



## **GOC consultation: Revised Standards of Practice – FODO response**

FODO, the Association for Eye Care Providers, is the leading national association for eye care providers in the UK. Our members provide the vast majority of primary eye care, including over 18 million sight tests a year and a wide range of other NHS eye care services.

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

Yes

No

Not sure

Please explain your reasoning.

As the association for eye care providers, we and our members have considered this question in detail. As long as there is a requirement for students to be GOC registered, we would argue that it is right that student standards should mirror as closely as possible the standards for optometrists and dispensing opticians on the grounds that

- students will be seeing patients during their undergraduate training; patients who altruistically allow their time and healthcare to be used for this public benefit deserve to know that any clinician or student involved in their care is bound by a common set of published professional standards
- students will have more and earlier exposure to patients under the ETR
- a common set of standards arguably provides greater protection and reassurance for patients than differing university standards.

We take the point that newly enrolled students may initially be unaccustomed to the issue of professional standards and the laws governing their chosen professions. However, they have applied to train to join a clinical profession and to be in a position of trust, and the standards are not hard to understand and assimilate as guiding principles throughout their training. They also build in an awareness of professional behaviours from day one irrespective of where and how they train, and this will stand them in good stead for a lifetime of practice and continuing professional development.

We do however propose two amendments. Please see our responses to Q.9 and Q.13.

### **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?**

Yes

No

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

No

Not sure

If yes, please explain how.

Welsh language speakers (see response to Q.4).

**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

No

Not sure

If yes, please explain your reasoning.

Publishing the standards in the Welsh language will have positive effects for Welsh speakers (and hence patients) in that they will be able to apply, consider and reflect on the standards in their native language. We do not anticipate the changes themselves will have any impact on opportunities for persons to use the Welsh language and should ensure equal treatment for Welsh and English speakers for the first time.

**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?

Yes

No

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?

Yes

No

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

No

Not sure

If yes, please explain your reasoning.

[Please see our answers to Q.9 and Q.13.](#)

**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

No

Not sure

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

[The changes broadly reflect what is already good practice, so we do not believe a long implementation period is necessary. Nevertheless, registrants will need time to familiarise themselves with the updates and optical businesses similarly. Given there has been wide consultation, we believe that three months following finalisation should be sufficient for this. Consideration should be given to how these changes are communicated to individual registrants, especially those who practise outside employment training structures, so that they are fully aware of the changes and their implications.](#)

## **Leadership and professionalism**

**Q9. To what extent do you agree that the addition to the introduction on leadership is clear?**

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

We support overarching messaging about leadership, compliance with the law and the need to be aware of vulnerabilities, being included in an introduction as proposed. We understand however, and agree, that these specific statements will not be used in Fitness to Practise cases where allegations are articulated against the standards themselves on grounds of fairness and clarity. It would be helpful for the GOC to confirm this in writing.

We continue to believe that there should also be specific reference to supporting the next generation of practitioners in the Standards themselves - as there is for compliance with the law (Standard 6) and vulnerabilities (Standards 6 and 12). This will have a long-term positive impact in the interests of patients and should therefore be included under Standard 10 (optometrists and dispensing opticians) and Standard 9 (students). The GOC's ETR expectations are about widening learning and experience in practice at all stages of undergraduate optometric education and training and for this to be at level 7 rather than level 6. This will require significantly more input from teams of supervisors and multidisciplinary colleagues than has been the case to date and will require many more practitioners to consider taking on these roles. We would suggest therefore that the Standards include detail along the following lines:

- Standard 10.6: Support colleagues in developing their own skills, scope of practice and reflective practice, especially by supervising undergraduates and trainees, where you have the operational capacity and employer support to do so.
- Standard 9.4: Support fellow students and other colleagues in developing their own skills, scope of practice and reflective practice where you have the space and time and support from the university, supervisor or employer to do so.

We also believe standard 6.2 should be amended to be clearer and more supportive to registrants:

- Standard 6.2: Seek appropriate supervision or mentorship, and ensure a personal development plan is in place, if you are doubtful or feel unconfident about any aspect of your practice. This is particularly likely to be the case when you first enter practice, change work or area of practice, or are returning after a period away from practice. Be able to identify when you need to refer a patient in the interests of the patient's health and safety and make appropriate referrals.

And a consequential change to the standards for optical businesses.

- Standard 3.3: we suggest amending the title to ‘Staff are adequately supervised, **mentored** and supported’ to reflect the changes we propose to Optometrists and Dispensing Opticians Standard 6.

