General Optical Council

Consultation on revised Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses

February 2024

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Overview

What we're doing

1. The General Optical Council (GOC) is the regulator for the optical professions in the UK. We currently register around 33,000 optometrists, dispensing opticians, student optometrists, student dispensing opticians and optical businesses. The groups on our register are called registrants. For more information, please visit our website: https://www.optical.org/

2. We have four core functions:

   - setting standards for optical education and training, performance, and conduct;
   - approving qualifications leading to registration;
   - maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
   - investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

3. This consultation seeks views on changes to our Standards of Practice for Optometrists and Dispensing Opticians and our Standards for Optical Students. We are also seeking views on consequential amendments to our Standards for Optical Businesses, to make sure that they align with our other standards.

4. Section 2B of the Opticians Act 1989 states that in pursuit of our overarching objective of protection of the public, we have a sub-objective to promote and maintain proper professional standards and conduct for members (individual registrants) and to promote and maintain proper standards and conduct for business registrants. Another relevant sub-objective is to promote and maintain public confidence in the professions. The standards are applicable to all dispensing opticians and optometrists, whether students or fully qualified, and those optical businesses we regulate, across all practice settings. They are an overarching set of standards setting minimum expectations, to which registrants must apply their professional judgement.

5. This consultation will be open from 14 February 2024 to 08 May 2024, and you can respond either using our online consultation platform: Public participation platform of General Optical Council | CitizenLab or by emailing consultations@optical.org

Why we're doing this now

6. We last consulted on our standards in 2015, with the standards coming into effect in 2016. Since then, the sector has evolved in response to changing patient expectations, enhanced clinical responsibilities and technological

developments. Regular review of the standards is essential so that we can ensure that they are relevant to current practice, continue to deliver effective public protection and confidence, and are understood by those who use them.

7. The purpose of the review is to:

- make any necessary updates to the current standards that reflect changes to practice or changing patient expectations;
- ensure that the current standards are fit for purpose; and
- ensure that the standards reflect the current context within which registrants practise, students are trained, and businesses operate.

What will happen next?

8. The public consultation will be open for 12 weeks.

9. Once the consultation has closed, we will analyse all the comments we have received and identify whether we need to make further changes to our standards. We will ask our Council to approve the final standards, along with a document summarising the responses we received to the consultation and the changes we are making in response.

10. We expect to publish our revised standards in late 2024, alongside information on any implementation period needed for the new standards.

Section 1: About the standards

11. As the regulator for the optical professions in the UK, we have statutory responsibility for setting standards for optometrists, dispensing opticians, optical students, and optical businesses[1]. We set the following standards:

    - Standards of Practice for Optometrists and Dispensing Opticians
    - Standards for Optical Students
    - Standards for Optical Businesses

12. These standards are applicable to all optometrists and dispensing opticians, whether students or fully qualified, and wherever they practise. As a result, the standards must be overarching, and are not prescriptive about how registrants should meet the standards. Registrants need to use their professional judgement to decide how they will meet the standards. The introductory text provides further context to the standards; however, it is the standards themselves which registrants must meet.

13. All the standards set by the GOC must be set for reasons of protecting the public and promoting and maintaining public confidence in the optical professions, in line with our statutory objectives. There must therefore be a rational link between any standards set, public protection and public confidence. The standards we set must also represent the minimum action required from our registrants (rather than something aspirational), below which fitness to practise action may be needed if the registrant does not meet those standards. Further details on what is meant by 'fitness to practise' can be found here - What is fitness to practise? | GeneralOpticalCouncil

14. Registrants are professionally accountable and personally responsible for their practice and for what they do, or do not do. Registrants must always be able to justify their decisions and actions.

15. The Standards for Optical Businesses apply to all businesses we register. As a healthcare provider, an optical business has a responsibility to ensure the care and safety of patients and the public, and to uphold professional standards. Business registrants are expected to apply their professional judgement and consider how to apply the standards within the context of their business.

16. Complying with the standards will enable businesses to assist, encourage and support individual optometrists, dispensing opticians, and students to comply with their individual professional standards, and in doing so, ensure they are providing good quality patient care and promoting professionalism.

[1] Opticians Act 1989, Part 1 (2B), Opticians Act 1989 (legislation.gov.uk)

17. We are only proposing consequential changes to the business standards and intend to begin a full review of these standards after this review is complete.

Section 2: Reviewing our standards

18. We began the review of our standards in 2022 with desk-based research. We looked at our standards against those set by other healthcare regulators to identify potential gaps in our standards or areas where our standards could be improved. Following that analysis, we identified the following areas as being ones which required particular consideration:

    - social media and online conduct;
    - supervision and delegation;
    - leadership and professionalism;
    - use of digital technologies, including artificial intelligence (AI); and
    - maintaining appropriate professional boundaries.

19. We know that stakeholders are essential to making sure that our standards are set appropriately to deliver safe patient care and reflect current practice. So that we could hear stakeholder views early in the process, we arranged a series of stakeholder conversations between May and July 2023 on each of these topics. We are grateful to all stakeholders who took part in these conversations.

20. To support our stakeholder conversations, we also looked at research, fitness to practise decisions and enquiries we had received about our standards. We reviewed information from our registrant survey and public perceptions survey, as well as submissions we received to our call for evidence on changes to the Opticians Act. We spoke to education providers, continuing professional development (CPD) providers and members of our fitness to practise panels so that we could understand how our standards are being used and applied.

21. As a regulator focussed on public protection and upholding public confidence in the optical professions, we also wanted to hear the views of patients and the public on our standards, so we commissioned a piece of qualitative research. The 'Research on public perceptions of the Standards of Practice for Optometrists and Dispensing Opticians, and Standards for Optical Students' can be accessed via this link - Public and Patient Research.

22. The stakeholder conversations, research and other engagement activities have given us extremely valuable insights into how the standards are used, as well as any potential gaps in our standards or places they could be strengthened. Our starting point is that the existing standards are generally considered to work well and therefore we are only proposing to make limited changes where necessary. Further, any proposed revisions are consistent with the broad, outcomes-focused design of the existing standards.

