

# Guidance on disclosing confidential information about patients - including where patients may not be fit to drive: consultation report

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## **Executive summary**

### **Introduction**

This report analyses the responses to a public consultation on draft supporting guidance for General Optical Council (GOC) registrants entitled “Disclosing confidential information about patients – including where patients may not be fit to drive”.

The GOC agreed in November 2017 that new supplementary guidance on vision and safe driving, which would more clearly set out registrants’ responsibilities for overriding confidentiality in the public interest, would be of benefit to registrants. This followed research in July and August 2017 which showed that 18% of registrant respondents were unaware of the DVLA guidance on the minimum medical and vision standards required to hold a driving licence, and that 72% of registrant respondents would not feel comfortable informing the DVLA/DVA about a patient’s vision if the patient could not or would not do it themselves. The scope of the supplementary guidance was expanded to include other scenarios where confidential information about patients might need to be disclosed to a third party, in response to feedback from registrants.

We believe that it is important that the people affected by our work have a say in how we operate. Consultation is the way we obtain our stakeholders’ views. It allows us to generate, develop and test new policies and proposals, and it allows our stakeholders to feed back ideas. The consultation being reviewed in this report was undertaken in accordance with the [GOC Consultation Framework](#).

This report aims to understand the following:

- whether the draft supporting guidance is clear and accessible;
- where there is missing or incorrect information;
- whether it makes the GOC’s expectations clear;
- how the guidance could be applied in practice; and
- the impact of the guidance on registrants, the public and others.

### **Methodology**

The GOC undertook a public consultation survey on draft guidance on disclosing confidential information about patients, which was hosted online on the GOC consultation hub and open for responses from March to June 2019. The survey had a separate pathway for patients and the public to follow, with separate questions that were only asked of them. Quantitative and qualitative analysis of the data collected as part of the GOC survey was undertaken and the main feedback in relation to each question is detailed in the main report.

In the main, optometrists and dispensing opticians’ responses concurred and therefore they have been grouped together for analysis, although on the rare

occasions where there is divergence between the two, it has been highlighted. The cohort of student respondents was very small (12 total respondents) and therefore, to ensure that meaningful thematic analysis could be undertaken, the responses received from students have been grouped with those of optometrists and dispensing opticians.

Where optical businesses responded, these were also relatively few in number (11 business registrants and 1 non-registrant business) and so, again to ensure that meaningful thematic analysis could be undertaken, they have been grouped along with other organisations/corporate (as opposed to individual) respondents. On the rare occasion that there was a disparity between businesses' responses and those of other organisations, this has been drawn out separately.

Respondents identified as patients and the public have been grouped together and, where appropriate, themes have been drawn out.

### **Findings**

Key findings in relation to the consultation are set out in summary below. Further detail on each can be found in the full report.

#### **Clarity and accessibility**

The majority of individual registrant respondents (92%) thought that the draft guidance was presented in a way that is clear, accessible and easy to use (7% thought it was not, and 1% did not answer). Individual registrants suggested that the structured nature of the guidance made it easy to use. Organisations also broadly agreed, with 86% saying that the guidance was clear, accessible and easy to use. Within this group, optical businesses were the most positive with 92% agreeing.

*Sections used makes it easy to find the exact guidance you want. (Optometry student)*

*The guidance is clearly laid out and simple to navigate through. Very user friendly. (Dispensing optician)*

For individual registrants who did not think the guidance was accessible, this was mostly due to length.

*It is far too long and lots of optometrists will not read it in full. (Optometrist)*

#### **Is anything missing, incorrect or unclear?**

21% of individual registrants thought that there was missing, incorrect or unclear information in the guidance, mostly in relation to patients' mental health and other non-sight related health issues. Others requested more information about the practicalities of making a disclosure.

*More guidance needed on what to do if you suspect child abuse. (Optometrist)*

*Should there be more reference to mental health? With more and more elderly people still driving, is mental and physical capacity as much or even more of an issue than poor sight? Should we be considering this as well as sight loss? (Optometrist)*

*Not sure it would fit in with the tone of the guidance but I would like some signposting to resources for patients when they are told they are unfit to drive. For example, Macular Soc leaflet and counsellors, local transport providers, etc. (Contact lens optician)*

64% of organisations (and within this, 45% of optical businesses) considered that there were areas where there was missing, incorrect or unclear information in the guidance. Many of these respondents – like individual registrants – sought more structure about the practicalities of making a disclosure.

### **Making expectations clear**

82% of individual registrants thought that the draft guidance made the GOC's expectations of registrants clear, with 8% saying that it did not, and 10% did not answer. Those who did not think expectations were clear showed some concern about relying on professional judgement.

*Yes, makes it clear. (Dispensing optician)*

*It is very open. Phrases like 'use your professional judgement' are non-committal. I would like to see a clear instruction of what is expected. (Dispensing optician)*

45% of organisations thought that the draft guidance made the GOC's expectations clear, although within this grouping, there were significant disparities between optical businesses and charities (with 67% agreeing that expectations were clear) compared to optical professional bodies and optical representative/defence organisations (with 0% agreeing that expectations were clear).

### **Applying the guidance**

84% of individual registrants stated that the draft guidance would help them to understand when and how to apply their professional judgement to override patient confidentiality to protect the public from risk of harm, with 16% saying that the draft guidance would not help them to do this. Organisations were less positive on the whole, but there was a significant disparity between the views of optical businesses (81%) and those of professional bodies, representative/defence associations and insurers (33%). Reasons for dissent amongst individual registrants were again related to discomfort in applying professional judgement generally.

*Professional judgement: this is not very specific/clear. Some examples of situations will be helpful. (Optometrist)*

*'Use your professional judgement' is a way of pushing this back to individual registrants. It is not clear or specific when we should be reporting to the DVLA or even how. (Optometrist)*

Of the 27% of individual registrants who thought there were issues or barriers that might prevent use of the guidance, the primary concern was a fear of litigation or complaints, followed by damaging trust and relationships with patients.

*I am also concerned about losing a patient plus them saying bad things about me if I report them to the DVLA. (Optometrist)*

*Fear the customer would come back and complain. (Student dispensing optician)*

*The chance of being sued because of ambiguity in the guidelines. (Optometrist)*

*Being struck off and out of work, destitute family etc. (Optometrist)*

Similarly, 27% of organisations felt there were barriers to using the guidance and these were similar to those raised by individual registrants – concerns about communication problems with patients, and fears of litigation or complaints.

## **Impact**

When asked if they thought the draft guidance would have a positive impact on protection of patients and the public, 75% of individual registrants said yes, with 7% saying no and 18% being unsure. Reasons for a perceived positive impact included being able to contribute to keeping unsafe drivers off the roads, as well as increased individual registrant confidence in the ability to disclose confidential information.

*Visually unsafe drivers should be kept off the road; this guidance should help with that aim. (Optometrist)*

*The patients it affects would not agree, but it will make the roads safer and if even one life is saved, it would be worth it. (Dispensing optician)*

*I think it will make clinicians more confident to make a tough decision but one that will benefit the public. It will also stop clinicians from passing the responsibility to the GP. (Optometrist)*

Organisations were again less positive with 55% stating that the guidance would have a positive impact on protection of patients and the public. Within this grouping, there was again a significant disparity between the views of optical businesses (73% agreeing) and optical professional bodies, representative/defence organisations and insurers (with only 17% agreeing). Where there was disagreement, this was due to a perceived need for further information in the guidance in order for it to be useful.

### **Patients and the public**

Patients and the public were asked separate questions from other respondents. This was because we were looking to explore what their expectations would be in terms of confidentiality when being seen by an optical professional.

All patients advised that they would expect their optician to share information about them with their GP, with 33% saying they would always expect information to be shared and 67% saying they would sometimes expect this. All patients also said that, if their eyesight meant that they were no longer fit to drive, they would expect their optician to tell them and the DVLA/DVA. Most (89%) also expected that the optician would tell their GP in such circumstances, and 44% expected their family member or carer to be told.

89% of patients thought it was reasonable that an optician could pass on information about them where there was a public interest in doing so, and 78% said this would not put them off visiting the optician or providing information.

Patients were also asked for their general views on the draft guidance, specifically on whether it was presented in a clear and accessible way (100% said yes), whether anything was missing, incorrect or unclear (89% answered no), and whether it would help to protect patients and the public (89% thought that it would).

## Promoting the wider issue of vision and safe driving

There was broad support (45% of individual registrants, 36% unsure) for further activities to promote vision and safe driving to both registrants and the public. The most popular suggestion was for the GOC to campaign for mandatory periodic sight testing for drivers, with the second most popular being the provision of patient-focused communications.

*Campaign for mandatory eye testing for drivers. (Optometrist)*

*Lobby the Government to alter the law regarding regular eye exams for drivers. (Optical business registrant)*

*Produce a leaflet for us to give to patients who are unfit to drive explaining what action needs to be taken. (Optometrist)*

*Posters and information leaflets in hospitals and practices with more awareness of the consequences of unsafe driving for patients. (Dispensing optician)*

54% of organisations thought that more could be done to promote vision and safe driving. Options suggested were an increased GOC presence at stakeholder events; patient-focused communications, and a campaign for mandatory sight testing for drivers.

## **Conclusions**

Respondents to the survey raised a number of similar issues, irrespective of background or demographic, and definite themes can be identified. Whilst there was broad support for guidance in this area both across the sector and outside it, there is a clear need to make some amendments to the guidance in its current form to make it more useful to registrants and allow them to fulfil their duty of protecting the public. The main conclusions drawn from the consultation are as follows:

- Individual registrants are not wholly comfortable with using professional judgement to make a decision on whether confidential information about patients should be disclosed, and implied that they would be more comfortable with definitively being told what to do;
- There is appetite for language to be made more precise so that individual registrants can better understand when they should take action to protect public safety;
- Individual registrants and organisations alike would like more content in the guidance on what factors should be taken into consideration when deciding whether or not to disclose confidential information about a patient; and
- The GOC should provide further documentation and information as part of implementing the guidance to promote the wider issue of vision and safe driving, and consider whether to include information aimed at patients and the public.



## 1. Introduction

The General Optical Council (GOC) developed supplementary guidance for our registrants on disclosing confidential information about patients, with a particular focus on vision and safe driving. We undertook consultation with our stakeholders on the draft guidance from 21 March until 13 June 2019, using a survey hosted on our [GOC consultation hub](#)<sup>1</sup>.

The GOC is the regulator for the optical professions of optometry and dispensing optics in the UK, with a mission to protect and promote the health and safety of the public. We currently register around 30,000 optometrists, dispensing opticians, optical students and optical businesses.

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 qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- Investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

As part of our core function of setting standards for performance and conduct, we publish three documents – *Standards of Practice for Optometrists and Dispensing Opticians*, *Standards for Optical Students* and *Standards for Optical Businesses* to set out what we expect of our registrants in terms of behaviour, conduct and performance. These sets of standards provide clear statements of what we expect, explaining what registrants 'must' do, but are designed to provide room for registrants to use their professional judgement to decide how to apply the standards in any given situation.

In addition to the standards documents set out above, it will be necessary in some cases to produce supplementary material to enable registrants to fully understand the standards they must meet. Registrants will need to read the standards applicable to them in conjunction with any such supplementary material. The circumstances in which we may produce such material is set out in our [Standards framework](#)<sup>2</sup>.

## Background

The Driving & Vehicle Licensing Authority (DVLA) in England, Scotland and Wales and the Driving & Vehicle Authority (DVA) in Northern Ireland are legally responsible for

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<sup>1</sup> <https://consultation.optical.org/standards-and-cet/disclosingconfidentialinfo/>

<sup>2</sup> <https://standards.optical.org/aboutus/goc-standards-framework/>

setting the medical standards of fitness to drive (including vision standards) and for deciding if a person is medically fit to drive. The licence-holder has a legal responsibility to notify the DVLA/DVA of any medical condition that may affect safe driving, including advice from an optometrist that they fall below the vision standards required for safe driving.

The DVLA publishes guidance for healthcare professionals entitled “*Assessing fitness to drive – a guide for medical professionals*” which includes the minimum medical and vision standards required to hold a driving licence. The DVLA’s guidance contains extracts from guidance produced by the College of Optometrists aimed at supporting optometrists in referral decisions. It also includes guidance from the General Medical Council (GMC) aimed at supporting doctors in referral decisions.

There have been a number of high-profile media stories in recent years involving accidents or fatalities by drivers who continued to drive against the advice of their optometrist (and/or GP). Some of the victims’ families asked the Government to introduce new legislative requirements so healthcare professionals automatically notify the DVLA/DVA when a patient is unfit to drive, regardless of whether a patient has given consent to share their records.

The GMC updated its guidance in April 2017 to reflect more overtly the doctor’s duty to protect the public from risk of harm, but did not support creating any new requirements on doctors to automatically notify the DVLA/DVA of any patient who is unfit to drive, as this would have wider implications in terms of eroding trust in the doctor-patient relationship. At the time, the GOC did not have a sufficient understanding of the issues affecting its registrants in relation to decisions to disclose confidential information about patients, particularly in reporting to the DVLA/DVA when there was a concern.

### **Initial research with registrants**

To get a better understanding of our registrants’ confidence in passing on information where patients are unfit to drive, and what patients would expect in such situations, in July and August 2017 we undertook surveys and focus groups in conjunction with an independent agency, Enventure Ltd. The [full report](#) of this research and an infographic is available on the GOC website<sup>3</sup> and as an annex to this paper at page 61. Significantly, this research showed that 18% of registrant respondents were unaware of the above-mentioned DVLA guidance and that 72% of registrant respondents would not feel comfortable informing the DVLA/DVA about a patient’s vision if the patient could not or would not do it themselves.

The GOC agreed in November 2017 that new supplementary guidance on vision and safe driving, which would more clearly set out registrants’ responsibilities for overriding confidentiality in the public interest, would be of benefit to registrants. In

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<sup>3</sup> [https://www.optical.org/en/news\\_publications/Publications/policy-and-research-papers.cfm](https://www.optical.org/en/news_publications/Publications/policy-and-research-papers.cfm)

response to other consultations and work undertaken, the GOC has received feedback from registrants that they are not always clear what their responsibilities are in relation to disclosing confidential information more generally; not just vision and safe driving. As a result, the GOC took the decision to expand the scope of the supplementary guidance to include other scenarios where confidential information about patients might need to be disclosed to a third party, whilst retaining the primary focus on where patients are not fit to drive as a result of their vision.

