



GOC consultation: GOC strategy 2025-30 - 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.

What is your name?

Daniel Hodgson

What is your email address?

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Are you responding on behalf of an organisation?

Yes

Please specify the name of your organisation.

FODO – The Association for Eye Care Providers

Which category best describes the organisation you are responding on behalf of?

- Business registrant / employer
- CPD provider
- Education provider
- Patient representative charity/organisation
- Optical professional/representative body
- Government department
- Commissioning body
- Other

Q1. Do you agree with our vision 'safe and effective eye care for all'?

- Yes
- No
- Not sure

Please explain your reasoning.

Q2. Do you agree with our mission ‘to protect the public by upholding high standards in eye care services’?

Yes

No

Not sure

Please explain your reasoning.

We agree in principle but feel the draft mission statement focusses too much on the GOC’s standard setting and punitive role and not enough on its supportive role e.g, guidance, CPD, FtP. Although ‘upholding’ potentially includes ‘supporting’ (just as ‘effective’ includes ‘safe’ in the vision statement above) we feel the mission would be improved by bringing it out more viz ‘to protect the public **by supporting** and upholding high standards in eye care services’

Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?

Yes

No

Not sure

If yes, please explain the missing developments.

Paragraphs 20-22 correctly outline anticipated advances in technology and the benefits these are likely to bring. However, a key patient health and safety risk arising from these technological advances, which is not mentioned but which the GOC has a key role in preventing, is the potential separation of the interconnected eye and adnexa health and refraction elements of the sight test.

Paragraph 23 rightly mentions potential for amending the Opticians Act and it is here that the GOC could make clear that it will not propose anything which risks separating the vital eye health aspects of the sight test from the refraction aspects even if these are performed virtually and asynchronously (Paragraph 21). This would align better to the GOC’s stated ambition (Paragraph 23) to increase its ‘role in proactive regulation, preventing harm before it happens” and we ask that this be made clearer.

Paragraph 23 – we too welcome (and have indeed long advocated for) the GOC having greater freedoms to make its own rules, bringing all providers of protected functions into regulation and moving to a unitary board governance model. However, in the case of expanding and developing business regulation, we feel regulatory anticipation should be moderated by ‘proportionality’ and ‘evidence of the need for change’, as in the past. It would greatly reassure the sector, therefore, if the final sentence of Paragraph 23 could be amended to

‘through improved evidence gathering **of the need for change**, analysis, and identification of appropriate **and proportionate** responses.’

Q4. Do you agree with our strategic objective ‘Creating fairer and more inclusive eye care services’?

Yes

No

Not sure

Please explain your reasoning.

We appreciate that this is shorthand and fully support the GOCs commitment to embed ‘EDI across all its work and throughout the professional lifecycle’ (Paragraph 39), a public commitment we also share, and also to have an accompanying EDI strategy (Paragraphs 9 and 27). However, would ‘embed EDI across all our work and throughout the professional lifecycle’ not be a better strategic objective as, without the explanations in Paragraphs 36-39, it is not clear what ‘fairer’ and ‘inclusive’ in isolation mean?

Q5. Do you agree with our strategic objective ‘Supporting responsible innovation and protecting the public’?

Yes

No

Not sure

Please explain your reasoning.

Yes in principle but we feel the CPD priority in Paragraph 45 does not go far enough. Historically the GOC’s CPD system has tended to be a little infantilising and we would like to see greater trust and autonomy shown in registered clinicians to direct and manage their own CPD.

In addition, reforming the CPD system must be done efficiently and in a cost-effective way so as not to increase costs to registrants, and not negatively impact patients (either financially through increased charges for services, or through reduced services due to increased costs).

In our view the above two points could be included by amending Paragraph 45 (third bullet) to: **Efficiently and cost-effectively** reforming our CPD system so that it focuses on the quality rather than the quantity of professional development, provides a framework within which registrants can better **direct and manage their professional development**, and supports the expanded clinical roles registrants will perform within service redesign;

Q6. Do you agree with our strategic objective ‘Preventing harm through agile regulation’?

Yes

No

Not sure

Please explain your reasoning.

We would particularly highlight the benefits which sharing the GOC’s rich stores of registration and survey data in aggregate form would bring to the sector as well as to commissioners in all four UK

nations. Workforce is now one of the major challenges facing the sector and will soon be a constraining factor on the expansion of services in primary eye care which are needed to meet growing need and reduce pressures in NHS hospital systems. Sharing these data with sector partners will help the sector monitor workforce, plan strategies and influence governments to meet workforce shortages by nation and location as well as UK wide.

Q7. Do you think any of our strategic themes 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.

Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?

Yes

No

Not sure

If yes, please explain how.

Q9. 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?

(a) Yes

(a) No

(a) Not sure

(b) Yes

(b) No

(b) Not sure

Q10. 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?

(a) Yes

(a) No

(a) Not sure

(b) Yes

(b) No

(b) Not sure

Q11. 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?

(a) Yes

(a) No

(a) Not sure

(b) Yes

(b) No

(b) Not sure

Q12. Is there anything else you think we should consider as part of the development of our strategy?

Yes

No

Not sure

If yes, please explain your reasoning.

The GOC can only of course use regulatory levers to achieve change but it does not operate in a vacuum. In our view the strategy does not sufficiently recognise that the GOC is also part of a system and that it is only by working with partners within that system that, without in any way compromising its independence and regulatory role, some of its strategic objectives can be realised. This goes further than just 'positive stakeholder relationships' (Paragraph 29).

It would be helpful therefore if this were more clearly recognised and set out in a clear objective to work with sector partners, registrants and other regulators to achieve 'safe and effective eye care for all'.

Finally, the strategy refers to 'healthy reserves' (Paragraph 29). 'Healthy' is a subjective term so it might be helpful for fee payers to spell out what this means here as well as in the planned financial strategy (which we assume will also include savings, efficiency targets etc compared with other regulators – and will be consulted on as part of the wider GOC strategy documents).

Consent to publish your response

Can we publish your response?

Yes

Yes, but please keep my name and/or my organisation's name private

No