23. Below are the key themes arising from all the engagement:

- the importance of equality, diversity, and inclusion (EDI) in relation to both patients and registrants;
- the importance of effective communication with patients;
- confidentiality of patient data;
- leadership and professionalism;
- the use of digital technologies, including AI, in delivering patient care;
- the importance of maintaining professional boundaries with patients and colleagues;
- the use of social media and appropriate online conduct;
- supervision of students and non-registered colleagues, and the use of delegation;
- how the optical professions can support patients in vulnerable circumstances;
- the need for guidance to help registrants understand and apply the standards;
- the balance between setting standards that can be applied in all settings and providing sufficient detail to enable registrants to interpret the standards; and
- the extent to which GOC's standards align with standards set by other healthcare regulators.

Section 3: Proposed changes to our standards

24. We have explained in detail below the reasons why we are making changes to our standards or the introduction to the standards. Changes to our standards fall in the following key areas:

    - leadership and professionalism;
    - care of patients in vulnerable circumstances;
    - effective communication;
    - use of digital technologies, including AI[2];
    - supervision and delegation;
    - equality, diversity, and inclusion;
    - social media, online conduct, and consent;
    - maintaining appropriate professional boundaries;
    - registrant health; and
    - a small number of minor changes.

25. We have provided full sets of each of the standards, showing the changes we have proposed, separately via weblinks on the consultation homepage.

How we refer to our standards

26. Throughout this document we will refer to specific standards that have been revised using the standard number, for example, standard 6.1. We recognise that the numbering in the Standards of Practice for Optometrists and Dispensing Opticians differs from the numbering within the Standards for Optical Students.

27. To address this, we refer to the number within the Standards of Practice for Optometrists and Dispensing Opticians first, and then the number within the Standards for Optical Students in brackets afterwards. For example, we have proposed a revision to standard 6.1 (5.1).

28. When referring to the Standards for Optical Businesses we will simply refer to the relevant standard, for example, standard 1.1.4.

[2] For the purposes of this document, where we refer to ‘digital technology’ or ‘digital technologies’, this includes AI.

General questions

29. Below we have set out some general questions for you to consider. More specific questions are set out under each of the sections below. We have asked questions 4, 5 and 6 to test our compliance with the Welsh language standards which aim to promote and facilitate use of the Welsh language and ensure that the Welsh language is not treated less favourably than the English language. [3]

Q1. Do you think there should be any difference in our expectations of students and fully qualified registrants?

Yes

Please explain your reasoning.

The GOC is clear in that student registrants must "use your own professional judgement, with the support of your training provider or supervisor, to determine how to achieve these standards". They also add in the standards for optical students "As you become more competent and experienced you will be required to take on increased responsibility for your decisions and professional judgements".

Professional judgment is a crucial aspect of eyecare, particularly for those registrants caring for patients with complex or nuanced requirements. It is something that's developed over time through experience, exposure to various clinical and non-clinical situations, personal and professional maturity and ongoing learning.

For students, or those early in their careers, it's vital to recognize that they won't have the same depth of experience or "professional judgement" as someone who's been involved in the profession for decades. That's why mentorship, guidance, and structured learning opportunities are so important during the early stages of an optometrist or dispensing opticians career. It is only learning through experience (which is a big focus on education programmes under the ETR) that students can begin to build and form their professional judgment, under the guidance of fellow registrants and other members of the wider practice team.

It is important for organizations, businesses and our regulatory body to recognise this developmental stage. There should be an expectation to provide appropriate support and resources as well as to apply the standards of practice in a way that takes into account the registrants experience and their progression with developing the necessary expertise and judgment to practice independently and be accountable for their decisions.

[3] Welsh Language Commissioner, 2023, Welsh Language Standards,

Therefore, it is important to make allowances for registrants at different stages of their professional development and our expectations of how students,new graduates and established registrants meet, adhere to, and interpret the standards, should reflect this.

Q2. Do you think any of the proposed changes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Not sure

If yes, please explain how.

Q3. Do you think any of the proposed changes could affect any other individuals or groups, either positively or negatively?

Yes

If yes, please explain how.

The opportunities for our Welsh speaking members and their patients will be welcomed.

Q4. Will the proposed changes have effects, whether positive or negative, on:

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

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

Yes

If yes, please explain your reasoning.

The opportunities for our Welsh speaking members and their patients will be welcomed.

Q5. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

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

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

Not sure

If yes, please explain how.

Q6. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

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

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

Not sure

If yes, please explain your reasoning.

Q7. Is there anything else you think we should consider as part of the proposed changes?

Yes

If yes, please explain your reasoning.

There needs to be clearer guidance to show what student decisions fall under the responsibility of the supervisor and what do not- this is especially pertinent to the intended guidance in regard to social media guidelines. It would be helpful when making reference/alignment to the learning outcomes that the SPOKE guidance on supervision is also linked at this point.

Q8. Do you think there should be a short implementation period after the new standards are published and before they come into effect? The purpose of an implementation period would be to give registrants time to adapt; to adjust their conduct and enable stakeholders to review the standards and make any necessary amendments to practice, policy, guidance, or training material?

Yes

Please explain your reasoning. If you consider a short implementation period is necessary, please say how long this should be for, and why.

It would seem perfectly reasonable to allow a period of time, three months minimum, to allow students, practitioners, employers, businesses, professional bodies etc to reflect and review any changes and to deliver updated advice, guidance, training and support. We would also suggest the GOC considers producing a mandatory piece of CPD to support any changes. This would be possible by the GOC instigating the speciality domain that has been used previously.

Leadership and professionalism

30. Our Standards for Optical Businesses set expectations around the leadership and management of businesses themselves, but not for the registrants working within the business, which creates a gap. Other healthcare regulators have produced guidance for leaders and managers, as well as standards on leadership, regardless of role.

31. We received feedback through our stakeholder conversations that the existing Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students, do include skills, attributes and behaviours associated with leadership, but that registrants may not recognise them as being “leadership” skills, attributes, and behaviours.

32. Stakeholders were of the view that expectations around leadership should also apply to optical students. We also heard views that leadership skills should include supporting the next generation of optical professionals.

33. We heard about the challenges in differentiating between leadership and professionalism. Stakeholders broadly agreed that professionalism relates to 'internal' behaviours, whereas leadership relates to 'external' behaviours.

34. Stakeholders advised that they were content with leadership skills, attributes and behaviours being interwoven throughout the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students, however, we need to be more explicit about our expectations.

Proposed amendments

35. We believe that it is important for all registrants - students and fully qualified - to demonstrate leadership skills, attributes, and behaviours in their practice. Demonstrating leadership means demonstrating skills, attributes and behaviours that are essential to protect the public, such as speaking up in situations where something has gone wrong, as well as role modelling professional behaviours.