## **Methodology**

The GOC undertook a public consultation survey on draft guidance on disclosing confidential information about patients, which was hosted online on our Citizen Space hub and open for responses from March to June 2019. The survey had a separate pathway for patients and the public to follow, with separate questions that were only asked of them. Quantitative and qualitative analysis of the data collected as part of the GOC survey (detailed above) was undertaken and the main feedback in relation to each question is summarised in this report. Where appropriate, quotes have been included to illustrate the views expressed and, where respondents have provided consent to publish their identity alongside their response, this has been done.

As part of its regulatory function GOC has several categories of optical professionals required to register by law. Our registrants are as follows:

- optometrists (including therapeutic prescribers),
- dispensing opticians (including contact lens opticians),
- student optometrists
- student dispensing opticians; and
- some optical businesses.

In the main, optometrists and dispensing opticians' responses concurred and therefore they have been grouped together for analysis, although on the rare occasions where there is divergence between the two, it has been highlighted. The cohort of student respondents was very small (12 total respondents) and therefore, to ensure that meaningful thematic analysis could be undertaken, the responses received from students have been grouped with those of optometrists and dispensing opticians.

Where optical businesses responded, these were also relatively few in number (11 business registrants and 1 non-registrant business) and so, again to ensure that meaningful thematic analysis could be undertaken, they have been grouped along with other organisations/corporate (as opposed to individual) respondents. Where there was a disparity between businesses' responses and those of other organisations, this has been drawn out separately.

Respondents identified as patients and the public have been grouped together and, where appropriate, themes have been drawn out as the number surveyed was small.

For the avoidance of doubt, each category of respondent to the survey and the group under which their responses have been analysed is set out below:

<b>Group</b>	<b>Category of respondent</b>	<b>Responses</b>
Individual registrants	Optometrist (including therapeutic prescribers)	180
	Dispensing optician (including contact lens opticians)	56
	Student optometrist	8
	Student dispensing optician	4
Organisations	Business registrant	11
	Other optical business	1
	Charity/not-for-profit organisation	3
	Optical professional body	2
	Optical defence/representative organisation	4
	Other optical organisation	1
Patients and the public	Optical patient	2
	Member of the public	7
Other	Other (individual)	1 <sup>4</sup>

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<sup>4</sup> One academic with an interest in road safety responded. Their scores have not been included in the quantitative analysis, but their comments have been included and considered.

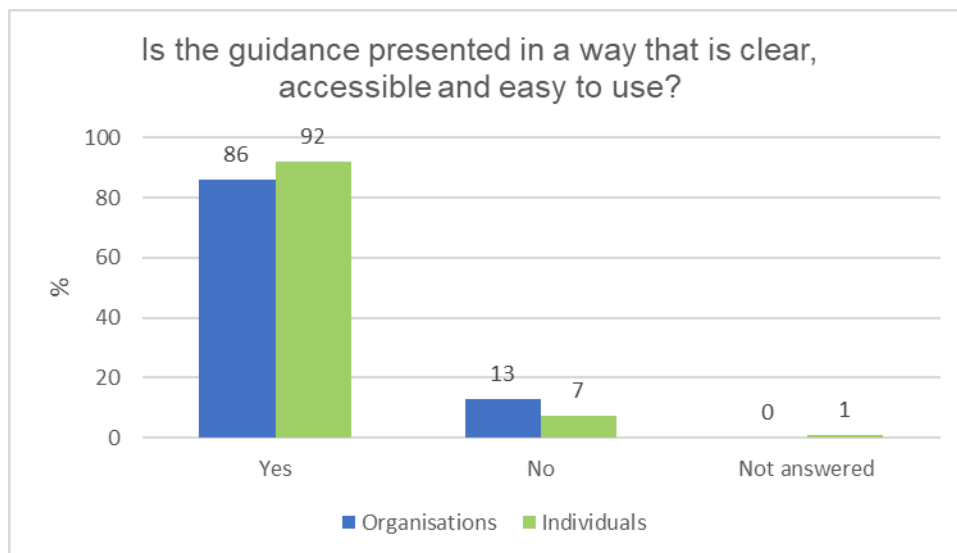
## 2. Clarity and accessibility

- **92%** of individual registrants considered that the guidance is presented in a way that is **clear, accessible and easy to use**, with little difference between optometrists (**91%**) and dispensing opticians (**92%**). A large percentage of optical business registrants also agreed with this (**92%**)
- Although few patients and the public responded to the survey (10 in total), **100%** thought that the guidance was clear, accessible and easy to use
- **54%** of individual registrants said that the guidance was **sufficiently flexible to accommodate differences in practice** in the sector (including differences between the nations of the UK); **39%** were not sure
- **28%** of individual registrants thought that there were **specific issues or barriers** that might prevent registrants from using the guidance and these were mostly **fear of complaints/litigation, nervousness about using professional judgement** and potential **communications issues with patients**
- **82%** of individual registrants thought that the draft guidance made the GOC's expectations of registrants clear, with **8%** saying that it did not, and **11%** did not answer.

### 2.1 Presentation of the guidance

We asked all respondents questions about clarity and accessibility of the guidance.

Figure 1: "Is the guidance presented in a way that is clear, accessible and easy to use?"  
Base: Organisations (22), Individual registrants (248)



Individual registrants in particular thought the structure and language were clear.

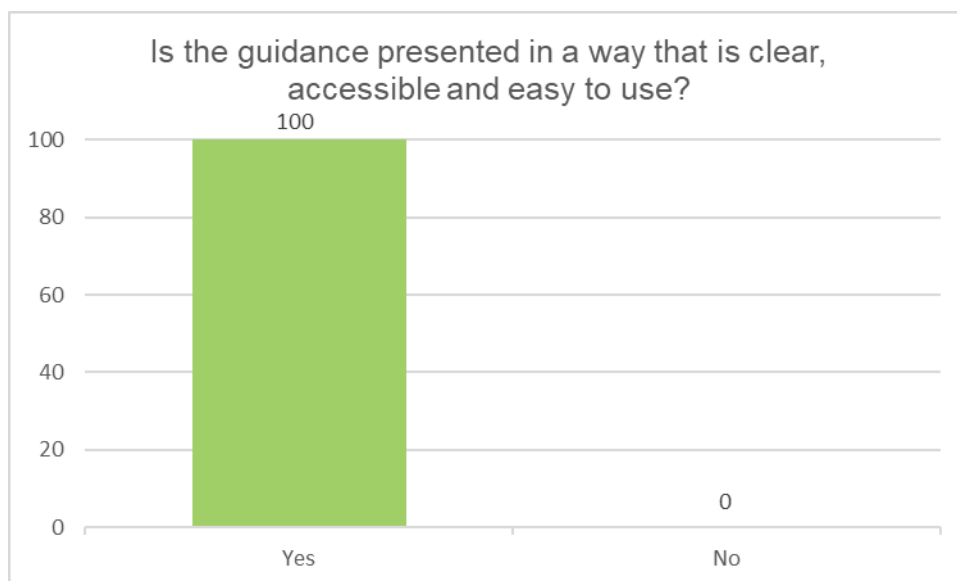
*It is measured. It is explicit that it is on a case by case basis and it is explicit that a frank discussion will have taken place. This is all we need for those rare occasions we are unable to persuade. (Optometrist)*

*The headings are well written so it is easy to scroll down and find what you need. Pages 6, 7 and 8 are clearly set out and I am not left in any doubt as to what my options are. (Optometrist)*

*Easy to understand. (Optometry student)*

Other stakeholders also considered that the guidance was clear, accessible and easy to use, with 100% of patients and the public agreeing with this statement.

Figure 2: "Is the guidance presented in a way that is clear, accessible and easy to use?"  
Base: Patients and the public (9)



*The format is well laid-out, not excessively wordy, broken into appropriate sub-categories and would score well on a 'Plain English' test. As a former healthcare professional (non-optical) I am used to seeing guidance documents which are nigh on impossible to follow. (Member of the public)*

Among individual registrants who did not think the guidance was presented clearly and accessibly, the most common reasons for this were that it requires registrants to use their professional judgement and does not tell them exactly what to do (33%) or that the guidance is too long (14%).

*Very wordy and too dependent on the phrase 'in your professional judgement'. (Optometrist)*

*Either tell us we can or cannot inform legal authorities. (Dispensing optician)*

Whilst organisations considered on the whole that the document was well-presented, some had concerns about clarity of message which are considered further on in this report. Other organisations considered that the document was well-structured and that the separate sections were helpful.

*The draft guidance is presented in a clear and accessible way and certainly moves the sector forward. However, in our view, it does not yet address the complexity and confusion which registrants report in making disclosure decisions about patients' vision to the DVLA/DVA. (Federation of Ophthalmic and Dispensing Opticians (FODO))*

*Overall the document is very clear however we do have some concerns and in some cases greater clarity is required to ensure dispensing opticians act appropriately and in line with the GOC Standards of Practice. (Association of British Dispensing Opticians (ABDO))*

*It appears to be concise and well-referenced. (Optical business registrant)*

*RoSPA believes that the guidance is presented in a way that is clear, accessible and easy to use. The document is relatively short and the language used within it is clear. It is also set out in clear sections, so that the registrant can easily refer to a single section of the guidance as and when needed. (Royal Society for the Prevention of Accidents (RoSPA))*

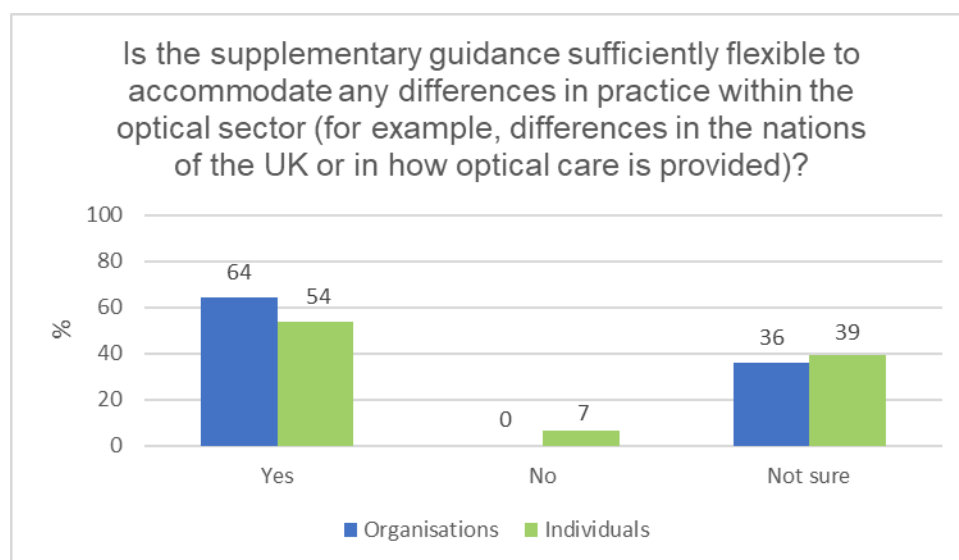
*Yes. The guidance clearly explains who it is aimed at, as well as the standards it is designed to support. Helpfully, it highlights relevant legislation (GDPR) and guidelines from other organisations (DVLA) that registrants must comply with. The different sections are logical and we believe that a separate section on driving is valuable. (Thomas Pocklington Trust)*

## 2.2 Accommodating differences in practice

We asked all respondents (except patients and the public) whether the guidance was flexible enough to be applied across the UK over all the optical sector.

Figure 2: “Is the supplementary guidance sufficiently flexible to accommodate any differences in practice within the optical sector (for example, differences in the nations of the UK or in how optical care is provided)?

Base: Organisations (22), Individual registrants (248)



Of the 54% of individual registrants who responded ‘yes’ to this question, the focus was on applicability of the guidance across the nations of the UK. Those who responded ‘not sure’ mostly gave the reason of insufficient knowledge of how practice differs across nations to be able to answer definitively. Where respondents answered ‘no’, reasons given did not relate to flexibility but other questions.

*Appears to be more universal than other guidelines previously. (Optometrist)*

*The NI [Northern Ireland] section is useful. (Optometrist)*

Organisations did not elaborate on their responses to this question.

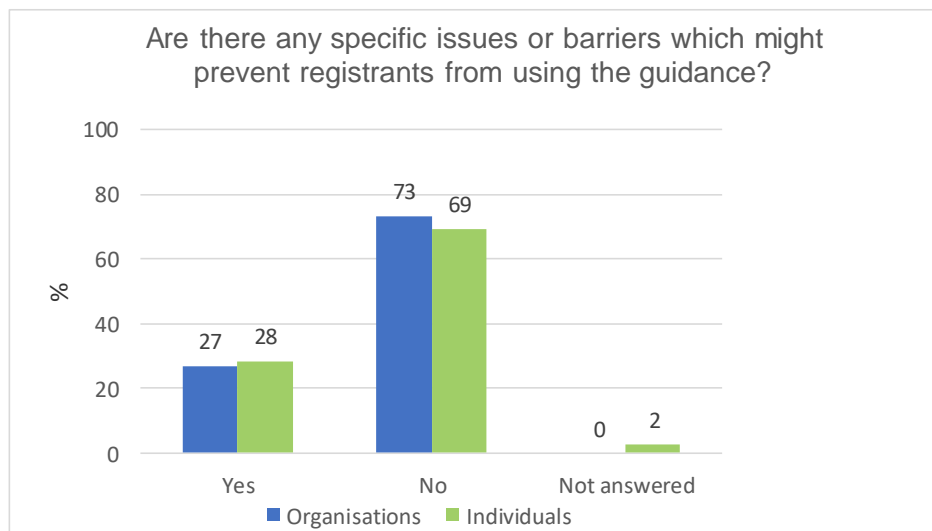


### 2.3 Barriers to using the guidance

We asked all respondents (except patients and the public) whether there were any barriers that would prevent registrants from using the guidance.

Figure 3 – “Are there any specific issues or barriers which might prevent registrants from using the guidance?”

Base: Organisations (22), Individual registrants (248)



A sizeable minority (28%) of individual registrants indicated that there may be issues or barriers preventing use of the guidance. The most common of these was fear, either of litigation/complaints or of souring good patient-practitioner relationships. Other issues raised in response to this question were lack of confidence in using professional judgement to apply the guidance, and that patients may be deterred from seeking optical care if they think that they will be reported to the DVLA/DVA. Other reasons given as potential barriers were lack of time to have the necessary conversations with patients; staff not keeping up-to-date with policies and guidance; concerns about breaching data protection regulations; the limited opening hours of the DVLA Medical Examiner advice line and the length of the guidance.

