



FODO response to General Optical Council consultation on ‘(i) proposed updated testing of sight statement and (ii) proposed revisions to supervision and delegation standards in our Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students’

Q1. How might sight testing continue to evolve in the future?

Our members support regulation that benefits and protects patients, and we are therefore supportive of the overall approach taken by the GOC in this consultation. The GOC has correctly and successfully situated the crucial protections afforded by the Opticians Act 1989 within their social, legal and technological context.

The updated statement is appropriately permissive of future safe innovations in technology and service delivery models while safeguarding patients from the risk of harm. This principles-based regulatory approach provides the best scaffolding for future innovation, avoiding the need for significant changes in future and providing the stability and certainty required by business registrants to invest in innovative technologies and new ways of delivering services.

As the consultation notes, to a great extent the updated statement reflects the contemporary reality of modern optical practice, including reflecting custom and practice and service delivery models which have long been accepted and embedded. For example, the role of the wider clinical team in performing tasks including pre and post screening checks (e.g. intra-ocular pressures).

The GOC’s proposals also strike the right balance with regard to foreseeable future innovation, helping ensure that an evidenced-based assessment of cost and benefits can take place in a phased way over time, and helping to mitigate the risk of unintended consequences which might otherwise lead to worse health outcomes including avoidable sight loss.

Regarding how sight testing might continue to evolve in the future, it is possible that advances in ocular diagnostics could provide early indicators of other systemic diseases and that AI and other tools could also help primary eye care, via the sight test, deliver even greater public benefits.

Q2. What do you see as the main benefits of sight tests involving separation by time, person and/or place?

Firstly, we feel it is important to make clear that this consultation process does not change the legal basis for the testing of sight but simply reviews the existing 2013 statement.

As the consultation rightly points out, some separation already happens for the benefit of patients – e.g. to rebook a dilation/cycloplegic refraction, repeat testing or for other reasons that it might benefit an individual patient. The updated statement provides a framework which captures this already accepted practice.

The potential benefits of sight tests involving separation by time, person and/or place are also correctly identified in the consultation document, including the following benefits:

- Improved access for patients to safe, timely care in a way which best meets their needs and preferences.
- Improved flexibility for business registrants in delivering services in an efficient way to best meet the needs of patients.
- Improved flexibility in making the most of the skills mix of the optical workforce.

Our members welcome the flexibility to deliver sight tests in this way. However, within the framework provided by the updated statement and the GOC's standards, individual eye care providers working in partnership with GOC registrants will evidence/document their own decisions about the service models which are safe, viable, efficient, acceptable and in the interests of patients.

Q3. What do you see as the main risks of sight tests involving separation by time, person and/or place?

The consultation document sets out the main potential risks including physical harm, trust and confidence in sight tests, digital exclusion and potential disruption.

Where GOC registered businesses and GOC individual registrants are involved, we concur with the GOC that the risks involved are low. They are in any event adequately addressed in the updated statement, in the GOC's standards and in the policies, procedures and practices put in place by FODO members. We feel a more explicit reference to how such risks are to be mitigated in non-registered businesses would be helpful – see our response to question eight.

Given the evidence-base at this stage, there is also a risk that the anticipated or potential benefits noted in the consultation may not be realised. Such benefits include

reduction in hospital eye service referrals and improved referral quality. There is a related risk that these wider benefits if realised might not benefit practices if they were to increase time or other costs without appropriate payment.

However, this is not an argument against permitting flexibility. The GOC's role is to ensure safe practice in the interests of patient and public protection. Within the framework established by the updated statement and the GOC's standards, business registrants will make their own decisions about the service delivery models which are viable and which best deliver high-quality, timely and efficient care and meet the needs of the patients that they serve.

Q4. Please provide evidence on the safety and efficacy of sight tests involving separation by time, person and/or place that operate currently.

As the consultation sets out, optometrists have long delegated certain clinical tasks to dispensing opticians and non-registered members of the optical team – e.g. pre-screening and carrying out other non-invasive diagnostic procedures such as OCT. In all cases, these results have always been assessed by the registered optometrist. Modern electronic patient records also allow audit trails of such pathways.

In addition, optometrists will be familiar with seeing a patient for a follow-up appointment to complete a sight test that a fellow optometrist had started.

This system works well, with optometrists able to meet more population need as a result, and, we would argue, resulting in an overall societal benefit.

Q5. Please comment on the content of the proposed updated statement on testing of sight in relation to delegation of activities for the sight test.

Section three of the updated statement addresses delegation of activities for the sight test.

We support the content of this section for the following reasons:

- The principles it outlines are applicable to both registered and unregistered staff.
- The focus on professional judgement in deciding whether to delegate is appropriate for regulated, accountable health professionals and consistent with other regulated professions.
- There is clarity that subjective refraction for the purposes of the sight test is restricted to optometrists and that optometrists retain overall responsibility for sight tests and specific responsibility for issuing prescriptions.