36. To address the issues discussed at paragraph 30 and feedback at paragraphs 31 to 34, we have proposed that a statement is added to the introductory text of the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students. The statement would make clear that all registrants are expected to demonstrate leadership skills, attributes, and behaviours relevant to their scope of practice, and that leadership skills should be applied to all aspects of a registrant's work. We have given some non-exhaustive examples of when registrants can demonstrate leadership.

37. We recognise that business owners and employers have a role in creating a culture and environment in which registrants feel comfortable to "step up" and lead. The scope of this review is to make changes to the standards for individuals, with consequential changes made to the business standards. We believe that a change to the Standards for Optical Businesses on this point would be a substantive change, therefore we will seek to address this issue when we undertake a full review of those standards.

Q9. To what extent do you agree that the addition to the introduction on leadership is clear? Somewhat disagree
Please provide comments to explain your response. We feel there is more work to be done on defining leadership, leadership behaviours and leadership/emerging leadership skills within a practice before we add any new statement to the introductory wording. We have concerns that

students/newly qualified registrants will not have the necessary experience to understand the nuances of leadership in this context and whether their position and experience within in practice will allow this to take place in conjunction with the more established view of leaders/practice owners within an optical business who may not support a “multiple leadership” model in their practices.

There also needs to be recognition that there may not have been an opportunity for leadership training and therefore skills may not be in place. Whilst recognising that there is a complete section on leadership in the new “learning outcomes” we have concerns in regard to registrants who have previously qualified and not had the opportunity to receive this training.

Leadership has not been well defined within the consultation documents beyond an ambition for registrants to “demonstrate leadership skills” and this may need to be looked at in relation to the new outcomes for registration and how these will include leadership training as well as newly qualified registrants graduating on the old syllabus and model.

We are concerned that there has not been recognition that with leadership comes responsibilities and accountabilities that may well be outside of the skill set (and employment contract) of the registrants involved and this could lead to unforeseen challenges in practices.

Q10. To what extent do you agree that the addition to the introduction on leadership sets appropriate minimum expectations of registrants?

Strongly disagree

Please provide comments to explain your response.

The consultation has not provided enough evidence of how this would work within a practice nor in our view considered the potential implications or consequences of what appears to be a broad ambition for registrant behaviour. We are also concerned that the standard will seek to redefine “leadership” as traditionally viewed in practice and will create confusion to other team members in regard to accountability etc. The consultation documents do not make a clear distinction between “clinical leadership” and established “commercial leadership” and these risks causing confusion for practice teams.

Care of patients in vulnerable circumstances

38. Registrants are likely to interact with patients in vulnerable circumstances regularly as part of their practice. Vulnerability should not be restricted to considerations such as ill health or disability and nor does a person’s level of

vulnerability remain the same in all contexts. We can all be vulnerable at different points in our life, perhaps because we are in a moment of crisis or because we are handling a difficult set of life circumstances. Inherent features of markets and the actions of providers can also contribute to vulnerability.

39. In our latest public perceptions research, 7.9 per cent of ethnic minority respondents had never had their sight tested compared to 2.6 per cent of white respondents. [4] The data also suggests ethnic minority respondents are more likely to feel uncomfortable when visiting an opticians / optometrist practice than white respondents. The survey data indicates other markers of vulnerability, for example, respondents with a disability are less satisfied with the service they receive – this was also the case in the previous year's data.

40. The patient and public research commissioned to support the review of standards highlighted the importance of registrants maintaining appropriate boundaries, to avoid putting patients in a vulnerable position. [5] The research also found that vulnerable respondents did not generally view online consultations favourably, as the nature of their health conditions meant that personal interactions made them feel more comfortable.

Proposed amendments

41. As registrants are likely to interact with patients in vulnerable circumstances regularly as part of their practice, it is vital that they can identify, support and treat these patients appropriately. Other regulators have developed their thinking on vulnerability, and it is important that we update our standards to follow best practice in this area.

42. We have proposed a statement to be added to the introductory text of the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students. The statement sets out our interpretation of 'vulnerability', and our overarching expectations of registrants when providing care to patients in vulnerable circumstances. Vulnerability can be visible or non-visible and relate to clinical and non-clinical factors. We expect registrants to be aware of the possibility that people may be vulnerable for a number of reasons, including difficult life events. Whereas we would expect registrants to proactively seek to identify relevant clinical factors, we recognise that not all patients will feel comfortable sharing other types of information and that signs of vulnerability may be less easy to spot. The statement therefore says that registrants should consider vulnerabilities as part of each consultation and our interpretation of the statement in practice will consider all these factors.

[4] Public perceptions research, 2023, 20189_summary-report_2023-report-v4-0.pdf (optical.org)
[5] Research on public perception of the Standards of Practice for Optometrists and Dispensing Opticians and the Standards for Optical Students, 2023, Patient and public research

43. To further support this and address points raised in the patient and public research at paragraph 40, we have proposed revisions to standards 7.1 (6.1), 13.8 (12.6), 15.1 (14.1), and 15.2 (14.2) to include reference to 'patients in vulnerable circumstances'. These revisions would require registrants to take account of a patient's vulnerabilities when conducting an adequate clinical assessment, to respond to the needs of patients in vulnerable circumstances and adapt their practice accordingly. It will also remind them of the importance of maintaining appropriate boundaries and not using their position to influence patients or the public in vulnerable circumstances.

Q11. To what extent do you agree that the addition to the introduction on providing care for patients in vulnerable circumstances is clear?

Somewhat disagree.

Please provide comments to explain your response.

We do not feel the introductory wording delivers an "interpretation of 'vulnerability'" as advised in the consultation document albeit we welcome and agree that it is right to flag that vulnerable patients may require extra care in practice. However identifying vulnerable patients, understanding their perception of their vulnerability and taking this into account, raises a degree of challenge. Registrants do not necessarily receive adequate training in this area and therefore if we are suggesting this new introduction, opportunities for training need to be provided.

Q12. To what extent do you agree that the addition to the introduction on providing care for patients in vulnerable circumstances sets appropriate minimum expectations of registrants?

Neither agree nor disagree

Please provide comments to explain your response.

Without a clearer interpretation of "vulnerability" from the GOC perspective, it is difficult to comment here.

However there needs to be recognition around the limits of registrants abilities: "it is vital that they can identify, support and treat these patients appropriately" relies heavily on a registrants skill in recognizing vulnerabilities/vulnerable circumstances if they are not shared by the patient/patients carer.