*The fact that "professional judgement" is not a clear way of determining something - it is not a fact but a subjective opinion. A lot of registrants in this day and age will not put their own livelihood on the line for the possibility of being sued or at the very least taken to a hearing regarding consent. (Dispensing optician)*

*The implied breakdown in relationship/trust between practitioner and patient. (Optometrist)*

*It is very dangerous if people think their optometrist will report them to DVLA- it may put them off coming for an eye test. If word gets around in our small village that I have reported someone then no one else will come to me for a sight test. (Optometrist)*

Some of the concerns raised by individuals were echoed by a number of organisations.

Organisations' primary focus was on the potential to hinder relationships with patients.

*In essence all practitioners have a duty to act in the best interests of the public therefore we do not believe this will present any issues of barriers assuming the information is comprehensive, specific, unambiguous and clear. (Association of British Dispensing Opticians (ABDO))*

*There isn't sufficient clarity on how to handle the decision on lack of consent. (Optical business registrant)*

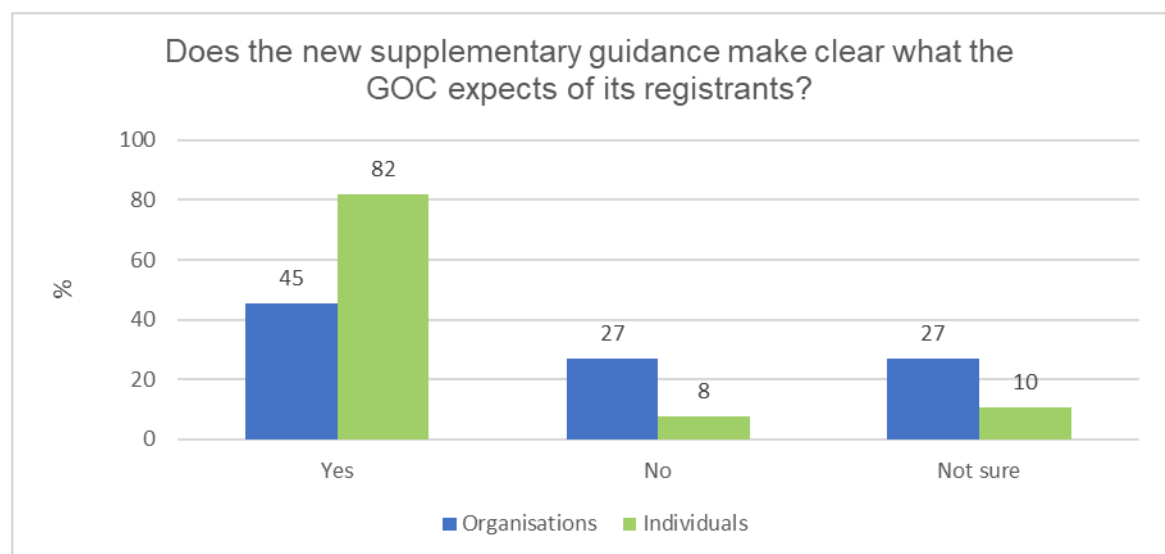
*It isn't clear enough when we can breach confidentiality with confidence so I think people will revert to previous behaviour and be cautious. (Duncan & Todd Opticians)*

## 2.4 Making expectations clear

We asked all respondents (except patients and the public) whether the guidance made it clear what was expected of GOC registrants.

Figure 4 – “Does the new supplementary guidance make clear what the GOC expects of its registrants?”

Base: Organisations (22), Individual registrants (248)



The majority of individual registrants felt that expectations were clear, with many saying that they now had a clearer understanding that the duty of confidentiality is not absolute and needs to be balanced with the duty of public protection. Where

they were unsure, or did not think expectations were clear, individual registrants raised a number of issues, including lack of clarity with the test and uncertainty about how to act in the absence of consent.

*It explains that there is a public interest defence which CAN override a duty of confidentiality in certain circumstances. (Optometrist)*

*It is clear, however specific guidance relating to VA<sup>5</sup> should be included. Do I notify the DVLA at 6/12-1 or do I wait until 6/18? (Optometrist)*

*Guidance about what to do without the patient's consent is not clear. It is a big judgement to make about if it is worth breaking confidentiality for public safety. (Dispensing optician)*

Whilst a majority of organisations felt that expectations were clearer (45%), there was a higher percentage of organisations that thought this was not the case (27%) or were unsure (27%) when compared to individual registrants.

Where organisations felt that expectations were clear, they stated that instructions to registrants were clear and appropriate options were given to help the decision-making process. Where they did not feel expectations were clear, or where they were unsure, this was largely as a result of considering it inappropriate to apply professional judgement when making a decision.

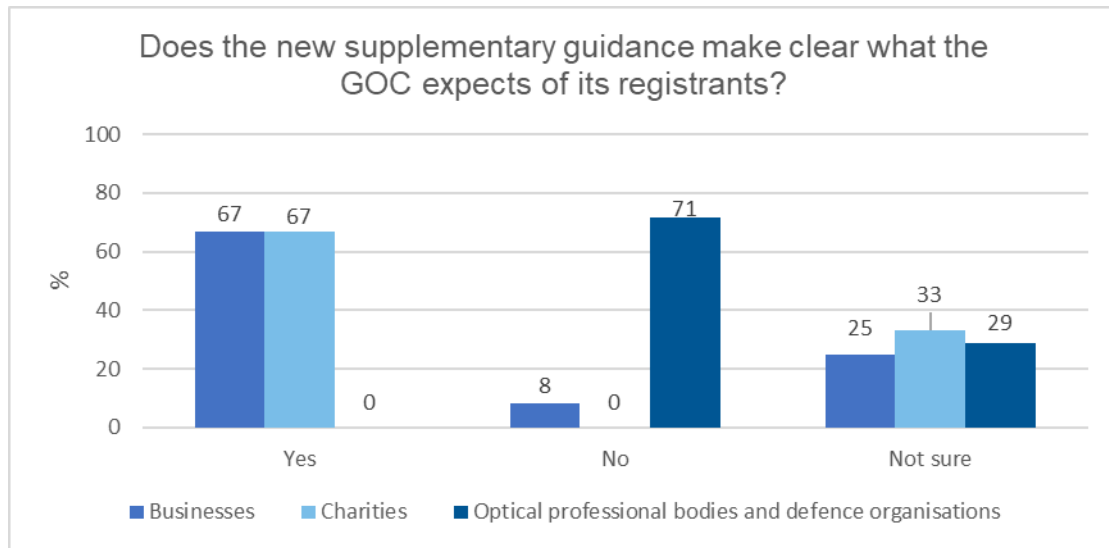
*There is some ambiguity between points 25 and 35 in Section 2. Also with respect to point 25, this suggests that we, in the first instance, should give the patient the opportunity to self report and then when they attend with us in the future and we discover that they have failed to do this and are still driving we should then notify the DVA . This patient may not attend again (because they understand that they have been recognised within a system) so 'happily' continues to be a risk to the general public. Also why can point 35 not say 'you should notify' rather than 'you should consider notifying'. Also the use of 'in your professional judgement' is unclear. Surely the optometrist understand the required criteria and is able to make a decision based on a series of examinations - it is not really a case of making 'a professional judgement'. (Optometry Northern Ireland)*

*We agree with the AOP that paragraph 35 of the GOC guidance is not clear and should be phrased in more definite terms, as is paragraph 25. We also agree with the AOP, that it is not a matter of professional judgement for the optometrist as to whether or not the patient will not or cannot notify the DVLA/DVA themselves. The professional judgement should relate to whether or not the patient meets the vision standards for driving, as the nature of the subjective tests involved will always cause some variation, and so decisions around the borderline are not clear cut. (College of Optometrists)*

<sup>5</sup> Visual acuity

Figure 5– “Does the new supplementary guidance make clear what the GOC expects of its registrants?”

Base: Optical Businesses (12), Charities (3), Optical professional bodies, optical defence/representative organisation and other optical organisations (7)



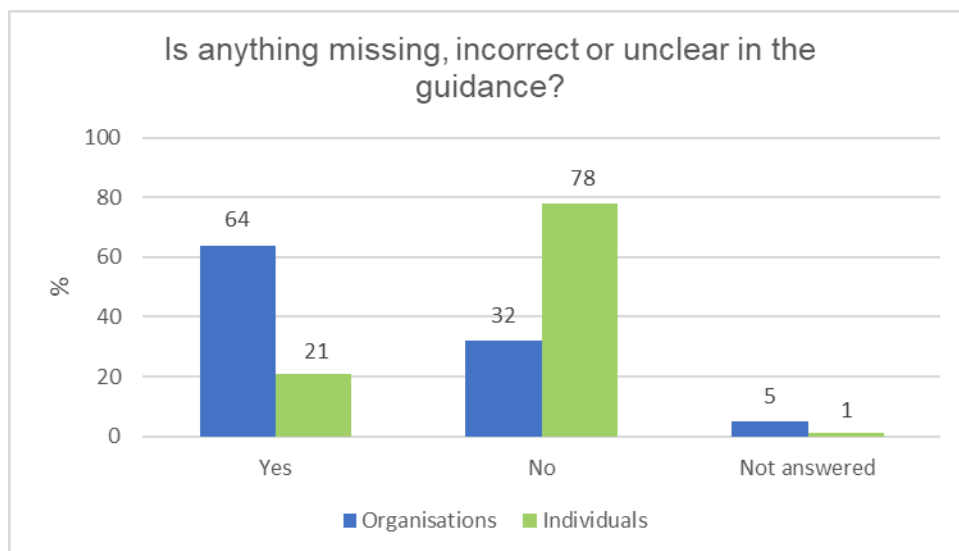
Within the ‘organisations’ grouping, there were significant disparities between optical businesses and charities (with 67% agreeing that expectations were clear) compared to optical professional bodies and optical representative/defence organisations (with 0% agreeing that expectations were clear).

## 2.5 Missing elements from the guidance

We asked all respondents whether anything was missing, incorrect or unclear in the guidance.

Figure 6 – “Is anything missing, incorrect or unclear in the guidance?”

Base: Organisations (22), Individual registrants (248)



A high percentage (78%) of individual registrants did not consider that there was anything missing from the guidance. Of those who thought there was something missing, most asked for more information on how to manage requests for confidential information about patients, and on considering patients' mental health as an influential factor in disclosing information.

*I think there should be more information about patients' mental capacity. I have had situations where patients are very confused or forgetful so I've had to break confidentiality to ensure they have had the correct care. (Optometrist)*

*Should there be more reference to mental health? With more and more elderly people still driving, is mental and physical capacity as much or even more of an issue than poor sight? Should we be considering this as well as sight loss? (Optometrist)*

*In relation to information requests from authorities - can you state if we have to inform the patient we have received and are complying or ask permission to give? (Dispensing optician)*

*I have previously had requests from solicitors asking for information about a patient's vision following an accident. Perhaps you could add something in about this. (Optometrist)*

Conversely, 64% of organisations considered that there was either missing, incorrect or unclear information in the guidance, as opposed to 32% that did not.

Specifically, the Association of Independent Optometrists and Dispensing Opticians (AIO) considered that a categorical statement on whether drivers could be reported was missing from the guidance. The Association of Optometrists asked for more information to be provided on factors to be considered when making a decision to disclose. Others, including the Thomas Pocklington Trust, asked for additional information on signposting patients to sources of assistance when they are no longer able to drive.

*There is a reliance on the term 'in your professional judgement' which lacks clarity and therefore does not answer the main question we all want to know - can we report a driver to the DVLA without consent if they do not meet a VA of 6/12!? (Association of Independent Optometrists and Dispensing Opticians (AIO))*

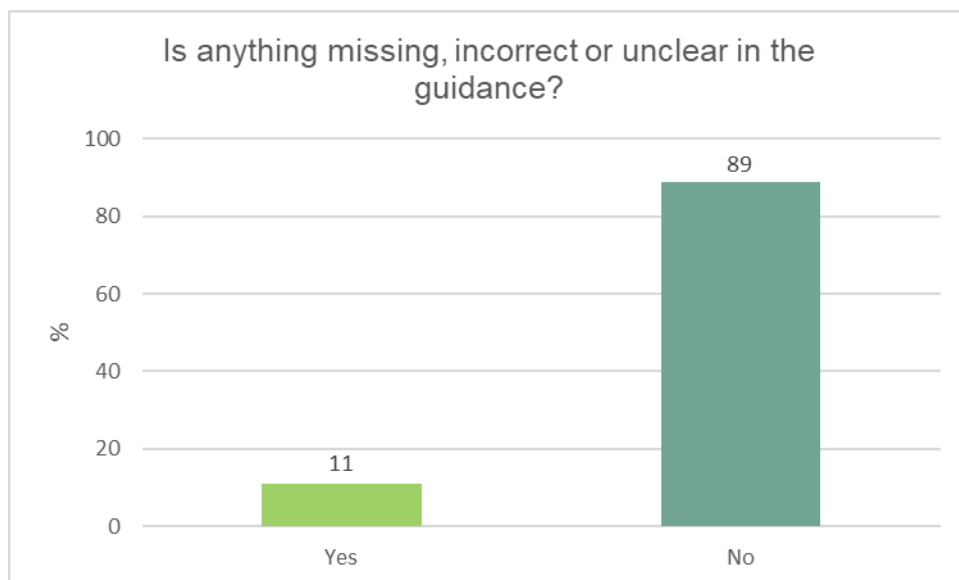
*Paragraph 35...tells registrants that they need to decide whether to notify the DVLA/DVA. But it does not explain what factors registrants should take into account when taking that decision, or how they should balance them. The following paragraph 36 merely sets out the procedural steps a registrant should take if they decide to notify the DVLA. (Association of Optometrists (AOP))*

*Under the subtitle 'Communicating effectively with patients' within Section 2, the guidance could include information about signposting. Individuals who are no longer able to drive are at risk of losing their independence (particularly those living in rural areas) and as a result are more likely to suffer from social isolation and depression. After informing a patient they may have to stop driving, registrants could helpfully signpost individuals to:*

- *Local sight loss organisations where individuals can access further information, social activities and peer support*
- *Eye Clinic Liaison Officers (if in post)*
- *Vision rehabilitation services*
- *Information about accessible transport and concessions e.g. Dial-a-Ride, Disabled Persons Railcard, Freedom Pass*
- *Access to Work, which can provide disabled people and/or people living with health conditions with grants for travel to and from work, including taxis. (Thomas Pocklington Trust)*

Patients and the public mostly did not consider that anything was missing from the guidance.

