? (Y/N)</i> Yes
8.	Please elaborate on your response to Question 7. (Guide: max. 400 words) Sector specific regulators can do this very effectively. The General Optical Council or GMC etc are more meaningful for professionals and the public than any merged regulator model could be. Please see our responses to questions five and six.
9.	Subject to the removal of technical obstacles (i.e. funding, data sharing restrictions etc), is there any unnecessary overlap in the roles and responsibilities of the professional regulators which could be combined? E.g. a single Code, back office functions, QA of education, etc. (Y/N)

	Yes
10.	Please provide any examples / reasons for your response to Question 9. (Guide: max. 400 words) Back-office functions, in-house legal advice (e.g. HR issues), administration of registers are examples of potential efficiency savings which some regulators are already deploying. On the other hand, we have found fitness to practise proceedings in large multi-professional regulators far less efficient and insightful than in single sector regulators and less effective therefore in terms of public protection and benefits.
11.	What do you believe the impact of changing the current regulatory configuration (i.e. by giving existing regulators responsibility for additional professions) may have on individuals' sense of professional identity, and/or recruitment to specific healthcare professions in future? Are there any other wider impacts to consider? (Guide: max. 300 words) Professional regulation is key to upholding standards and professional standing and has a fundamental role – often via complex indirect mechanisms – in attracting the best people to a profession and in supporting their sense of professional identity and professionalism. The current configuration of regulators balances the benefits and downsides of regulation well. Changing this system could have unintended consequences, for example if it led to a less efficient system, this could undermine the confidence of public and professionals in the professions regulated.
12.	Do you believe all healthcare professions should be regulated in a comparable, consistent (as opposed to 'uniform') manner? E.g. by the same entity, with the same standards, and/or with the same processes (Y/N) No
13.	Please explain your answer to Question 12. (Guide: max. 200 words) Question 12 is biased. It is almost impossible not to answer 'Yes' to the unexceptional concepts even if disagreeing strongly with the examples quoted. As the Law Commissions' reports (2014) proposed, it is fair and sensible for all healthcare regulators to regulate the healthcare professions in a comparable and consistent manner but on proportionate basis, recognising differences (including in risk) between different professions and sectors. That would imply that standards of behaviour, candour, etc should be the same for all but does not mean that processes need to be identical – for example not all professions will require the high levels of revalidation required of those

	who make 'life or death' decisions - or within the same entity. On the contrary bespoke regulators are likely to be more effective and cost-effective.
14.	Aside from regulatory reform, what are the top three issues facing the healthcare sector over the next few years, in your view? (Guide: max. 200 words) 1. Growing need linked to the older population outstripping capacity. 2. Adapting to higher levels of infection prevention and control from respiratory diseases (including seasonal flu) and other infective diseases with PPE and social distancing becoming a permanent feature of health care, and the reduction in operational capacity this brings. 3. The NHS still running hospitals too 'hot' and not making effective use of capacity in primary care and the community sector which can provide safer treatment options at lower carbon footprints.
15.	Do you believe the current regulatory framework can effectively support healthcare professionals facing the issues outlined in response to Question 14 in future? (Y/N/unknown) Yes in the case of primary eye care and hospital optometry.
16.	Please elaborate on your response to Question 15 (Guide: max. 400 words) The General Optical Council (GOC) is a highly regarded regulator which scores highly on annual PSA assessments, generates a strong sense of professional pride and confidence amongst registrants and registered bodies corporate, protects the public effectively and is compassionate and fair to complainants when things go wrong (as they do from time to time in all healthcare sectors). The GOC is also agile and responsive to changing scope of practice, new treatment modalities and new technologies. It oversees a very effective educational and training system (including CPD and lifelong learning) which protects the public and patients well, and which supports clinicians to develop their skills to meet the changing eye care needs of the population and the NHS. In short, in our view, the GOC is the right size and fit for purpose for the primary eye care and hospital optometry sector so, whilst we support common standards and terminology, we cannot see any advantage in, or evidence for, merging the GOC with any other regulator – there are not enough synergies and any minimal efficiencies would not outweigh the benefits lost.
17.	Do you believe that the potential benefits of regulatory reform (i.e. in terms of improved outcomes, such as enhanced public protection) can justify the likely disruption caused by re-configuration of the sector? (Y/N/maybe) No

18.	Please elaborate on your answer to Question 17. (Guide: max. 400 words) Not in the case of the GOC, primary eye care and hospital optometry across the UK. We recognise that there have been issues in the past with some of the larger regulators (not the GOC), not least in their interpretations of statute, but these should be correctable by oversight, challenge and support from the PSA supported by Parliament.
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Section 3: PSA

19.	Do you believe the PSA plays an effective role in maintaining the quality of healthcare regulation to protect public safety? (Y/N) Yes
20.	Please explain your answer to Question 19. (Guide: max. 400 words) The PSA has played an effective role since its inception in bringing health care regulators up to scratch in protecting the public and making clear where improvements are necessary. It has also been effective in developing the concepts of how effective healthcare regulation should work. It is no accident that its advice has been sought internationally.

Section 4: Regulatory performance and professional group priorities

21.	Do you believe the professional health and care regulators are effective in protecting the public through their regulatory activities (e.g. registration standards; QA of education & training programmes and providers; CPD/revalidation; FtP processes)? (Y/N) Yes
22.	Please explain your answer to Question 21. (Guide: max. 400 words) The UK has one of the most effective systems of professional regulation and public protection in the world. The introduction of lay input, lay chairs, lay majorities and independent appointments, following publication of the 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century' White Paper in 2007 (Cm 7013) has improved the system significantly, and ensuring all regulators have access to the same range of powers and use the same terminology will take this a safe step further. This incremental approach to improvement has worked well in preserving what is good and changing what needs to change to meet the requirements of 21st Century healthcare and modern regulation. This 'steady but sure' progress could be put at risk by major upheaval and it is the public which would suffer most from the loss.

23.	Do you have any major areas of concern regarding the performance of a particular regulator, or the regulation of a particular profession, in the context of protecting the public from risk of harm (or otherwise)? (Y/N) No
24.	Please elaborate on your response to Question 23. (Guide: max. 400 words) Not in the case of the GOC or eye care. We are concerned however that unnecessary reforms could increase risk and significantly increase sector costs at a time when all effort and resource should be focused on supporting the NHS to recover from Covid-19 and in transforming to meet the future needs of our ageing population.