Often there is a presumption by patients that registrants have access to data that they do not, such as GP or hospital eye service records and therefore they

(patients and carers) presume a level of knowledge of their vulnerabilities/vulnerable circumstances that does not necessarily exist.

Q13. To what extent do you agree that the revised standards are clear?

Somewhat disagree

Please provide comments to explain your response.

See above comments in reply to Q12- we do feel these revised standards are very open to interpretation and are not overly clear.

Q14. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Somewhat disagree

Please provide comments to explain your response.

Please see our response to Q12- It is difficult to set a minimum standard without more detailed guidance.

Effective communication

44. The proposed changes in this section cover three different aspects of effective communication: making patients aware who is providing their care; helping patients understand options available to them including declining treatment; and communications relating to use of digital technologies.

45. In relation to the first aspect, our stakeholder research, our research on refraction, and our standards queries, suggest that patients may be unaware of

the different staff roles within optical practices, and don't always know who is providing their care.[6]

46. The joint regulatory statement titled 'High level principles for good practice in remote consultations and prescribing' sets out the following key principle, "*Tell patients their name, role and (if online) professional registration details, establish a dialogue and make sure the patient understands how the remote consultation is going to work.*" [7]

47. Our patient and public research found, *"Respondents felt that effective communication included letting patients know when the optometrist completing a patient's eye examinations would be a student or when a task had been delegated to another role.*"

48. In relation to the second aspect, the 'High level principles for good practice in remote consultations and prescribing' set out another key principle which we see merit in replicating in the standards: "*Give patients information about all the options available to them, including declining treatment, in a way they can understand.*" We heard through our stakeholder conversations that increased use of digital technologies could result in registrants identifying disease at an earlier stage, including non-eye related diseases. Therefore, registrants are more likely to need to communicate a range of clinical outcomes effectively to their patients, which could include bad news about a non-eye related disease.

49. In relation to the third aspect, we heard through our stakeholder conversations that registrants should be able to understand and communicate the potential benefits and risks associated with the use of digital technologies, to allow patients to make informed decisions about their care.

Proposed amendments

50. It is important that registrants can communicate effectively and empathetically with their patients, so that patients can give their informed consent, understand their treatment, and play an active role in maintaining their eye health.

51. To address the issues discussed at paragraphs 45 to 47, we have proposed an amendment to standard 2.2 that would require registrants to identify themselves and their role and advise patients who will be involved in providing their care.

52. To address the issues discussed at paragraphs 48 and 49, we have proposed an amendment to standard 7.6 (6.6) that mirrors the wording from the 'High level principles for good practice in remote consultations and prescribing'

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[6] Evans et al. (2023), *Clinical Research on Refraction in the Sight Test* (optical.org)
[7] Joint Regulatory Statement, 2019, High level principles for good practice in remote consultations and prescribing (optical.org)

around giving patients information about all the options available to them, including declining treatment, in a way they can understand.

53. We have also proposed an amendment to standard 4.2 that reminds registrants of the need to demonstrate humanity and kindness when communicating bad news.

Q15. To what extent do you agree that the revised standards are clear?

Somewhat disagree,

Please provide comments to explain your response.

Regarding Standard 2.2 and Standard 4.2 we agree with the suggested revisions.

However in regard to Standard 7.6 we are concerned that the obligation to

"Give patients information about all the options available to them..." may place an unreasonable burden on registrants and perhaps would be better worded as

"Give patients information about **relevant** options available to them without prejudice".

We are also concerned that there is a suggestion (Point 48) that these options include communication around "clinical outcomes" for "non eye related diseases". It may be that we are introducing a key principle which embraces factors that fall outside many registrants scope of practice.

Q16. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Somewhat disagree

Please provide comments to explain your response.

See earlier comment to Q15 regarding Standard 7.6

Use of digital technologies including artificial intelligence (AI)

54. Digital technologies are increasingly central to the delivery of patient care and assessment of clinical conditions. We recognise that many digital technologies are classified as medical devices and are therefore regulated by the Medicines and Healthcare products Regulatory Agency (MHRA)[8].

55. Registrants must be able to apply their professional judgement to all aspects of their practice. Our role is to set standards in relation to the safe and effective use of digital technologies by registrants. They need to be competent in the use of digital technologies, understand their limitations and exercise professional judgement, for example, when interpreting data.

56. Digital technologies are one form of innovation in optical care. We focussed on digital technologies because we believe that this is where change creates a need to revise our standards.

57. We heard that stakeholders are generally positive about the benefits that digital technologies could offer in terms of delivering patient care. However, there is a need to ensure that registrants can understand and use digital technologies safely and effectively.

58. Digital technologies are usually developed for specific purposes and may be developed using data sets which are not representative of the population. Registrants need to be aware of the limitations of digital technologies and apply their professional judgement, for example, when using data to inform decision-making.

59. We also heard about the important role that employers and business owners play in ensuring that digital technologies are procured, implemented and maintained appropriately, and that staff are suitably trained in their use.

60. Our patient and public research highlighted that patients expect registrants to be able to "step in" if machines break down, to offer patients a similar standard of care without relying on machines. It is likely that they would expect the same when registrants use digital technologies. The research also found that patients and the public felt that the standards may need adapting or extending, to explicitly cover the use of digital technology or remote consultations.

Proposed amendments

[8] Medicines & Healthcare products Regulatory Agency, 2024, Software and Artificial Intelligence (AI) as a Medical Device, Software and Artificial Intelligence (AI) as a Medical Device - GOV.UK (www.gov.uk) and UK Government, 2023, Regulating medical devices in the UK, Regulating medical devices in the UK - GOV.UK (www.gov.uk)

61. Our starting point is to support responsible innovation while protecting patients. Our standards must support registrants to use digital technologies effectively to support effective patient care. This includes not just understanding digital technology and its uses, but also being able to help patients to understand how digital technologies will be used when providing their care.

62. Standard 5.1 already requires registrants to be competent in all aspects of work, including their clinical practice. This would include the need to be competent in the use of digital technologies, appropriate to their scope of practice.

63. However, we believe it is important to address the concerns that registrants stay up to date with digital technologies and aware of their benefits and limitations. In response to the stakeholder feedback at paragraph 57 and feedback from the patient and public research at paragraph 60, we have proposed a revision to standard 5.3, to set clear expectations around keeping up to date with digital developments, to inform the care provided. Note: These amendments will apply to optometrists and dispensing opticians only. The Standards for Optical Students do not have a standard titled 'Keep your knowledge and skills up to date' as students are learning and developing their practice.