Figure 7 – “Is anything missing, incorrect or unclear in the guidance?”  
Base: Patients and the public (9)



The 11% who answered yes advised that they would like to see more information on the reasons why a patient’s GP would be notified.



### 3. Impact of applying the guidance

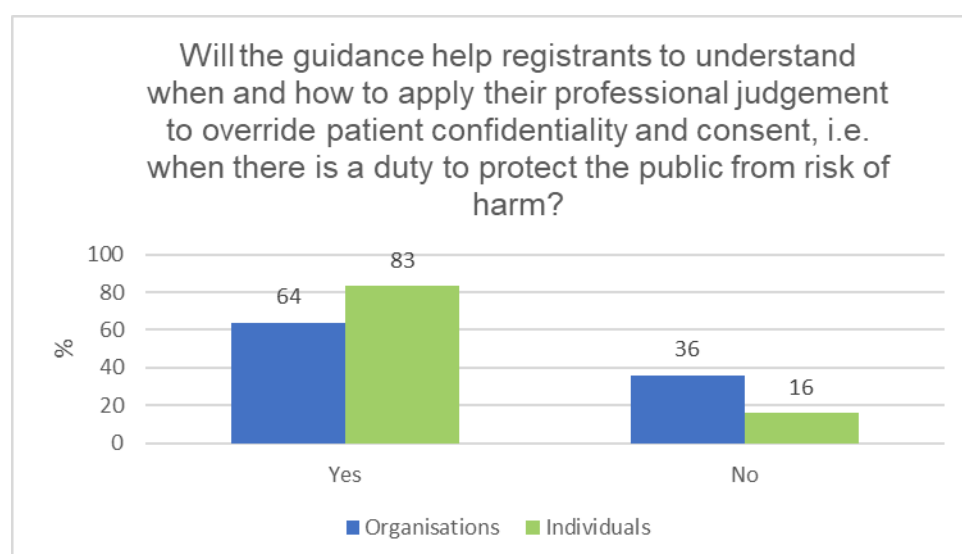
- **83%** of individual registrants thought that the guidance would **help them to understand when and how to apply their professional judgement** to override patient confidentiality and consent
- **85%** of individual registrants considered that it would give them more confidence to report directly to the DVLA/DVA and **87%** said it would give them **more confidence to share information** (where appropriate) **with other healthcare professionals**
- **75%** of individual registrants thought that the guidance would have an **overall positive impact** on patients and the public, as did 89% of patients and the public themselves
- **33%** of individual registrants thought that there were **aspects of the guidance** that could have an **adverse or negative impact on patients and the public, registrants or others**; **63%** disagreed
- **6%** of individual registrants considered that there were aspects of the guidance that could **discriminate against stakeholders** with specific protected characteristics;
- **83%** of optical businesses thought that the guidance would **help registrants in exercising their professional judgement**.

#### 3.1. Registrant confidence and understanding

We asked all respondents (except patients and the public) questions about whether the draft guidance would help to boost registrant confidence and understanding.

Figure 7 – “Will the guidance help registrants to understand when and how to apply their professional judgement to override patient confidentiality and consent, i.e. when there is a duty to protect the public from risk of harm?”

Base: Organisations (22), Individual registrants (248)





Individual registrants were very positive about the guidance helping them in the application of professional judgement in deciding when to disclose confidential information, with 83% stating that it would help them to do so. Reasons given were the clarity of the guidance as opposed to previous positions, the view that registrants are now supported by the GOC in their ability to disclose confidential information, and the provision of information on who to contact and how.

*It emphasises our duty to protect the public from risk of harm. Of course each case is different and we can always seek counsel from our optom colleagues, AOP, GOC and LOC. (Optometrist)*

*A previous grey area, eg informing DVLA of a patient's inability to reach the required standards and where the patient declines to inform them, is much clearer following the guidelines. (Dispensing optician)*

*The guidance shows a link to DVLA advice and a contact for medical advisers at DVLA to directly speak to someone if this situation arises. (Optometrist)*

*It should give a registrant confidence to know that they have the backing of the law to protect their decision making without fear of backlash. (Optometrist)*

A number of individual registrants were more guarded in their comments, stating that whilst the guidance would help them in applying professional judgement, there may still be issues. This caution was echoed by some organisations.

*The guidance is sensible and detailed. The challenge is to persuade reluctant clinicians to take responsibility. (Optometrist)*

*It will help I'm sure but in my experience presenting CET on this subject registrants are clueless. I often find that barely 5% of delegates when asked to vote on scenarios understand the law or regulations that apply - scenarios I've tested this on include this very issue - Vision to poor to drive. Also GDPR, Gillick Competency, Capacity, Consent, Confidentiality, Candour. (Other respondent - academic)*

*In theory yes. But I do fear for younger registrants who don't necessarily have the same experience and also those who work in very fast-paced (15-20 min testing) practices where there is just no time for such detail. (Optometrist)*

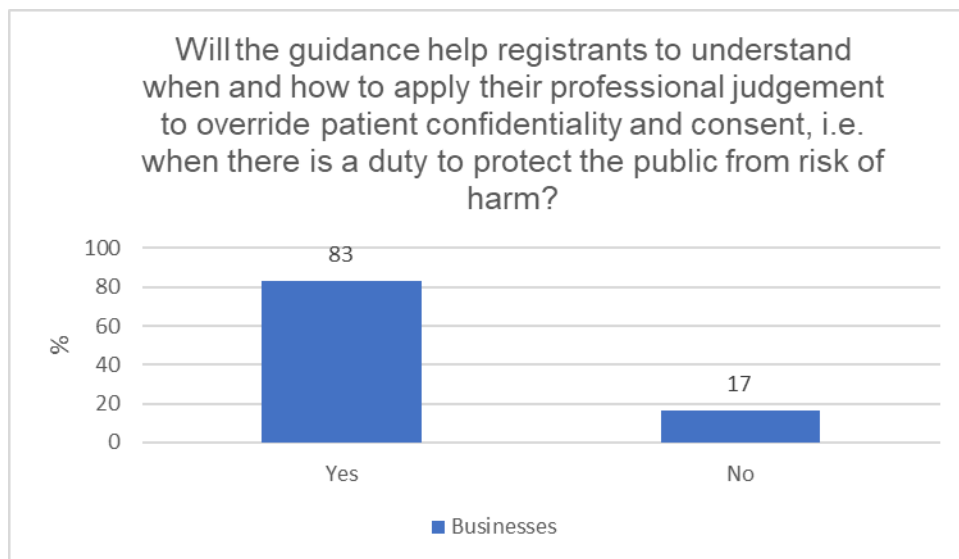
*Yes but I think there is still a reluctance to 'tell on' patients. One does expect patients to be responsible regarding their driving abilities, and it does go against the grain to report them. (Optometrist)*

Organisations were also more cautious, with 64% stating that the guidance would help optometrists and dispensing opticians in applying their professional judgement.

Organisations advised that whilst the guidance was helpful on the whole, there were potential barriers to it being as effective as possible. Reasons given were insufficient information in certain areas and a desire for more definitive instructions about poor vision and driving. When looking at optical businesses in isolation, they were more positive with 83% agreeing that the draft guidance would help registrants to exercise professional judgement in protecting the public (Figure 8)

Figure 8– “Will the guidance help registrants to understand when and how to apply their professional judgement to override patient confidentiality and consent, i.e. when there is a duty to protect the public from risk of harm?”

Base: Optical Businesses (12)



*Yes, however more detail around capacity would be beneficial. Although the GOC's consent guidance is signposted, further information around what to do if a patient lacks capacity (e.g. seeking consent from a family member) should be included within the document for clarity. (Thomas Pocklington Trust)*

*In part – case scenarios where consent is not provided would be of benefit – this would be an extension of section 16 of the guidance. (Optical business registrant)*

*We feel it is helpful for the GOC to clarify that patient confidentiality, although an important part of optometric practice, is not absolute, and to discuss situations in which this can be breached. We largely agree with the guidance[...] but agree that section 2, which is by far the most likely situation that optometrists are likely to experience, could be made clearer. (College of Optometrists)*

Where individual registrants disagreed that the guidance would be helpful in applying professional judgement (16%), 33% of these stated that more clarity in defining terms was needed. Other reasons given were the perception that disclosure was forbidden under data protection regulations, the potential for overzealousness in disclosing information when not appropriate and more information being needed for the guidance to be useful.

*Subjective view of 'risk to public'. Organisations too quick to remove rights.  
(Optometrist)*

*It is a good start, however the regulator does need to stipulate what they deem to be a danger to the public, since it is their duty to protect them. In this instance, a more prescriptive stance would be favoured over leaving to the clinician's own judgement. (Optometrist)*

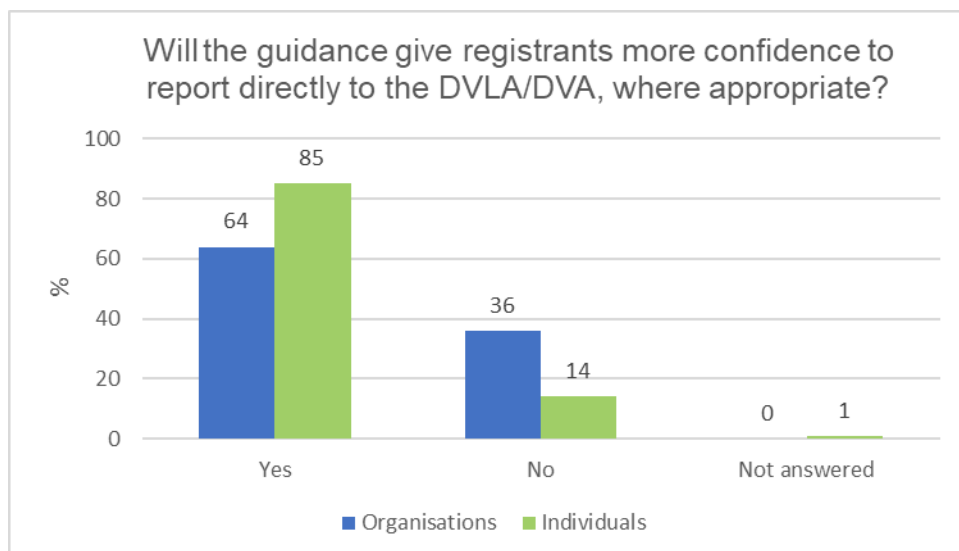
*It is stated that a registrant may, for example, inform the DVLA if a patient is unfit to drive. If they do this, without consent, could they be prosecuted under GDPR? Practitioners wish to do 'the right thing' but may fear prosecution in doing so. (Dispensing optician)*

### 3.2. Reporting directly to the DVLA/DVA

We asked all respondents (except patients and the public) whether the draft guidance would give registrants more confidence in reporting directly to the DVLA/DVA.

Figure 9 – “Will the guidance give registrants more confidence to report directly to the DVLA/DVA, where appropriate?”

Base: Organisations (22), Individual registrants (248)



Individual registrants responded mostly positively to this question, advising that the guidance would give them a confidence boost. Where there were negative responses, these were related to the difficulties faced in relying on patients to be honest; fear of complaints/prosecution; the variability of the sight test which may lead to inaccurate results and discomfort in exercising professional judgement.

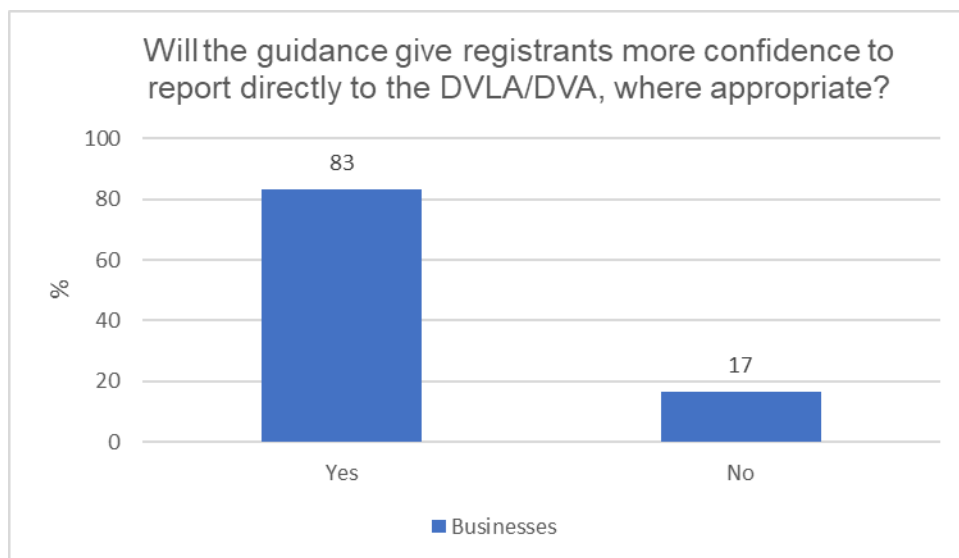
*There have been instances in the past when I've wanted to inform the DVLA but not known where I stand from a GDPR point of view. I feel more confident how to act now. (Dispensing optician)*

*Previously it was not encouraged to report to the DVLA and the feeling was that we shouldn't unless there was an extreme case. This will encourage us to be able to do this without feeling uncomfortable. (Optometrist)*

Organisations were again less confident in this area, with 64% agreeing that the guidance would give optometrists and dispensing opticians more confidence in reporting to the DVLA/DVA and 36% disagreeing. Within this grouping, however, optical businesses were markedly more confident with 83% stating that the guidance would give registrants more confidence to report directly to the DVLA/DVA (see Figure 10).

Figure 10 – “Will the guidance give registrants more confidence to report directly to the DVLA/DVA, where appropriate?”

Base: Optical Businesses (12)



Of organisations who disagreed, reasons given were the lack of assurances in the guidance of what would happen if a registrant decided to override confidentiality.