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

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

We feel that the examples are too vague to be meaningful and that a specific example should be added about leadership in supporting the education and training of the next generation of professionals given the GOC’s increased expectations of the professions in this area. Please see our response to Q.9.

**Care of patients 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?**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

As the consultation document recognises, not all vulnerabilities are evident. Equally not all persons who are vulnerable or potentially vulnerable are aware of, acknowledging of, or willing or able to articulate their vulnerabilities.

The standard should therefore be the same for all patients and the draft introductory section is correct to say that “a patient’s vulnerabilities should be considered as part of each consultation”. This however seems to be in contradiction with the advice to “exercise particular care etc”.

We suggest amending the introductory section to:

“Patients may be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Not all vulnerabilities,

and potential vulnerabilities, are evident, sometimes even to the patient or carer themselves. Levels of vulnerability may vary between contexts, and change over time, so a patient's vulnerabilities should be considered as part of each consultation. Where you identify a vulnerability, you will adjust your practice accordingly based on the needs of the patient.”

**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?**

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

[Please see response to Q.11.](#)

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

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

The amendments to the relevant standards appear to be appropriate, with the following suggested amendments for Optometrists and Dispensing Opticians:

- Standard 15.1: in order to be absolutely clear, add ‘at all times and in all circumstances’ to the end.
- Standard 15.1 and 15.2: the standard should be the same for all patients. We do not believe that the reference to taking special or particular care when dealing with people in vulnerable or potentially vulnerable circumstances is appropriate (see our response to Q.11).

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

- Strongly agree
- Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

We consider that the standards should be strengthened as suggested in our responses to Q.9, Q.10, Q.11, Q.15.

### **Effective communication**

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

The amendments to the relevant standards appear to be appropriate with the following suggested amendments:

#### **Individual Optometrists and Dispensing Opticians**

- Standard 7.6: 'referrals' should be included in addition to examinations, treatments, drugs and appliances (notwithstanding the reference to referrals in Standards 10.2). The proposed new second sentence should also be clear that all appropriate options are discussed with patients. The amended standard should therefore read:

"Provide or recommend examinations, treatments, **referrals**, drugs or appliances if these are clinically justified and in the best interests of the patient. Give patients information about the **appropriate** options available to them, including **where appropriate** declining further treatment or intervention, in a way they can understand."

#### **Students**

- Standard 2.2 - we suggest adding the words 'including that you are in training' after 'your role' so that this is clear to patients.
- Standard 6.6 – as per above (standard 7.6) for individual optometrist and dispensing opticians.

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

### **Use of digital technologies including artificial intelligence (AI)**

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

### **Equality, diversity, and inclusion (EDI)**

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

Strongly agree

Somewhat agree

Neither agree nor disagree



Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

The amendments to the relevant standards appear to be appropriate, with the following suggested amendments:

- Standards 13.2: the language of 'protected characteristics' might have a different definition or no definition in Northern Ireland which does not have the Equality Act 2010. This will also need to be considered for the consequential change proposed for 2.2.5 of the Standards for Optical Businesses.
- Standard 13.4 - given the perceived difference between 'online communications' and 'social media' we would suggest specifically adding 'and social media' after 'online communications' to align with proposals regarding use of social media.

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

There is no place for discrimination, bullying, or harassment in the workplace. It is also right for employers to provide access to support throughout any review/investigation.

Managing this from a human resources (HR)/employment law perspective however can be complex – with complaints and disciplinary procedures needing to be undertaken to assess whether inappropriate behaviour has occurred. An employee might also not wish to receive certain types of

support (or may not want to receive it from their employer) therefore the business should provide access to support (whereas the currently drafted Standard sets a requirement to provide support).

Given these complexities and to ensure processes remain compliant with employment and health and safety regulations, we believe the new standard under 3.3 in the Standards for Optical Businesses should be re-written to:

**“Ensure support is available for staff who may have experienced or who report discrimination, bullying, or harassment in the workplace”.**

This would allow for support to be provided from outside the employer, its being optional for the staff member to take up, and its being available outside of HR processes determining whether discrimination, bullying, or harassment has taken place.

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Please see our response to Q.21.

### **Social media and online conduct and consent**

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

We agree with the amendments to standard 14.3 and 16.6. We strongly disagree with the proposed amendments to 3.3 because it confuses two different definitions of consent.

The existing standard 3.3 specifically relates to patients’ consent to care, and it is correct.