64. To address the issues raised and feedback received at paragraph 58, we have proposed an additional sub-standard under standard 7 (6), to set expectations around applying professional judgement when using data generated by digital technologies, to inform decision-making.

65. In response to the feedback at paragraph 59, we recognise that the Standards for Optical Businesses could be strengthened in this area. However, the scope of this review is to make changes to the standards for individuals, with consequential changes made to the standards for businesses. We believe that a change to the business standards on this point would be a substantive change and will seek to address this when we undertake a full review of those standards.

Q17. To what extent do you agree that the revised standards are clear?

Somewhat agree

Please provide comments to explain your response.

This seems a logical update to the standards however it will be the businesses and **their** interpretation which will possibly have more effect on individual registrants

and therefore it is difficult to comment until the consequential changes to the business standards have been agreed.

Q18. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Somewhat agree

Please provide comments to explain your response.

These seem logical updates to the standards however see response to Q17.

Supervision and delegation

66. We received feedback through our stakeholder conversations that there is some confusion over the terms ‘supervision’ and ‘delegation’ and that registrants would like further clarity on the interpretation of ‘in a position to intervene’.

67. We heard that registrants felt the requirement to be ‘on the premises’ should be retained, particularly in relation to supervising students, and that removing this from the standards could, in their view, present a patient safety risk.

68. We have received several standards queries on the issue of being ‘on the premises’ over the past 12 months, which suggests that there is increased interest in this area.

69. On the issue of delegation, we heard that registrants feel it is appropriate for them to retain accountability for delegated tasks.

70. Our patient and public research found that, “*Respondents were comfortable with delegation – it was seen as timesaving, appropriate and helping to keep the optical practice running smoothly for themselves and optical professionals. However, they have mixed expectations around supervision and were particularly wary of remote supervision*.”

71. The research highlighted that “*Respondents had high expectations for supervision – expecting the supervisor to always be in the room or on the premises” and “In general, respondents were unable to imagine how remote supervision could be conducted effectively. They became particularly uncomfortable when considering the scenario of a student optometrist being supervised remotely.”*

Proposed amendments

72. In 2022, we sought views, information, and factual evidence on the need for change to the Opticians Act.[9]

73. Following this, we commissioned research into clinical advice on refraction, which included an analysis of how the sight test is delivered by commercial providers of optical services across the four nations of the UK and the possible impacts where the refraction, binocular vision and eye health checks are not carried out by the same person, or at the same time or in the same place. The research highlighted that there may be increased risks if sight test components were carried out by different professionals, at different times or at different places (in person or online). We have recently gone out to tender for additional research to develop a risk-based framework to understand the risks of the different elements of a sight test not being carried out at the same time, by the same person and/or in the same place.

74. This research will touch on issues related to both supervision and delegation, including identifying the risks of supervising a sight test which takes place online. As a result, we have not proposed any amendments to the standards of supervision and delegation at present, so that we can ensure that any changes to our standards are in line with the evidence base gathered. We will await the findings of the planned research and review standard 9 (8) at a later date.

Equality, diversity, and inclusion (EDI)

75. We identified three key areas that we should consider for the review of our standards in relation to EDI. These are discrimination, inclusion, and equity.

Discrimination

76. The results of our 2023 registrant survey highlight that a quarter of respondents had experienced discrimination in their role at work or place of study in the last 12 months, most notably from patients, service users, their relatives, or other members of the public. Smaller but still significant proportions indicated that they had experienced discrimination from managers (11%), other colleagues (8%), or tutors/lecturers/supervisors (8%). Discrimination is more likely to be experienced by student registrants, registrants aged 35 and under, female registrants, those from ethnic minority backgrounds, and those with a disability.

Inclusion

77. Inclusion is often used to mean the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalised. People belonging to excluded or marginalised groups tend to

[9] Call for evidence on the Opticians Act and consultation on GOC policies, 2022, [Call for evidence on the Opticians Act and consultation on GOC policies | GeneralOpticalCouncil]

have very poor health outcomes, often much worse than the general population, and a lower average age of death.

78. Our recent public perceptions survey highlights that some groups may find it more difficult to access eye care than others. In our latest data, 7.9% of ethnic minority respondents have never had their sight tested compared to 2.6% of white respondents. When we ask about factors that make people feel uncomfortable visiting an opticians or optometrist practice, 28.6% of ethnic minority respondents cite the cost of the sight test compared to 14.8% of white respondents. While the reasons for these differences may reflect many varied factors, there may be more that the sector can do to reduce barriers to access.

Equity of access

79. Access to services is discussed above, in relation to inclusion. However, in healthcare the conversation about equity touches on the need to address health inequalities, which can include reducing geographical inequalities (variations) in health outcomes and provision, as well as inequalities relating to different groups within society. Our standards do not currently touch on the issue of health inequalities directly but do require registrants to listen to their patients and modify care based on the patient's needs (standard 1), which could include exploring and reflecting on the patient's health history.

Proposed amendments

80. Delivering safe optical care to all patients means ensuring that there are no barriers to access, and that patients are not discriminated against. It is also important that we address concerns about registrants experiencing discrimination, so that they are supported to provide safe and effective care.

81. In response to the issues discussed at paragraph 76, we have proposed a revision to standard 13.2 (12.2) to make clear that registrants must promote equality, value diversity and be inclusive in their dealings with colleagues and others with whom they have a professional relationship, as well as with patients and the public. The existing standards do not explicitly reference behaviour between colleagues; while the absence of an explicit reference does not currently prevent GOC from bringing a fitness to practise case, the proposed revision would bring greater clarity. We have also updated the language used in relation to protected characteristics to align with the Equality Act 2010 and future proof the standards. We recognise that there is the potential for legislative definitions of protected characteristics to change over the lifespan of these standards, which could lead to changes to protected characteristics. This revision would remove the need for further amendment to the standards.

82. We have proposed a revision to standard 13.4 (12.4) that incorporates standard 13.6 (12.5) and makes clear that registrants should not make unnecessary or disparaging remarks about colleagues online.

83. We have proposed a consequential revision to standard 2.2.5 of the Standards for Optical Businesses, to update the language used in relation to protected characteristics to align it with the Equality Act for the reasons outlined in paragraph 81.