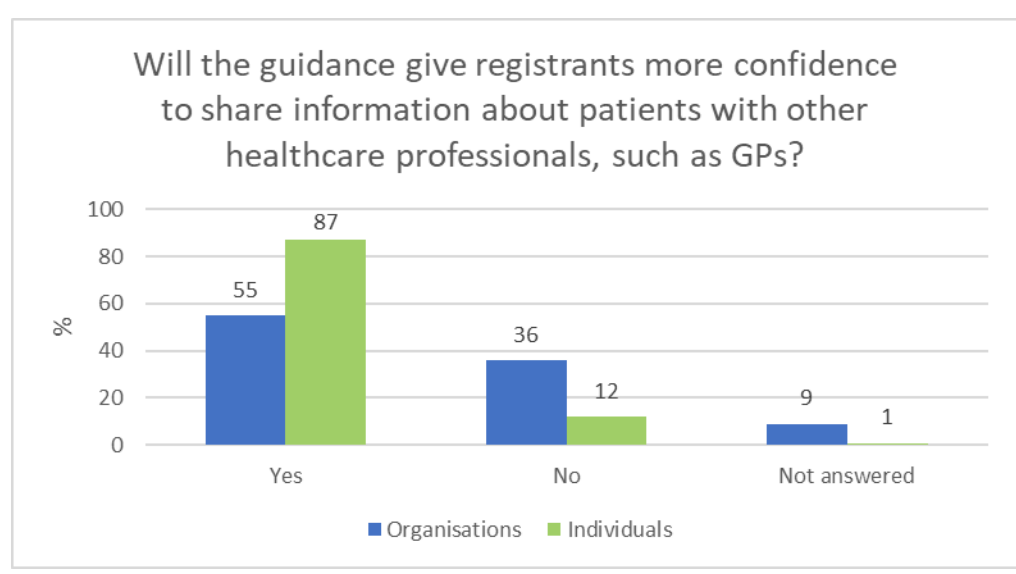
*It is still too grey, and would be useful to know what would be the worst case scenario if we breached confidentiality in circumstances where the GOC felt it wasn't in the public's best interest. Scenarios may be helpful to add to the guidance. (Duncan and Todd Opticians)*

*Whilst the guide is useful in explaining the process for reporting if a registrant decides in their professional judgement to override patient confidentiality, it does not provide reassurance that should a clinician report anyone who is significantly below the visual standard for driving and therefore a road safety risk they won't face the threat of action for breach of confidentiality. We are of the opinion that reporting in the public interest, for example where a driver poses a risk on the roads to themselves and others, should outweigh confidentiality. (Brake – road safety charity)*

### 3.3. Sharing information with other healthcare professionals

We asked all respondents (except patients and the public) whether the draft guidance would give registrants more confidence to share information with other healthcare professionals.

Figure 11 – “Will the guidance give registrants more confidence to share information about patients with other healthcare professionals, such as GPs?”  
Base: Organisations (22), Individual registrants (248)



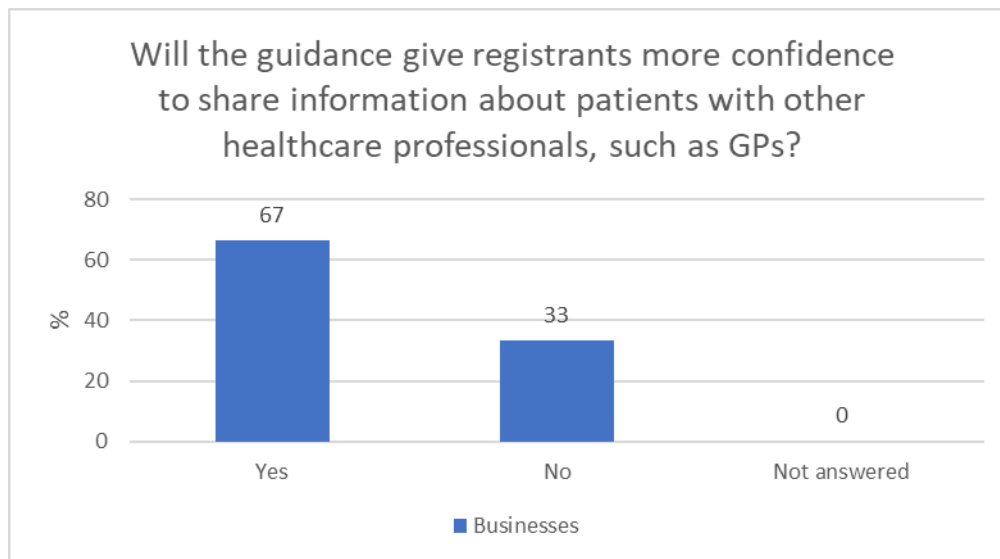
Whether registrants responded yes or no to this question, they advised that they either did this already under the principle of implied consent, or that they would have more confidence to do so. Of those who responded they were less confident,

they identified issues relating to failure to act on information received by the other healthcare professional or more detail on what information should be shared being necessary.

Organisations were less positive overall than individual registrants, with 55% stating that the guidance would improve confidence in information-sharing with other healthcare professionals. When looking at optical businesses in isolation, the response was slightly more positive at 67% (Figure 12).

Figure 12 – “Will the guidance give registrants more confidence to share information about patients with other healthcare professionals, such as GPs?”

Base: Optical Businesses (12)



Optical businesses in particular expressed a desire for more information in the guidance about what to do when disclosing to GPs.

*A qualified yes – it might be helpful to provide more reasoning around why the GP should be notified (e.g. because of concerns about the patient’s general well-being/concerns of the impact that cessation [of driving] may have on their mental health/GP may be more aware of any carer responsibilities that they have). (Specsavers)*

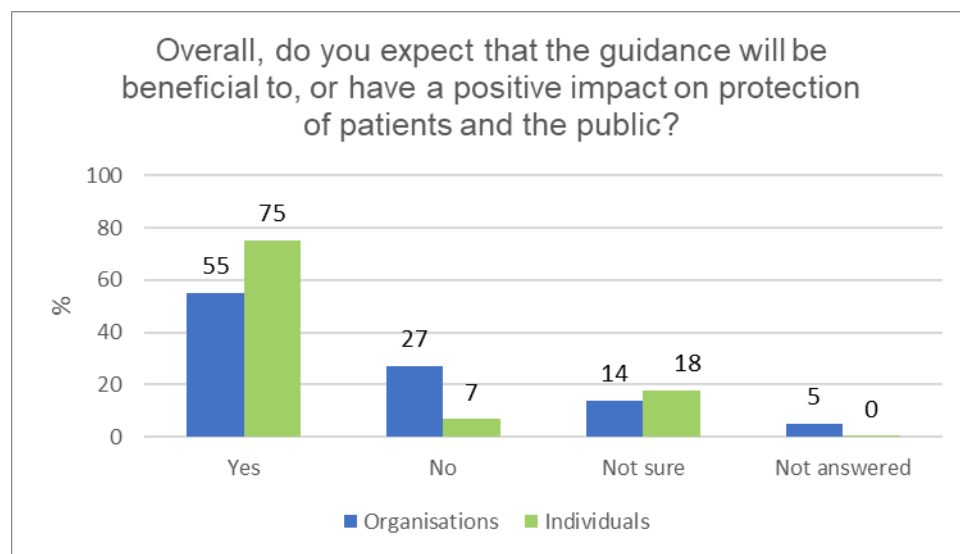
*It doesn’t state if we can inform the GP without consent and in which circumstances – is this when public at risk too? The comment on informing the GP is too short. (Duncan and Todd Opticians)*

### 3.4. Potential for positive impact

We asked all respondents whether they expected the draft guidance to have a positive impact on various groups.

Figure 13 – “Overall, do you expect that the guidance will be beneficial to, or have a positive impact on protection of patients and the public?”

Base: Organisations (22), Individual registrants (248)



A majority of individual registrants thought the guidance would have a positive impact on public protection, although almost a fifth were unsure. Those who considered it would have a positive impact spoke mostly about patients who are unfit to drive.

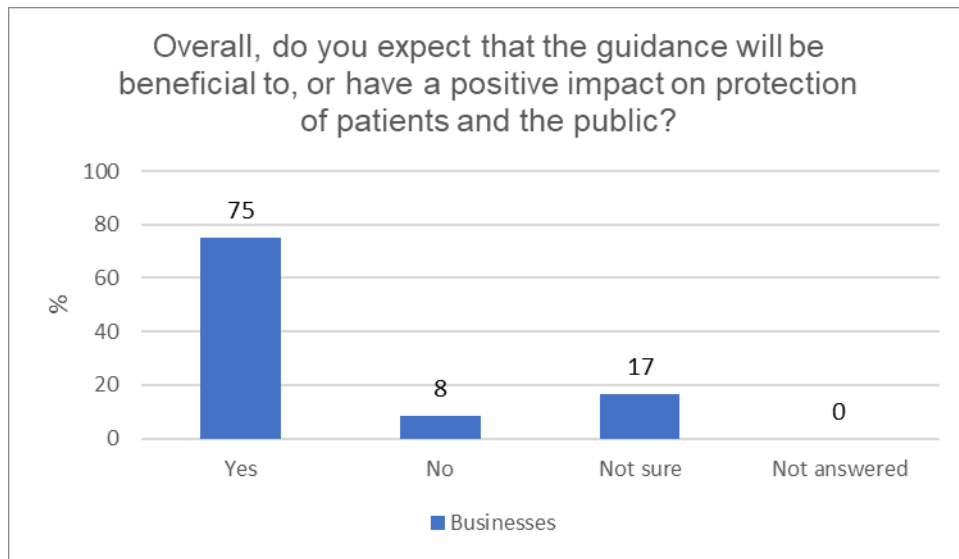
*It will keep all professional members putting patients first and foremost.  
(Dispensing optician)*

*The patients it affects would not agree, but it will make the roads safer and if even one life is saved, it would be worth it. (Dispensing optician)*

Organisations were less confident (55%) although there was no consensus as to why this was the case. When considering optical businesses in isolation, they were more positive (75%), though with some reservations about the scope of the guidance, i.e. that it would only apply to those seeking eye care and not those who were not under the care of optometrists or dispensing opticians (Figure 14).

Figure 14– “Overall, do you expect that the guidance will be beneficial to, or have a positive impact on protection of patients and the public?”

Base: Optical Businesses (12)



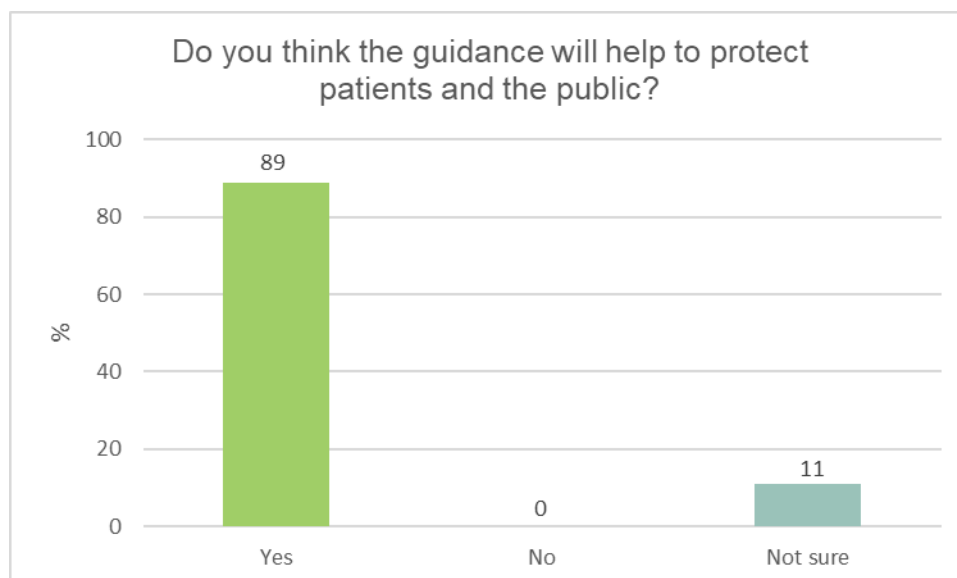
*The guidance is a good thing, but would still only safeguard those that actually attend for an eye exam. Making eye examinations compulsory for continued licence/insurance would provide better protection. (Philip Bradley Opticians)*

*We might be taking care of one patient but if this protects others, then the guidance is beneficial to all. (Optical business registrant)*

Patients and the public thought that the guidance would have a positive impact.

Figure 15 – “Do you think the guidance will help to protect patients and the public?”

Base: Patients and the public (9)

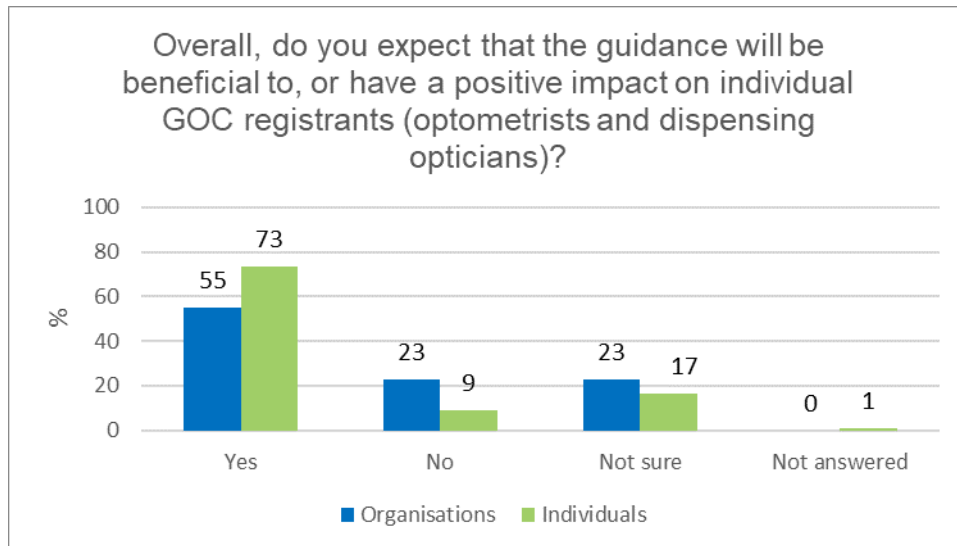




An equal proportion of individual registrants also thought that the guidance would have a positive impact on them.

Figure 15 – “Overall, do you expect that the guidance will be beneficial to, or have a positive impact on individual GOC registrants (optometrists and dispensing opticians)?”