- There is a clear and appropriate onus on both business and individual registrants to act appropriately within the framework of the GOC's standards.
- The content appropriately reflects and is inclusive of contemporary service delivery models.

Q6. Please comment on the content of the proposed updated statement in relation to separation of the sight test by time, person and/or place.

Overall, we consider that section four of the updated statement which addresses the separation of the sight test by time, person and/or place is clear and sets out in appropriate terms the relevant considerations for individual and business registrants.

In particular, the content appropriately emphasises the overriding importance of patient wellbeing and safety, the overall clinical responsibility of the optometrists(s) conducting the sight test and puts the onus on both individual and business registrants to ensure and justify that they have acted in the best interests of patients.

We consider it is important, to ensure public protection and a level playing field, that there is further clarity on the role of a GOC registrant working for a business not registered with the GOC (see our response to question 8)

Q7. If you consider that additional safeguards are needed to protect the public, please provide details here.

No, although we consider being clear on the role of the individual registrant when working for non-registered GOC businesses could be helpful (see our response to question 8)

Q8. Please identify any sections of the proposed updated statement that could be made clearer and describe how.

The GOC is to be commended for an updated statement which is clear and written, as far as possible, in plain English. In our view, little amendment is required. We have highlighted three areas below where the draft statement might be updated to improve clarity.

Delegation of activities (section three)

The updated statement in this section permits delegation 'provided the optometrist remains in overall control of the process and oversees the task(s) being carried out' (paragraph 6). It may be helpful to add additional wording here which is consistent with standard 9 of the redrafted Standards of Practice which states: 'When activities are delegated to unregistered colleagues the registrant retains responsibility for the delegated activities.'

We welcome the helpful clarification in paragraph 73 of the consultation document, about the distinction between assisting in a sight test and delegating the components of a sight test. It may be helpful to incorporate similar wording into the statement itself.

Separation of the sight test by time, person and/or place (section four)

Paragraph 18 sets out the factors that individual registrants should consider when exercising professional judgement. The challenge with any list is that there may be other factors that could, dependent on the circumstances, also be considered. We would suggest the following changes:

- Stating clearly that the list is inexhaustive.
- Adding a reference to ‘employer policies and procedures’, recognising that professional judgement is not exercised in a vacuum but within a service delivery context.
- Updating the statement to refer to ‘advice and guidance’ from professional bodies.

It might also be helpful in this section to specifically refer to the crucial importance of record keeping and access to those records in the rare circumstances where more than one optometrist is involved in carrying out parts of the sight test.

Businesses not registered with the GOC (section four)

While paragraph 19 indirectly addresses the issue of businesses not registered with the GOC, we feel this could be amended as follows so that it follows the same style as paragraphs 16-18. New text is shown in bold underline:

‘Registrants working in other settings must be aware that not all optical businesses are registered with us and therefore cannot be held to account through our processes in the same way as GOS business registrants. The introduction to our Standards of Practice for Optometrists and Dispensing Opticians sets out: “You are professionally accountable and personally responsible for your practice and for what you do or do not do, no matter what direction or guidance you are given by an employer or colleague. This means as an individual GOC registrant you must always be able to justify your decisions and actions.” This applies irrespective of where they are working, and whether they are a locum or employed.’

For the avoidance of any doubt, this is not about shifting accountability from businesses to individuals (both have their own accountabilities), but about providing important clarity given not all businesses will be GOC regulated.

Q9. Please detail any other comments on the proposed updated statement on testing of sight not covered above.

None.

Q10. What do you see as the main benefits of the proposed amendments to standard 8 of the Standards for Optical Students and why?

As noted in the consultation document, the amendments to the Standards for Optical Students are minor in nature and seek to improve clarity. We consider that the proposed amendments have been successful in that aim.

We accept the rationale outlined in the consultation document that students should be supervised by someone who is on the premises and who can intervene where necessary to ensure patient safety. The wording still allows some flexibility once this baseline requirement is met – noting, for example, that the level of support and supervision required by a student will change as they progress through their patient-facing experience.

Q11. What do you see as the main risks of the proposed amendments to standard 8 of the Standards for Optical Students and why?

We have not identified any new risks.

Q12. Please provide any suggestions for alternative wording here.

None

Q13. What do you see as the main benefits of option 1 and why?

We do not support this option, except for dispensing to children under 16 and to people who are registered sight impaired or severely sight impaired ('restricted dispensing'). For this activity, we consider there is a strong patient safety argument for this option to be adopted (see our response to question 17).

We note option one provides absolute, precise clarity about the expectations of registrants in circumstances where they are overseeing an unregistered colleague who is undertaking delegated activities from a location other than where treatment is being provided. It also makes clear that another registrant with relevant qualifications and experience must be physically present and ready to intervene if this is necessary.