84. To further address the issues discussed at paragraph 76, we have proposed an additional standard under standard 3.3 of the Standards for Optical Businesses. This would require businesses to provide support for staff who have experienced discrimination, bullying and/or harassment in the workplace. We also propose that the title of the standard is updated as follows, 'Staff are adequately supervised **and supported**'.

Q19. To what extent do you agree that the revised standards are clear?

Somewhat disagree

Please provide comments to explain your response.

Please see detailed response to Q21

Q20. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Somewhat disagree.

Please provide comments to explain your response.

Please see detailed response to Q21.

Q21. To what extent do you agree that the addition to the business standard is clear?

Somewhat disagree

Please provide comments to explain your response.

Whilst welcoming the GOCs recognition of the findings from the 2023 registrant survey, we are concerned that the standard is too "high level" to have a meaningful impact for registrants. We suggest the standard is amended to specifically include "internal and/or external support for staff who have experienced bullying etc.." to

address the fact that the issue may well be within the optical business itself and staff have a right to seek external support and guidance.

Including such provisions would not only demonstrate a commitment to the well being of all of the practice team but also provide a tangible framework for businesses to work towards in supporting their employee's. Recognising that workplace issues can arise internally and that staff should have a right to seek external support is crucial for creating a safe and supportive working environment.

Q22. To what extent do you agree that the addition to the business standards sets appropriate minimum expectations of business registrants?

Somewhat disagree

Please provide comments to explain your response.

Please see response to Q21

Social media and online conduct and consent

85. Social media is used widely for personal and professional purposes, and while offering many benefits, may also present risks such as disclosure of confidential information (deliberately or inadvertently), boundary crossing, poor communication, and potential damage to the reputation of the profession.

86. Recently we have seen a slight increase in fitness to practise cases involving social media and online conduct, and we have also received a small number of standards queries in relation to registrants and/or businesses sharing allegedly inaccurate, misleading or false information online. The issue of sharing 'misinformation' was also raised during a stakeholder conversation with registrants.

87. Through our stakeholder conversations we heard that registrants are using social media for many purposes including but not limited to: business promotion, research, learning and development; peer to peer support; interacting with communities of practice; and sharing clinical advice. We heard that some registrants use WhatsApp groups to share information, including patients' retinal images, for educational purposes and/or to seek peer advice and guidance. Some stakeholders felt that patient consent should be obtained before retinal images were shared, whereas other stakeholders felt it was not necessary to obtain consent if the image was anonymised.

88. Feedback from the GOC's Standards Committee questioned whether sharing retinal images via WhatsApp groups or similar was compliant with the General

Data Protection Regulation (GDPR). The Committee also raised the issue of patient consent. It is our understanding that if the data is properly anonymised so that you cannot identify an individual from the image, then it would not be considered personal data and would not be subject to UK GDPR. The Standards Committee also suggested that we could include a positive duty for registrants to act where they see concerning behaviour by other registrants online. Having considered this, we feel the duty to report is adequately addressed by standard 11.3 (10.2), whilst acknowledging that further guidance could be used to make this explicit.

89. Our patient and public research highlighted that, "*Respondents felt that appropriate online behaviour was particularly necessary in public professions requiring public trust, with good online conduct seen as essential for protecting the reputation of the optical professionals and their practices. Many felt there should be a clear separation between what was posted on personal and professional social media accounts*." It also found that respondents, "*recognised that the degree of privacy of different platforms mattered here, with posting to a more public platform, such as Twitter, being seen as markedly different to private messages on a service like WhatsApp*."

90. On the specific issue of sharing retinal images via WhatsApp, our patient and public research found that there were mixed views. "*The majority felt WhatsApp was an unprofessional platform for this purpose, particularly as it would be via a mobile device. A practice's own system or e-mail were considered more professional and secure*." In relation to patient consent the research found that, "*Respondents largely felt patient consent should be obtained, to ensure they have a say. This was particularly key for those with eye conditions and vulnerable service users*." On the issue on anonymity, "*There were mixed perceptions of whether this activity involved identifying information. Some felt that if the retinal image didn't have other personal details, this was not identifying, whereas others felt the retinal image itself could be identifying*."

Proposed amendments

91. In an increasingly online world, we know that registrants will use social media and engage online and that the boundaries between the private and the professional will continue to blur. Our standards must set clear expectations of registrants in this area.

92. In response to feedback received at paragraphs 87 and 88, we have proposed a revision to standard 14.3 (13.2) to clarify that patient confidentiality must be maintained when sharing patient images online or via social media.

93. In response to the issues raised at paragraph 86, we have proposed a revision to standard 16.6 (15.6) to clarify that registrants should not make misleading,

confusing, or unlawful statements in their communications, as well as when advertising.

94. In response to the patient and public feedback at paragraph 90, we have proposed a revision to standard 3.3 to clarify that patients' consent must remain valid when sharing patient data with others.

Other actions

95. We heard that stakeholders would benefit from further guidance on the use of social media and online conduct, and we will consider publishing guidance on this topic after we finish the review of our standards for individuals.

Q23. To what extent do you agree the revised standards are clear?

Somewhat disagree

Please provide comments to explain your response.

These revisions are somewhat confusing- in regard to Standard 3.3 it may be more appropriate to state "obtain patients permission" rather than "consent" however this must align with individual employers policies on obtaining consent and permission to share data. We are not sure that the changes as suggested would add sufficient clarity to a registrant understanding around this issue at the present time nor offer any useful guidance that may future proof dealing with technology changes that may arise in the future.

Q24. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Somewhat disagree

Please provide comments to explain your response.

These suggested changes highlight/reinforce ambiguity around consent and its definition when used in a practice setting. This is an issue that needs clearer guidance.

We have received feedback from members questioning the approach that may be taken in regard to social media posts made prior to someone joining the register and would welcome clarification.

Maintaining appropriate professional boundaries

96. Through our stakeholder conversations we heard that registrants were very clear on the need to maintain appropriate boundaries with patients, particularly patients in vulnerable circumstances, such as those receiving domiciliary care.

97. However, stakeholders felt that registrants are less clear on the need to maintain appropriate boundaries with colleagues. We also heard that maintaining boundaries relates to what is said, as well as behaviours and actions, that it applies to conduct both in and out of the workplace, and that social media can blur boundaries with colleagues.