Base: Organisations (22), Individual registrants (248)



Reasons for this were similar to those given in response to the question about registrants being given more confidence to report directly to the DVLA/DVA, – that the guidance would give registrants more confidence and clarify what their responsibilities are to patients. Where there was disagreement, this was mainly due to fear of potential litigation.

*As optometrists we will feel we are acting lawfully by passing on the information as opposed to feeling we are snitching. We will know we are doing ‘the right thing’.* (Optometrist)

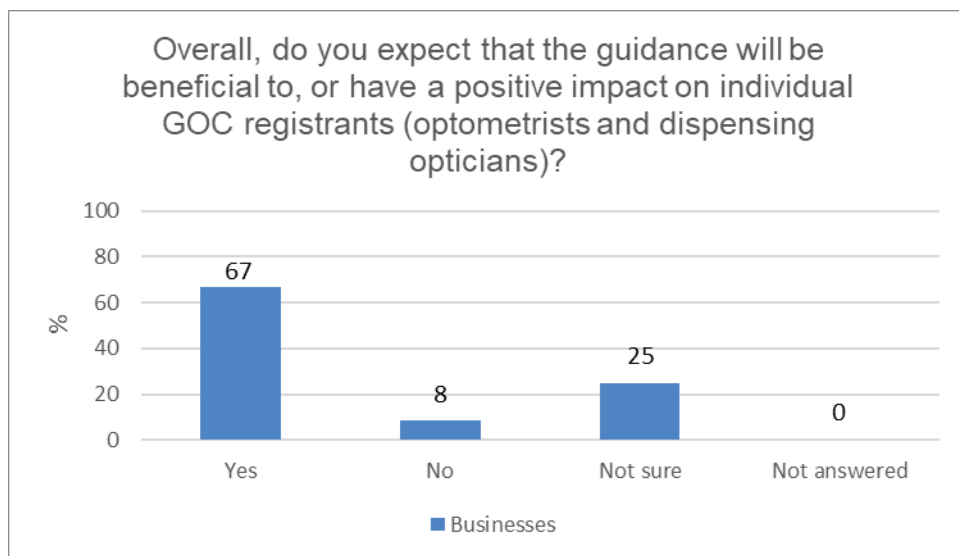
*I feel it will open up the routes of communication between relevant professional groups in a safe and appropriate manner.* (Dispensing optician)

*It creates a situation where optometrists face protracted conflict and potential breach of confidence claims.* (Optometrist)

The response from organisations was more mixed, with slightly more respondents being uncertain about a positive impact on individual registrants (23%). Within this grouping, again optical businesses were more positive about the potential for positive impact, with 67% anticipating that there would be a positive impact on individual registrants (Figure 16).

Figure 16 – “Overall, do you expect that the guidance will be beneficial to, or have a positive impact on individual GOC registrants (optometrists and dispensing opticians)?”

Base: Optical Businesses (12)



Some considered that the guidance made it very clear what a registrant would have to do as part of the decision-making process; others still had concerns about compliance with General Data Protection Regulations (GDPR).

*The guidance makes every step clear. (Optical business registrant)*

*It will be beneficial because there is clear guidance but the fear of a GDPR breach may remain. (Optical business registrant)*

Organisations' views on the whole were more cautious than those of optical businesses, with 55% stating that the guidance would have a positive impact on individual registrants.

*RoSPA hope that providing this clearer guidance will give GOC registrants the confidence to disclose confidential information about their patients in situations where they may need to do so. The guidance sets out the procedures that they should follow both when disclosing information with or without the patient's consent. (Royal Society for the Prevention of Accidents (RoSPA))*

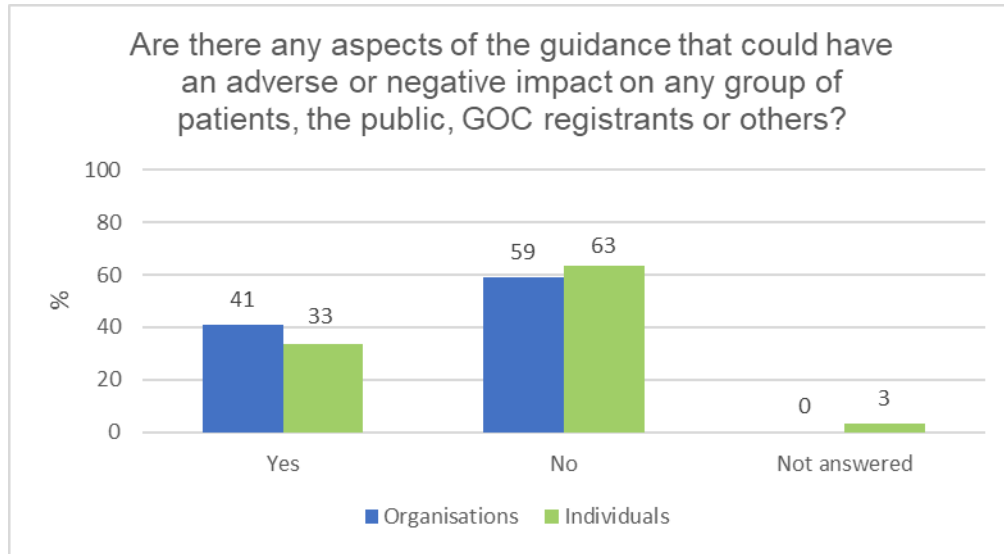
*With respect to section 2, the way the guidance is currently written this has the potential to make limited difference to the primary care optometrist because it is not explicit enough. (Optometry Northern Ireland)*

### 3.5. Potential for adverse impact

We asked all registrants (except patients and the public) whether there were any aspects of the draft guidance that could have an adverse impact.

Figure 17 – “Are there any aspects of the guidance that could have an adverse or negative impact on any group of patients, the public, GOC registrants or others?”

Base: Organisations (22), Individual registrants (248)



33% of individual registrants considered that there were aspects of the guidance with the potential to adversely impact stakeholders. When asked to elaborate, 29% of these said that the ability of optometrists to disclose information to the DVLA/DVA about drivers’ poor eyesight might act as a deterrent to patients seeking a sight test, which could mean that more people continued to drive when they shouldn’t and therefore adversely impact public safety. This concern was echoed by a number of the professional associations.

A further 22% of those answering yes to this question said that an adverse impact could be patient unhappiness. A small number expanded upon this and felt that patient unhappiness with information being disclosed would have an adverse impact on optometrists by exposing them to complaints/litigation.

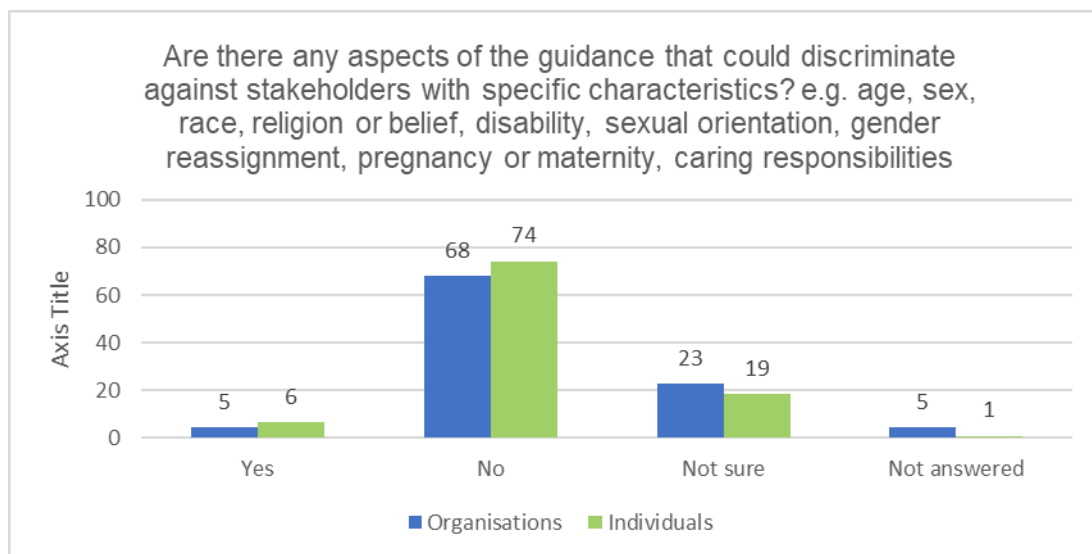
*There is a danger that patients with correctable poor vision may be deterred from seeking optometric services if they are worried that their vision is not up to standard and they feel that the optometrist may inform the DVLA of this. This may happen even if the patient’s vision may be correctable to the standard with a change of spectacles, for example. The consequence of such patients not seeking optometric advice is that they will continue driving with poor vision when this could be improved if they visited the optometrist. (College of Optometrists)*

*Some patients may not attend for eyecare because of unwarranted fears about losing their right to drive. (Optometrist)*

*Being seen as the cause of someone having to stop driving, could have a negative impact on others seeking advice, but if everyone acts similarly, and tests were compulsory, then I think the public would accept the situation. (Optical business registrant)*

Registrant respondents were also asked whether there were any aspects of the guidance that could discriminate against stakeholders, particularly those with protected characteristics (Fig.18). Markedly fewer individual registrants felt that this was the case, with only 6% responding to say that the guidance could be discriminatory.

Figure 18 – “Are there any aspects of the guidance that could discriminate against stakeholders with specific characteristics? Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy or maternity, caring responsibilities or any other characteristics.”  
Base: Organisations (22), Individual registrants (248)



Of this 6%, the majority of issues raised were in relation to the potential for age discrimination with the assertion that the older population were more likely to be affected by sight-limiting conditions that would inhibit their ability to drive safely. 74% of registrants did not see any potential for discrimination and the overwhelming view amongst them was that public safety should be prioritised above all else.

*Safety of all other road users must come first. If you want to drive, you must be as capable as possible of doing so safely. (Optometrist)*

*Using driving for example...regardless of race, sex, age etc you must ensure you are safe to drive and will not become a danger to others. DVLA have set the standard and upon applying for their driving licence, the public agree to inform DVLA of any changes. All this guidance does is ensure this happens without prejudice. (Dispensing optician)*

*Given the importance of the safety of the general population, I can't see that there could ever be any question of credible accusations of discrimination. (Optometrist)*

#### 4. Promoting the wider issue

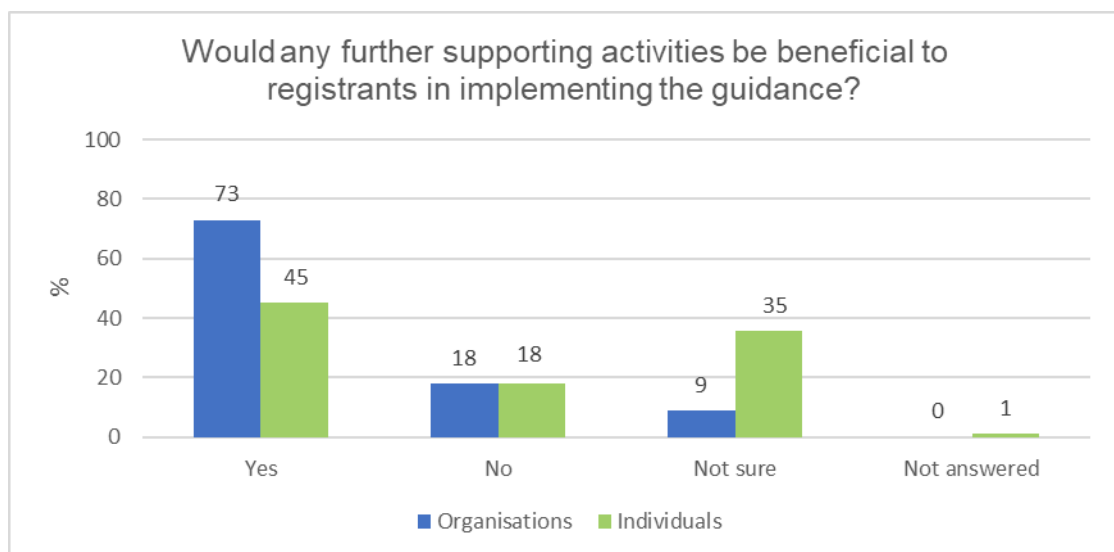
- **45%** of individual registrants and **65%** of businesses agreed that further supporting activities would be helpful to them in implementing the guidance, the most popular being Continuing Education and Training (CET), patient-facing publicity and case studies
- **60%** of survey respondents thought that the GOC could do more to promote the issue of vision and safe driving, with the most popular suggestion by far being campaigning for mandatory sight testing at regular intervals, as well as further requests for patient-facing publicity and TV adverts

#### 4.1 Support for implementing the guidance

We asked all respondents (except patients and the public) whether any supporting activities would be useful to help registrants to implement the guidance.

Figure 19 – “Would any further supporting activities be beneficial to registrants in implementing the guidance?”

Base: Organisations (22), Individual registrants (248)



Individual registrants were keen to see further supporting activities to help them implement the guidance, with 45% advising that these would be beneficial to them.

*A leaflet to provide the patient with which explains the situation and to include the DVLA contact details. (Optometrist)*

*An online webinar with case discussions would be useful. (Optometrist)*

*Maybe learning videos with examples or CET-type opportunities. (Optometrist)*



Many potential activities were suggested, with the most popular being continuing education and training (CET) on the subject; patient-facing publicity and case studies. Other suggestions included template documents to use to report a patient to the DVLA/DVA, a GOC advice line for registrants to call for assistance and a roadshow to raise awareness of the guidance.

When answering this question, some individual registrants sought explicit assurance that fitness to practise proceedings would not be instigated against registrants who disclosed information in accordance with the guidance. In a similar vein, the Association of Optometrists asked for assurance that a registrant’s attempt to follow the guidance would be taken into consideration if a complaint was received about that registrant.