The proposed revised wording inserts a clause with respect to sharing patient data. The Data Protection Act 2018 and GDPR requires healthcare providers to specify an appropriate lawful basis

for processing data. In data protection legislation the term 'consent' is one lawful basis, but **not** an appropriate lawful basis for processing patient data.

As a result, inserting the wording "when sharing patient data with others" into 3.3 is problematic but also unnecessary.

Eye care providers (data controllers) have data protection policies in place which will set out the lawful basis for processing data and other systems and controls for safeguarding this data.

Registrants should simply be advised to comply with their organisation's data protection and privacy policies (which is already covered by the new introduction under 'your role as a professional'). This policy might for example prohibit using any personal device, or removing data even if anonymised etc, or might have specific references to use of anonymised data for use in education and research.

The ICO has published some guidance on transparency in health and social care, which sets out the complexity with regards to processing data.<sup>1</sup>

We would be happy to discuss this further if that would be helpful.

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

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

[See our answer to Q23](#)

**Maintaining appropriate professional boundaries**

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

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

---

<sup>1</sup> [Transparency in health and social care | ICO https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-protection-principles/transparency-in-health-and-social-care/](https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-protection-principles/transparency-in-health-and-social-care/)

Standard 15 new proposed standard: this refers to acting in a ‘sexual way towards patients, students, colleagues, or others with whom you have a professional relationship, with the effect or purpose of causing offence, embarrassment, humiliation, or distress’. This is based on the GMC standards which uses similar wording (GMC Standards, Maintaining personal and professional boundaries 34<sup>2</sup>). However, this particular GMC standard refers only to colleagues, and not to patients.

The GMC also has an additional and stronger standard (24<sup>3</sup>) which relates to sexual behaviour toward patients, which does not refer to effect or purpose and is therefore clearer about the prohibition.

The GOC standard should therefore, like the GMC, make clear that sexual behaviour toward a patient is not appropriate in any circumstances.

Given the differences in relationships between registrants and patients versus with colleagues, we believe this standard, as is the case for the GMC standards, should be split into two: one which relates solely to patients/carers, and one that relates to colleagues.

It would also be clearer to expand ‘sexual’ to ‘sexual, sexualised or sexually suggestive’.

We therefore propose the following two standards:

- “You must not act in a sexual, sexualised or sexually suggestive way towards patients or use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them. Maintaining sexual boundaries applies to your behaviours, actions, and communications.”
- “You must not act in a sexual, sexualised or sexually suggestive way towards students, colleagues, or others with whom you have a professional relationship with the effect or purpose of causing offence, embarrassment, humiliation, or distress. Maintaining sexual boundaries applies to your behaviours, actions, and communications.”

Also see response to Q.13 and Q.21.

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

See response to Q.25.

---

<sup>2</sup> <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/maintaining-personal-and-professional-boundaries/maintaining-personal-and-professional-boundaries#sexual-behaviours-towards-colleagues-99812C18D3BB4ABBA09538F9C48AEABE>

<sup>3</sup> <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/maintaining-personal-and-professional-boundaries/maintaining-personal-and-professional-boundaries#sexual-behaviour-towards-patients-C5F7B56E0F3543FEA638D468A4A268C9>

### **Preventing sexual harassment**

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

[Please see our response to Q.25.](#)

### **Managing the impact of health on fitness to practise**

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

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

Strongly agree

- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

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

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

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

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please provide comments to explain your response.

As suggested in the consultation document, there is ambiguity in the term ‘serious communicable disease’ which largely centres around what is serious or not. The suggestion from the consultation document is for registrants to follow public health guidance available at the time, however this is not reflected in the new standard.

We therefore suggest adding the following sentence at the start of the new standard: “Follow public health guidance regarding communicable diseases”.

### **Compliance with legislation**

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

It is necessary to remind registrants that they are expected to comply with all applicable legal and contractual requirements. A more generic/high level overview might be more beneficial/less confusing than including a small number of examples.

The new wording also refers to the "NHS". Northern Ireland uses the term Health Service as opposed to NHS, which the GOC might wish to consider.

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

See response to Q.33.

**Minor amendments**

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

Regarding Standard 14.6, see response to Q.23.

Typos for correction:

- 9.7 'in' rather than 'on' the patient record – these are increasingly electronic rather than card-based
- 10.1 extraneous 'done'
- 12.1.6 'appropriate infection controls' - the accepted public health term in all four nations is now 'infection prevention and control'.

For anything further, please contact Daniel Hodgson, Head of Policy and Public Affairs

[Daniel.Hodgson@fodo.com](mailto:Daniel.Hodgson@fodo.com)