98. In general, stakeholders felt that the standards could benefit from being more explicit about our expectations on maintaining boundaries with colleagues, and that registrants would also benefit from further guidance on this issue.

99. Stakeholders also fed back that sometimes patients can cross boundaries and this can be particularly challenging for registrants to deal with.

100. Our patient and public research found, *"...that the close and intimate nature of eye care may require particular sensitivity around maintaining appropriate boundaries. Respondents discussed how a compassionate, friendly, and respectful nature contributed towards a positive and less stressful experience, but that maintaining boundaries – both during and outside appointments – was still key for patient well-being.*"

101. The research highlighted that, "*Some boundaries (physical, sexual, or sensitive, and with colleagues) were seen as non-negotiable. However, others (conversation, relationship and commercial) were perhaps more flexible depending on the context and relationship with an optical professional.*"

102. Further detail on each boundary is listed below.

- *"Physical: This was felt to be important due to the fairly intimate nature of eye examinations."*
- *"Sexual or sensitive: There was strong feeling that unwelcome personal interactions, in person or otherwise, crossed a boundary."*
- *"Colleagues: Respondents felt strongly about showing respect to colleagues."*
- *"Conversation: Some level of small talk was seen as appropriate, but overly personal topics should be avoided."*
- *"Relationship: Anything that may lead to one patient being treated more favourably to others was viewed as crossing a boundary."*
- *"Commercial: Some [respondents] discussed the balance between the functions of patient care and sales."*

103. Patients and the public felt that "*An area may be worth exploring is the balance between the commercial and patient-care functions of the optical professions.*"

Proposed amendments

104. Maintaining appropriate boundaries with patients, colleagues and others is vital for protecting both the patient and the registrant. A failure to maintain boundaries can affect patient trust in the professional or can affect a professional's ability to practise safely and effectively, or their desire to remain in the profession.

105. In response to the feedback received at paragraphs 97 and 98, we have proposed a revision to standard 15.1 (14.1) that a) sets clear expectations around maintaining boundaries with colleagues and others with whom registrants have a professional relationship, b) clarifies that maintaining appropriate boundaries applies to behaviours, actions and communications, and c) expresses the need to take special care when dealing with patients in vulnerable circumstances.

106. In response to the issues raised at paragraph 99, we recognise the difficulties faced by registrants when patients and the public cross boundaries, whilst acknowledging that our regulatory remit does not extend to patients and the public. Under the section titled 'Equality, diversity and inclusion (EDI)' we have proposed a consequential revision to the Standards for Optical Businesses that would require business owners and employers to provide support for staff who have experienced discrimination, bullying and/or harassment in the workplace. We would interpret this to include where boundaries have been crossed by patients or the public.

Q25. To what extent do you agree that the revised standards are clear?

Somewhat disagree

Please provide comments to explain your response.

Whilst welcoming the update to (15.1)(14.1) we do find the wording around "effect" and "purpose" odd in the way it is used as it seems to add a limitation to the standard which is probably unintended.

We feel that the standard should also recognize that work colleagues do have personal relationships that, whilst mutually acceptable and appropriate,may exceed the normal boundaries registrants would have with patients, students and others with whom they have professional (not personal) relationships. This would apply to behaviours, actions and communications.

Q26. To what extent do you agree the revised standards set appropriate minimum expectations of registrants?

Somewhat disagree

Please provide comments to explain your response.

See above comment on Q25.

Preventing sexual harassment

107. Our scoping research identified that the issue of sexual misconduct has become a focus for regulators and the Professional Standards Authority (PSA) in recent years, and the number of fitness to practise cases received by regulators relating to sexual misconduct have increased. The research highlighted that numerous regulatory bodies have incorporated sexual misconduct into their professional standards and guidance.

Proposed amendments

108. In response to the issues raised at paragraph 107, we have proposed an additional standard under standard 15 (14), that is specific to sexual harassment. This would set clear expectations for the way in which registrants conduct themselves with patients, students, colleagues, and others with whom they have a professional relationship. The existing standards do not explicitly reference sexual harassment between colleagues; while the absence of an explicit reference does not currently prevent the GOC from bringing a fitness to practise case, the proposed new standard would bring greater clarity.

109. The new standard makes clear that registrants must not act in a sexual way towards patients, students, colleagues, or others with whom they have a professional relationship, with the effect or purpose of causing offence, embarrassment, humiliation or distress. We have used the phrase ‘effect or purpose of causing offence’ because we want to set clear expectations of registrants that they must not act in this way. This mirrors the language used by the General Medical Council (GMC) which has recently strengthened its standards in this area. However, we recognise that some registrants are already in relationships with their colleagues or others with whom they have a professional relationship, and the proposed revised standard would not prevent appropriate relationships.

Q27. To what extent do you agree with the inclusion of an additional standard that specifically addresses the issue of sexual harassment?

Somewhat agree.

Please provide comments to explain your response.

See suggested rewording below.

Q28. To what extent do you agree that the additional standard is clear?

Somewhat agree

Please provide comments to explain your response.

The wording in this new standard could be clearer.

The phrase "you must not act in a sexual way" is confusing and ill defined. Suggest that "act in a sexualised manner towards patients" is simpler to understand.

Also (as per our response to q25) the inclusion of the wording "with the effect or purpose of .." etc seems odd as surely we would not expect this behaviour whatever the effect or purpose?

Therefore, we would suggest rewording this new standard to:

"You must not act in a sexualised manner towards patients,students, colleagues, or others with whom you have a professional relationship. Maintaining sexual boundaries applies to your behaviours, actions and communications."

Other actions

110. We heard that stakeholders would benefit from further guidance on maintaining appropriate boundaries, and we will consider publishing guidance on this topic after we finish the review of the individual standards.

111. We recognise the challenges faced by optical professionals when balancing patient care and commercial interests. Standard 16.3 (15.3) says, "*Ensure that incentives, targets, and similar factors do not affect your professional*

judgement. Do not allow personal or commercial interests and gains to compromise patient safety." We believe that this adequately addresses the issues raised by the public and patients in relation to commercial and patient functions at an individual level.

112. Standard 1.1.10 of the Standards for Optical Businesses states that businesses must, "*Ensure that any operational or commercial targets do not have an adverse effect on patient care.*" We will look at this standard again when we review the business standards to consider whether the standards need to be strengthened in this area.