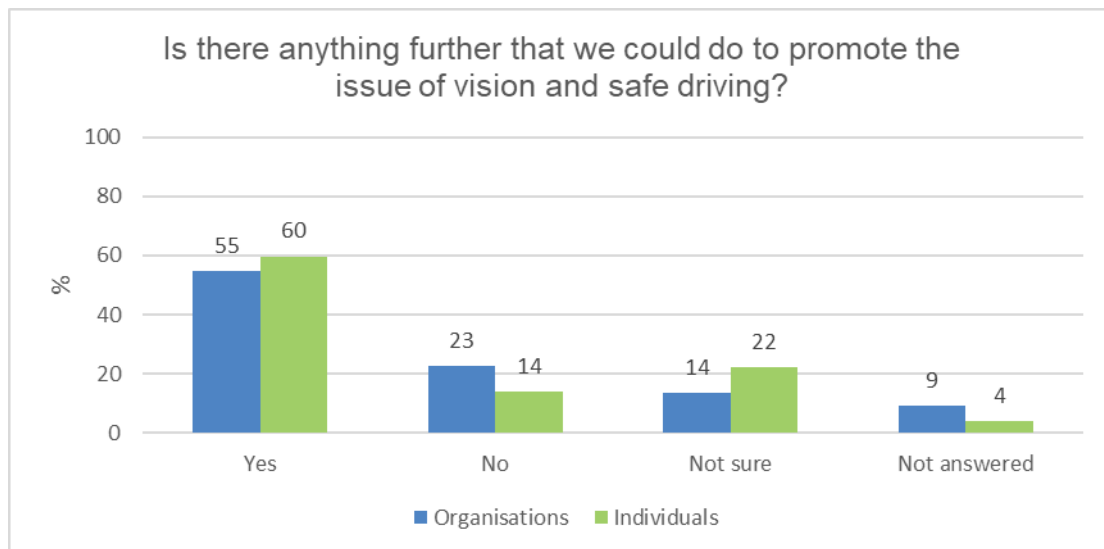
*A guarantee that no optometrist will face an FTP investigation for notifying the DVLA or others based on this guidance. (Optometrist)*

*We therefore suggest that section 2 of the guidance should be amended to...confirm that if a registrant attempts to follow this decision-making process, this will be taken into account in any subsequent FTP investigation into concerns about breaches of patient confidentiality. (Association of Optometrists (AOP))*

#### 4.2 Promoting vision and safe driving

Figure 20 – “Is there anything further that we could do to promote the issue of vision and safe driving?”

Base: Organisations (22), Individual registrants (248)



60% of individual registrants thought that the GOC could undertake further work to raise awareness of the link between vision and safe driving – 25% of whom said that patient-facing publicity could be produced and 25% said that the GOC should campaign for mandatory sight testing for drivers on a regular basis.

Other activities suggested were information in the optical presses, a definition of 'acceptable vision' and TV advertising.

*Lobby for compulsory regular eye examinations for all drivers, at more frequent intervals for older drivers. (Optometrist)*

*Promote regular checks, possibly enforce a certificate system of adequate vision to be sent to the insurer. (Optometrist)*

*Produce a leaflet for us to give to patients who are unfit to drive explaining what action needs to be taken. (Optometrist)*

Where registrants did not feel there was anything further to be done to promote the issue, a number said that this was because it was not the GOC's role to do so.

*The GOC role is regulatory not clinical. Other areas of promotion are more clinical. (Optometrist)*



## **5. Conclusions and recommendations**

Respondents to the survey raised a number of similar issues, irrespective of background or demographic, and definite themes can be identified. Whilst there was broad support for guidance in this area both across the sector and outside it, there is a clear need to make some amendments to the guidance in its current form to make it more useful to registrants and allow them to fulfil their duty of protecting the public.

### **Building confidence in using professional judgement**

In response to a number of questions in the survey, registrants expressed discomfort with using professional judgement to make a decision on whether confidential information about patients should be disclosed, and implied that they would be more comfortable with definitively being told what to do.

Recommendation 1: Consider how the guidance can be made clearer, whilst still allowing flexibility to accommodate the fact that each case will be different, and whether there are any additional activities that could be undertaken to build registrants' confidence in exercising their judgement.

### **Using language to make expectations clearer**

A number of key stakeholders advised that the guidance would be more useful if language was made more precise so that registrants could better understand when they should take action to protect public safety.

Recommendation 2: Consider where language could be made more specific (such as using 'should' rather than 'consider') and, where this cannot be done, considering how supporting communications could be used to land the message of what's expected of registrants.

### **Practical advice for making decisions to disclose information**

Key stakeholders also expressed a desire for more content in the guidance on what factors should be taken into consideration when deciding whether or not to disclose confidential information about a patient.

Recommendation 3: Consider setting out a structured approach for registrants to follow when making such decisions and how practical tips could be incorporated into the guidance.

## **Further activities to support implementing the guidance and the wider issue of vision and safe driving**

Multiple suggestions were made by respondents to the survey as to how the guidance could be supported and implemented for the benefit of everyone working in optical practice, and how the wider issue of vision and safe driving could be promoted, particularly amongst patients and the public.

Recommendation 4: Consider the suggestions made and the potential for working with stakeholder organisations on shared initiatives to promote patient safety in this area.

Recommendation 5: Consider whether any supporting activities are needed to implement the guidance, in particular Continuing Education and Training (CET) and multimedia.

## Annex 1: all unused graphs

This annex contains all unused graphs, relating to patients and the public.

### Public

Figure 22 – “Would you expect your optician to share personal information about you with your GP?”  
Base: Patients and the public (9)

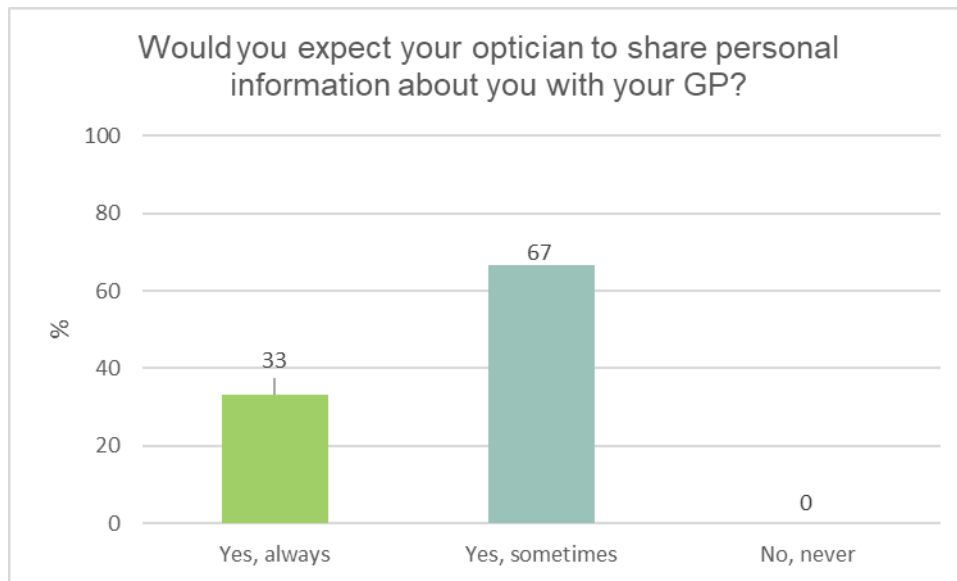


Figure 23 – “If your optician thought that your eyesight meant you were not fit to drive, who would you expect them to tell about this?”  
Base: Patients and the public (9)

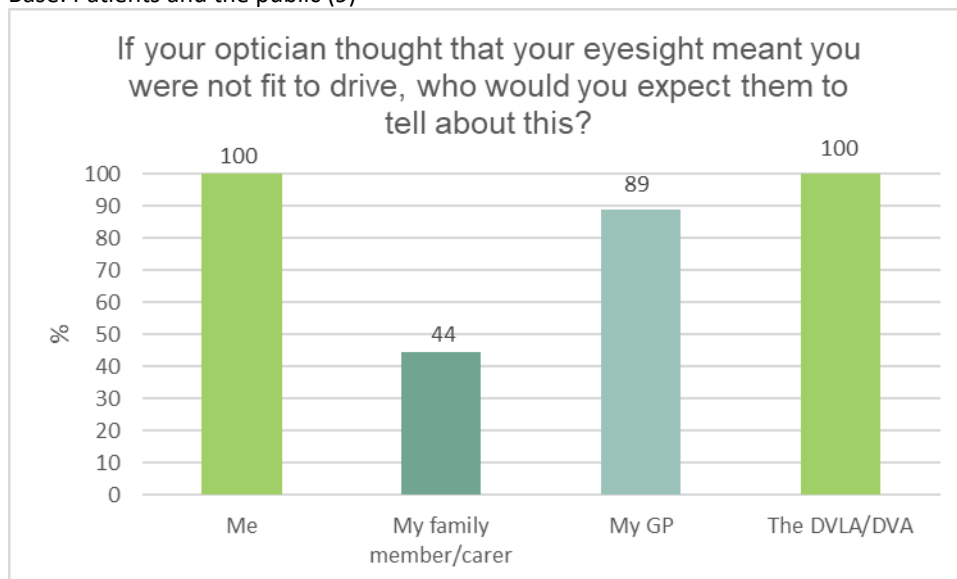


Figure 26 – “Do you think it is reasonable that an optician can pass on information about you when there is a 'public interest' reason?”  
Base: Patients and the public (9)

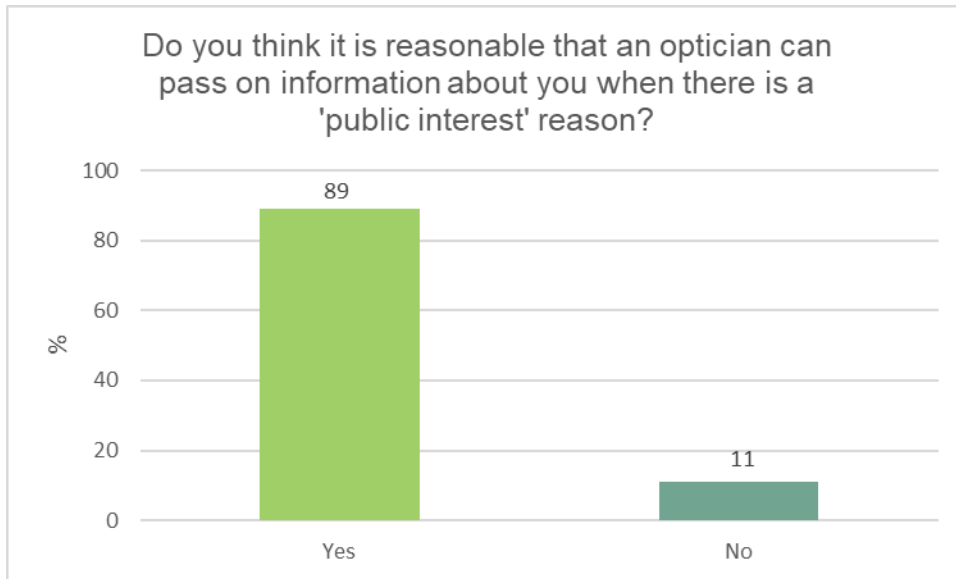
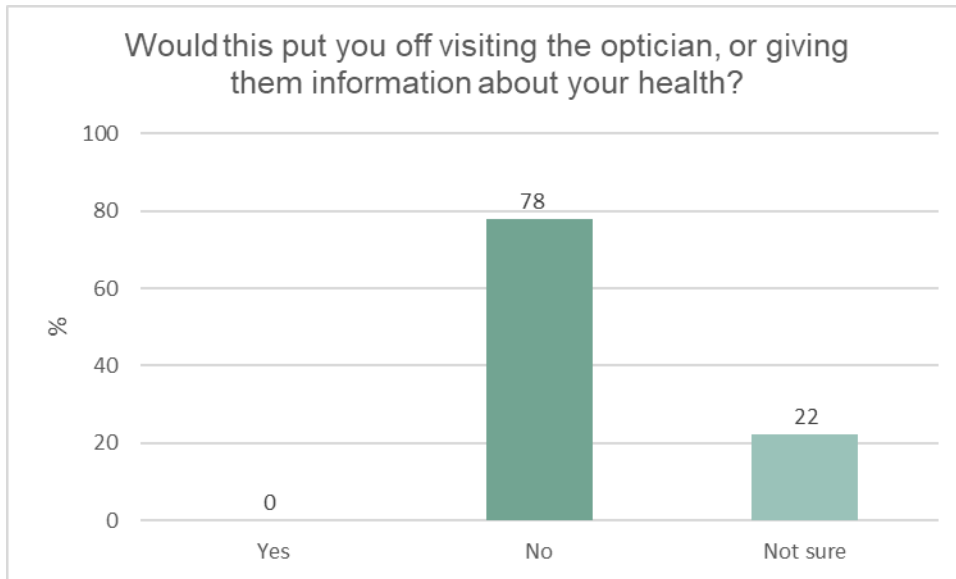


Figure 29 – “Would this put you off visiting the optician, or giving them information about your health?”

Base: Patients and the public (9)



## Annex 2: respondent demographics

This annex contains graphs to illustrate respondent demographics. Providing this information was voluntary and where a respondent has chosen not to answer, this has been documented. These questions were asked of all respondents to the survey, including organisations. Where organisations have responded, we have considered that the responses represent the individual completing the consultation rather than being representative of the organisation.