However, this approach leaves no room for flexibility based on differential risk, safe innovation in service delivery models and the exercise of professional judgement by qualified and accountable health professionals. It therefore risks repeating issues caused by the 2013 statement.

Q14. What do you see as the main risks of option 1 and why?

The main risk of option one (except for restricted dispensing - see our responses to questions 13 and 17), which in our view outweighs any potential benefits, is a blanket approach which does not differentiate between the delegation of different tasks which are very likely to vary with risk.

Allowing little room for interpretation also allows little room for flexibility and future innovation. It does not appropriately allow for the exercise of professional judgement by qualified and accountable health professionals and businesses.

The proposed requirement for a registrant to always be 'on the premises and ready to intervene' in every scenario without any form of risk assessment, is in excess of the requirements placed on other health professions by their regulatory bodies (see, for example, the equivalent standards published by the General Medical Council and Health and Care Professions Council).

In general terms, principles-based standards which avoid unnecessary prescription are preferable to prescriptive approaches which may rapidly become out of date as technology and service models evolve. Where used without appropriate caution, they also risk infantilising the professions rather than supporting and encouraging the exercise of professional judgement.

Q15. Please provide any suggestions for alternative wording for option 1.

None

Q16. What do you see as the main benefits of option 2 and why?

We strongly prefer option two to option one, except for restricted dispensing (see our response to question 17).

The main benefits are that option two provides for greater flexibility and for safe innovation as technologies and service models continue to develop to meet patient need, avoiding creating inadvertent barriers to the safe delivery of treatment. The wording provides greater room for the exercise of professional judgement by qualified and accountable health professionals and by businesses.

Registrants delegating tasks to others should always provide appropriate supervision and oversight and intervene where necessary in ways which are consistent with their overriding obligation to ensure patient safety.

The wording of option two provides some flexibility which supports the safe and appropriate separation of the components of the sight test by time, person and/or place in line with the principles and protections established in section four of the updated statement on the testing of sight.

This option should not be viewed in isolation from the GOC's other standards on supervision or delegation, nor the remainder of the standards of practice. Other standards are already clear, for example, about the professional accountability and personal responsibility of registrants for their practice, including being able to justify their decisions and actions, no matter any direction or guidance from an employer or colleague.

Similar to our comments on the updated statement, there is a distinction to be drawn between the ethical framework provided by the GOC's standards and the decision making of individual and business registrants applying that framework in specific circumstances. Business registrants may well decide having considered the risks involved in an existing or novel service delivery model that the only way to deliver safe and effective care would be to ensure that a registrant is on the premises and able to physically intervene. Individual registrants, exercising their professional judgement in line with the updated statement and GOC standards, may well decide that a specific patient's needs can only be safely met in person or under delegation with the registrant physically present.

Q17. What do you see as the main risks of option 2 and why?

The consultation document includes proposals about changes to the Standards of Practice which are a logical consequence of the updated statement on the testing of sight. However, those changes if adopted would apply to all aspects of practice, not just to sight testing. We are concerned that some stakeholders will not have realised that the changes to the standards would have a wider application. The GOC should consider whether it might be prudent to hold a separate targeted consultation on proposed changes to standard 9 once it has taken account of feedback on the updated statement.

We are aware of specific sector concern about options one and two with reference to restricted dispensing under Section 27 of the Opticians Act 1989. The current iteration of the GOC's illegal practice protocol sets out that case law demands that a registrant is on the premises and ready to intervene when restricted dispensing is being carried out. That this is not discussed in the consultation document appears to be a notable omission.

We consider that there is strong risk-based justification for arguing that in relation to restricted dispensing only option one would provide more appropriate safeguards which would ensure patient safety. Dispensing to children and people who are registered sight impaired is in our view a higher risk activity which cannot be performed safely without a dispensing optician being physically present and able to intervene where necessary.

We therefore propose that the GOC should consider a 'middle ground' option – option one for restricted dispensing and option two for all other aspects of practice.

Q18. Please provide any suggestions for alternative wording for option 2.

See our response to question 17.

Q19. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

- a) Yes
- b) No
- c) Not sure

No.

Q20. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

- a) Yes
- b) No
- c) Not sure

Yes.

As the consultation sets out, with the right safeguards, this could help practices better manage capacity and meet patient needs in more sustainable ways as the population ages.

In addition, it could help create new models of care which allow those with protected characteristics to safely stay in the workforce for longer.

Q21. Will the proposed changes have effects, whether positive or negative, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

- a) Yes
- b) No
- c) Not sure

No.

Q22. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (i) opportunities for persons to use the Welsh language, and**
- (ii) treating the Welsh language no less favourably than the English language?**

- a) Yes**
- b) No**
- c) Not sure**

No.

Q23. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (i) opportunities for persons to use the Welsh language, and**
- (ii) treating the Welsh language no less favourably than the English language?**

- a) Yes**
- b) No**
- c) Not sure**

No.