Registrant health

Managing the impact of health on fitness to practise

113. The Government has set out proposals to remove health as a specific ground of impairment. Instead, health issues will be dealt with under the two new grounds of impairment: 'inability to provide care to a sufficient standard' or 'misconduct'. Part of being a professional is the ability to understand and manage the impact of a health condition on the ability to practise safely and effectively. In recognition of this, we have strengthened the standards in relation to health.

114. We note that in the recently revised Good Medical Practice[10] guidance, the GMC has included the following standard, *"You must consult a suitably qualified professional and follow their advice about any changes to your practice they consider necessary if a) you know or suspect that you have a serious condition that you could pass on to patients b) your judgement or performance could be affected by a condition or its treatment. You must not rely on your own assessment of the risk to patients."*

Proposed amendments

115. We have proposed a revision to standard 11.4 (10.3) that would require registrants to consider whether concerns relating to their fitness to practise could compromise patient safety, as well as whether they could damage the reputation of the profession.

Q29. To what extent do you agree that the revised standards are clear?

Somewhat agree

[10] General Medical Council, Good medical practice 2024, Draft Good medical practice 2024 (gmc-uk.org)

Please provide comments to explain your response.

This seems a sensible addition to the standards.

Regarding the student standard 10.3 suggest inclusion of "**employer**/training provider

Q30. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Somewhat agree

Please provide comments to explain your response.

116. We have proposed an additional standard under standard 11 (10) that would set out clear expectations of registrants who are carriers of, or have been exposed to, a serious communicable disease.

117. We consider an additional standard on the issue of serious communicable diseases is necessary to set clear expectations around the management of such situations, reflecting on learning from the COVID-19 pandemic.

118. We have not defined the term 'serious communicable disease' as this could change in response to emerging public health diseases. We reviewed the Government's definition of High Consequence Infectious Disease but consider this is not broad enough to capture all the diseases to which we would want this standard to apply. [11] We propose that registrants follow public health guidance available at the time and apply their professional judgment in deciding whether their health condition meets the threshold for a 'serious communicable disease'. Where necessary, the GOC may issue supplementary or emergency guidance to address specific circumstances.

Q31. To what extent do you agree with the inclusion of an additional standard that specifically addresses the issue of serious communicable diseases?

Somewhat disagree.

[11] UK Government, 2023, Guidance, High consequence infectious diseases (HCID) - GOV.UK (www.gov.uk)

Please provide comments to explain your response.

It would seem a sensible inclusion to suggest that registrants follow their nations public health advice rather than introduce another additional standard.

Q32. To what extent do you agree that the additional standard is clear?

Somewhat disagree.

Please provide comments to explain your response.

See Q31 response.

Other changes and areas for consideration

Compliance with legislation

119. The GOC's Advisory Panel fed back that although there was reference to legislation in the existing standards, there was scope for its application in a clinical setting to be strengthened. [12]

120. To address this, we have proposed that a statement is added to the introductory text of the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students. The statement would make clear that all registrants are expected to comply with all legal requirements that apply to them and their practice, as well as other regulatory requirements, for example, relating to provision of NHS services.

Q33. To what extent do you agree that the addition to the introduction on compliance with legislation is clear?

Somewhat agree

Please provide comments to explain your response.

[12] The Advisory Panel is made up of four statutory committees (Companies, Education, Registration and Standards) who advise and assist the Council. Further information can be found here - advisory-panel-terms-of-reference-june-2022.pdf (optical.org)

As per responses to previous questions it would be useful to have clearer guidance on how this will work in a practice setting including any effect on the wider workforce (non clinical).

Q34. To what extent do you agree that the addition to the introduction on compliance with legislation sets appropriate minimum expectations of registrants?

Somewhat agree

Please provide comments to explain your response.

It seems appropriate to expect registrants to comply, where appropriate, with the legal requirements of any contract etc the practice they are based in holds.

However, we should recognise that it is the contractor who has the ultimate responsibility to deliver the terms of any contract and registrants should not be held accountable where delivery of aspects of the service are beyond their control.

Continuing professional development

121. We have proposed a revision to standard 5.2 of the Standards of Practice for Optometrists and Dispensing Opticians and standard 3.2.7 of the Standards for Optical Businesses to update wording from 'continuing education and training (CET) requirements' to 'continuing professional development (CPD)'. Note: This amendment will apply to optometrists and dispensing opticians only. The standards for Optical Students do not have a standard titled 'Keep your knowledge and skills up to date' as students are learning and developing their practice.

Minor amendments

122. We have amended standard 14.6 (13.5) *"Only use the patient information you collect for the purposes it was given, or where you are required to share it by law"* to incorporate situations where registrants are required to share information in the public interest. For example, if a registrant notifies the Driver and Vehicle Licensing Agency (DVLA) or Driver and Vehicle Agency (DVA) if a patient will continue to drive despite advice not to. We have made this change to the standard so that it aligns with our guidance for registrants on disclosing confidential information.[13]

[13] Disclosing confidential information | GeneralOpticalCouncil

123. We have made a minor amendment to standard 13.8 (12.6) to amend the term ‘disabled patients’ to ‘patients with a disability’.

124. We have made minor amendments to the standards to ensure that they are consistent with the Sale of Optical Appliances Order 1984 and to include zero powered contact lenses. These changes are largely to update existing references to ‘optical devices’ to ‘optical appliances’ or ‘appliances’.

Q35. Do you have any other comments about the proposed revisions or additions to the standards?

Yes. Supervision and delegation- you have (Point 66) noted that registrants would like further clarity on the interpretation of “in a position to intervene”. You have further noted in Point 68 that you have received queries on this issue which “suggest that there is an increased interest in this area”. However, in point 74 you state “we have not proposed any amendments to the standards of supervision and delegation at present” based on further research that is going to be undertaken in regard to the testing of sight.

This appears to completely miss the point that many of the issues regarding “intervention” are not around the sight test element of a patients visit to a practice but around the unsupervised dispensing of restricted groups including children.

This new research will not address this issue so therefore at what point will more clarity and focus be forthcoming on the specific matter and the real concerns around the supervision of dispensing to children, sight impaired or severely sight impaired people being undertaken by registrants who are in a position to observe and intervene if necessary?

Section 4: How to respond to the consultation

125. This consultation will be open from 14 February 2024 to 08 May 2024.

126. We would be grateful if you could input your responses into our consultation hub so that we can collect information about you or your organisation and whether your response can be published.

127. However, if that is not possible, you can respond to the consultation by emailing consultations@optical.org