Figure 30 – “Gender”

Base: All respondents (280)

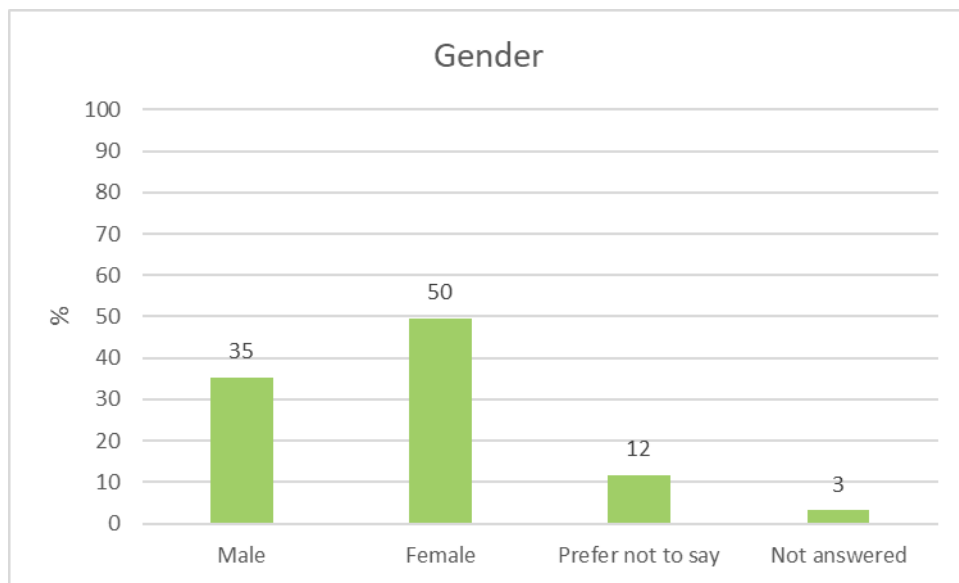


Figure 31 – “Age”

Base: All respondents (280)

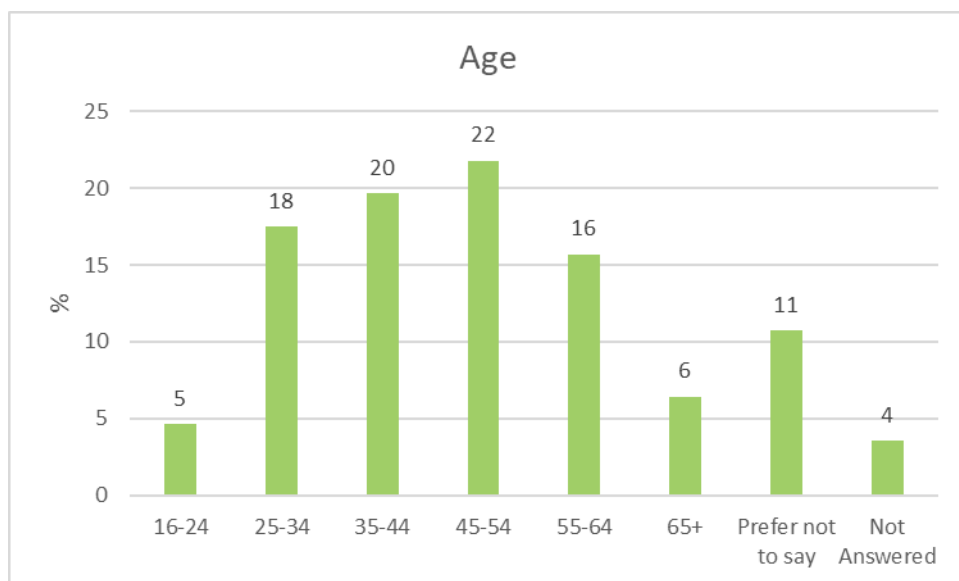


Figure 32 – “Sexual Orientation”  
Base: All respondents (280)

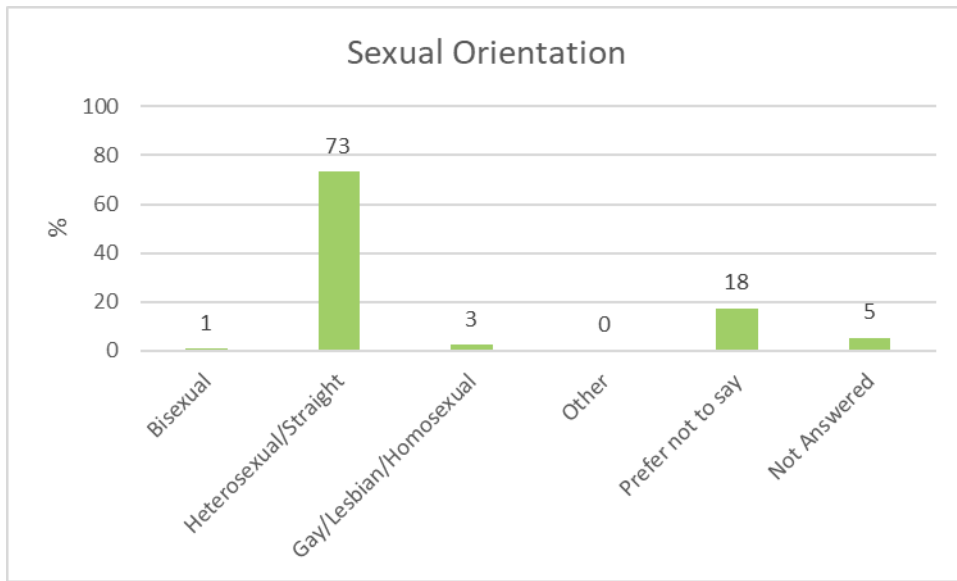


Figure 33 – “Disability”  
Base: All respondents (280)

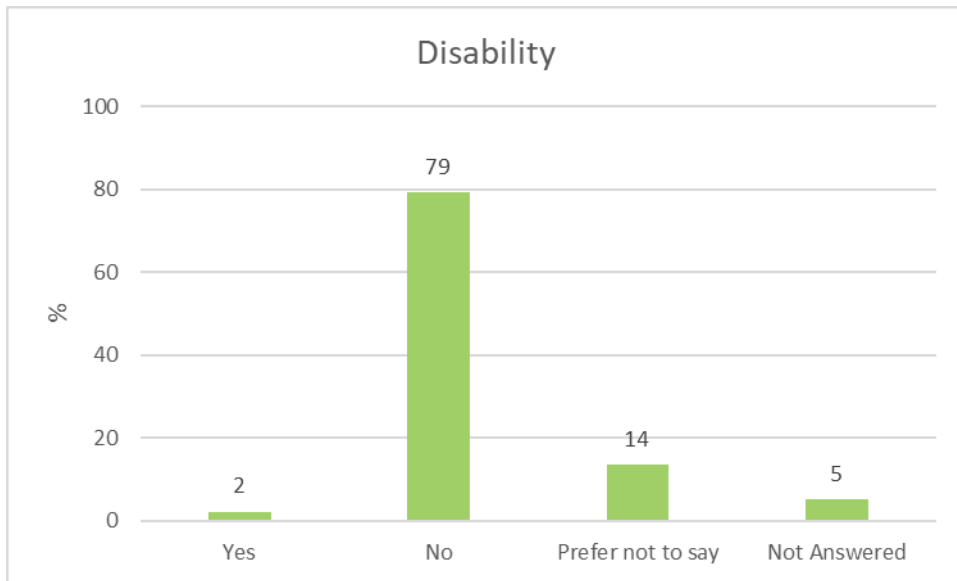


Figure 31 –

Figure 34 "Gender identity: my gender identity is different from the gender I was assigned at birth."  
Base: All respondents (280)



Figure 35 "Pregnancy/maternity: are you pregnant, on maternity leave, or returning from maternity leave?"  
Base: All respondents (280)

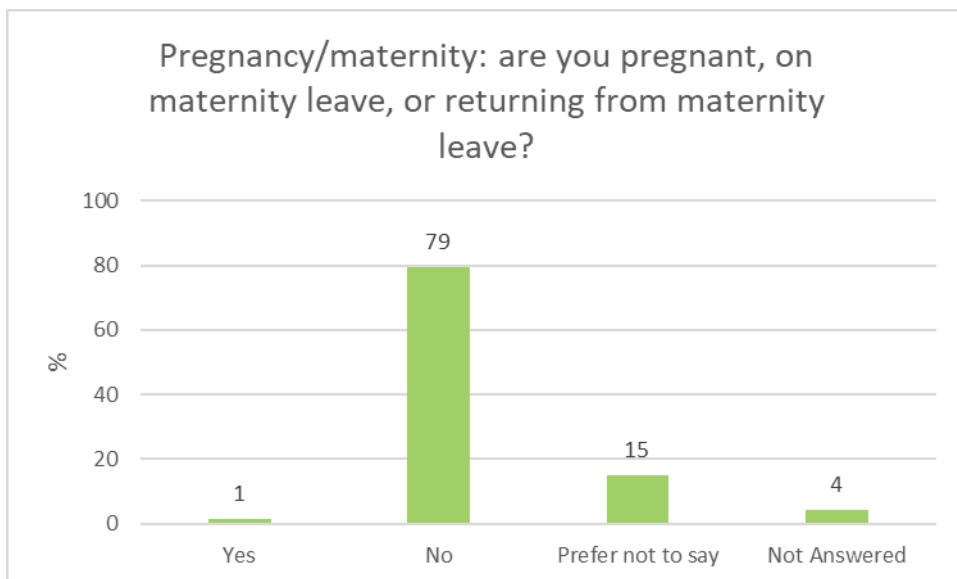




Figure 36 "Ethnicity"  
 Base: All respondents (280)

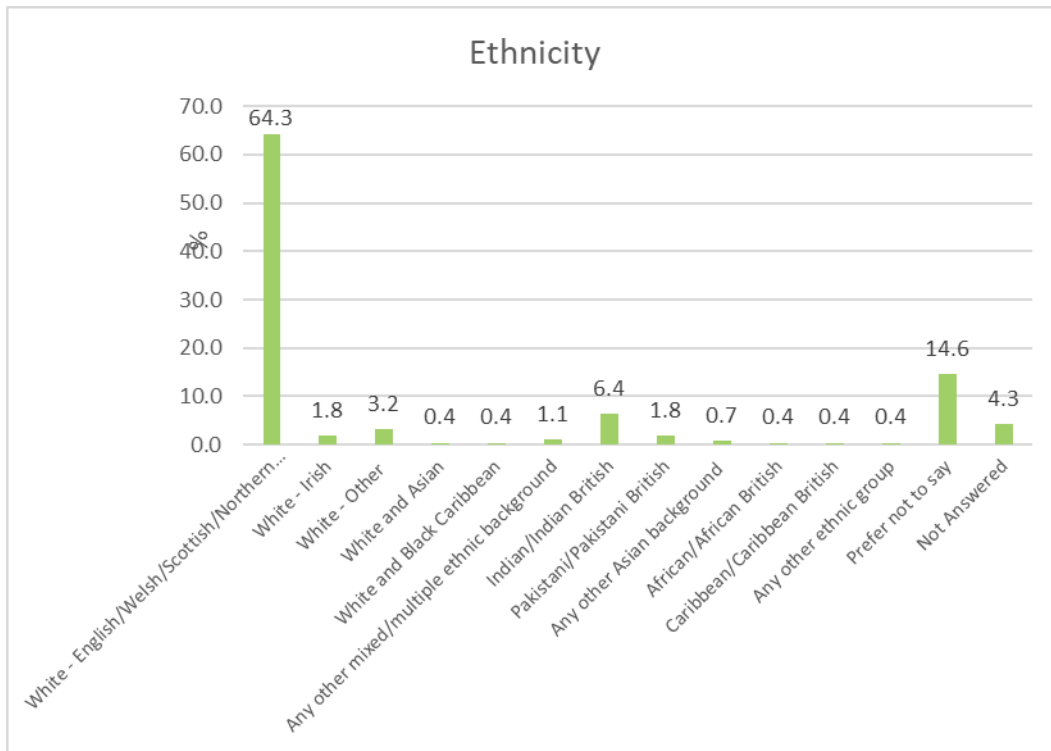


Figure 37 "Marital Status"  
 Base: All respondents (280)

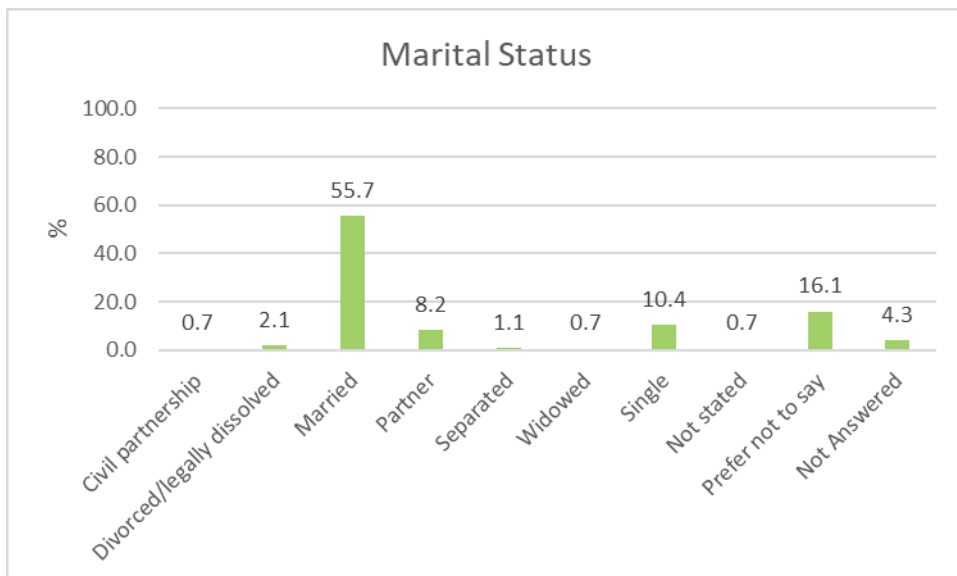


Figure 38 "Carer Responsibilities"  
 Base: All respondents (280)

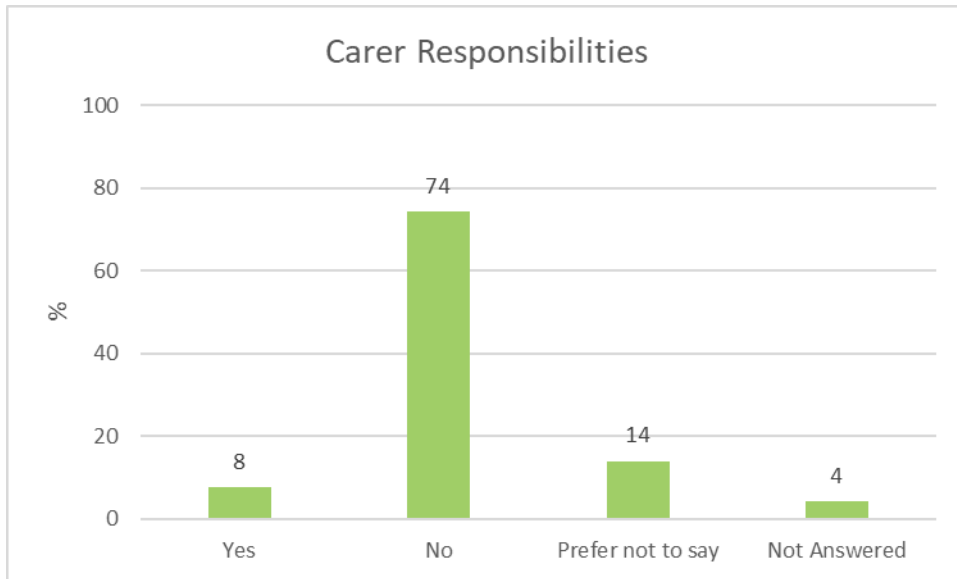


Figure 39 "Religion/belief"  
 Base: All respondents (280)

