Standards for optometrists, dispensing opticians and optical students

Consultation report

Prepared for:

General Optical Council

June 2015

Contents

1. Executive summary

1.1 Introduction

The General Optical Council (GOC) has developed new standards of practice for its registrants, one set being for fully qualified optometrists and dispensing opticians, and the other for optical students. Collaborate Research was commissioned to conduct a comprehensive stakeholder consultation on these new standards which took place between 16th March and 7th June 2015. In addition to a public consultation, there were a number of research-based activities designed to achieve a robust and representative response from a range of stakeholders. The overall consultation programme is summarised below:

Figure 1.1

Stakeholder group	Method and responses	Dates and locations
Range of stakeholders	Consultation questions published on the GOC's website, with responses possible via an online form or by email, post or telephone - 206 responses received: 165 from optometrists; 17 from organisational stakeholders; 7 from patients or members of the public; 5 from dispensing opticians; while no students responded (the remaining 12 responses were other or unclassified).	16th March – 7th June, UK-wide
Registrants	Online quantitative survey with an email invitation sent to all individual registrants with email addresses held by the GOC and reminder emails also sent - 1,888 responses received: 1,070 from optometrists; 439 from dispensing opticians and 384 from students (includes 5 who were both DOs and students).	14th April – 8th May, UK-wide
Registrants	11 x 1 hour group discussions – 48 registrants participated	Optrafair, Birmingham 18th - 19th April
Students	2 x 2 hour group discussions – 11 students participated	5th May – Birmingham 8th May – London

Stakeholder group	Method and responses	Dates and locations
GOC Fitness to Practise (FTP) personnel	1 x 1 hour group discussion with FTP staff and 1 x 2 hour group discussion with FTP decision makers – 23 FTP personnel participated	24th March – FTP staff in London 29th April – FTP decision makers in London
Patients and the public	8 x 2 hour group discussions, with 7-8 participants in each, in four locations across the UK – 61 patients and members of the public participated	8th April – London 9th April – Edinburgh 15th April – Newcastle 16th April – Bridgend

This combination of the public consultation with a number of research-based strands enabled detailed responses from a range of stakeholder audiences to be collected. It also specifically made it possible for the views to be reflected of those who did not respond to the public consultation in significant numbers or at all (such as patients and members of the public, dispensing opticians and students). Through this multi-strand consultation approach there has been representation of different stakeholder audiences in different ways:

- Optometrist registrants: via the public consultation, registrants' survey and registrants' qualitative research.

- Dispensing optician registrants: via the registrants' survey, registrants' qualitative research and a small number of responses to the public consultation.

- Student registrants: via the registrants' survey and students' qualitative research.

- Organisational stakeholders: via the public consultation.

- GOC's FTP personnel: via the FTP personnel qualitative research.

- Patients and the public: via the patients and public qualitative research and a small number of responses to the public consultation.

1.2   Key findings

This section presents a cross-cutting analysis of findings. It draws from each of the strands of the consultation to provide an overall thematic summary of responses to the key questions asked. Areas of both consensus and divergence, such as by consultation strand and/or stakeholder group, have been identified.

1.2.1 The GOC's new approach to standards

A. Understanding of the new approach

Most stakeholders agreed that the standards framework makes clear the GOC's new approach. However, some qualified and student registrants wanted more information on the GOC's rationale for change, including what issues the standards had been designed to address and what benefits or improvements were expected. In addition, patients and members of the public required significant contextual explanation before they were able to comment on the new standards; this was due to their narrow understanding of the optical professions and low awareness of current optical regulation.

B. Support for the new approach

At a consultation strand level, those responding to all of the research-based strands were broadly in support of the GOC's new approach, while the majority of respondents to the public consultation were opposed. By stakeholder group, this translates to most dispensing optician and student registrants being fully or partly supportive, and the response from FTP personnel and patients/the public also being mainly positive, albeit with some reservations. However, the response from optometrist registrants was mixed, with the majority who responded to the registrants' survey being supportive but the majority of respondents to the public consultation being opposed. In addition, while most organisational respondents were supportive, some opposed the new standards.

Registrants who supported the new approach felt it would provide greater clarity about the standards expected of optical professionals, and lead to higher and more consistently applied standards of practice. In particular, it was felt that the new standards are clear and comprehensive; enable registrants to apply their own judgement to situations; provide clarity about the GOC's expectations; and can be expected to promote higher standards of patient care. Organisations that were in support of the new standards shared these views. In addition, students were particularly positive about the specific guidance provided in the detailed sub-clauses. However, some reservations were raised even among those in support of the standards about the feasibility of implementation. In particular, some respondents expressed concern about the potential effects of financial pressures and time restraints in commercial practice on the ability of individual registrants to comply with the standards.

FTP personnel felt that the new standards would be more directly applicable to their cases than the current Code of Conduct as they are more specific and felt to be less open to interpretation. However, some FTP personnel felt that it was ambiguous whether the standards constituted only minimum standards or also best practice and that this ambiguity could be problematic in judging cases.

For patients and the public, the main public-facing role for the standards was perceived to be in relation to those who have experienced problems or are considering making

complaints; for this group and purpose the standards were expected to be a useful reference. However, there was a mixed personal reaction to seeing the standards initially. Some felt favourable towards them as they perceived the standards to clarify what they can expect from the optical professions. However, for others, exposure to the new standards created doubts because they were prompted to think about issues that they had not previously considered in relation to professions that they had been largely satisfied with.

Those registrants and organisations opposed to the new approach made the following points of objection:

- The standards were perceived to be unfair and expected to be ineffective because businesses are not currently subject to standards.

- Some individual standards were perceived to be unachievable either because they are outside the control of individual registrants or otherwise unrealistic.

- Separate standards for students were not perceived to be required.

A further reason for not supporting the new approach was that other parts of the optical sector, such as unregistered staff and unlicensed sellers, would not be covered. This led some to question the effectiveness of the standards and raised concerns about potentially placing a disproportionate burden on individual registrants.

C. Support for two sets of standards

The range of support and opposition for there being two sets of standards, one for qualified registrants and one for students, was consistent with that recorded for the previous question:

- Most of those responding to the research-based strands where this was asked[1] were in support of two sets of standards, while the majority of respondents to the public consultation were opposed.

- Most stakeholder groups were supportive of two sets of standards, with students being particularly so, but a mixed response was received from optometrist registrants, with some in support and some opposed, and some organisations were also opposed.

Registrants who were in favour of a separate set of standards for students felt that this would provide greater clarity about specific expectations for those who are not yet registered and would prevent students from 'overstepping' their level of competence.

Students themselves liked that the students' standards recognise their different status compared to qualified registrants. They were also positive about how close to the qualified registrants' standards the content is. This similarity was felt to give them clear

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[1] This question, and some others that follow, was not asked in the focus groups of patients and the public as it was felt that they lacked the detailed understanding of optical professions and practice to be able to judge; with this audience the focus was mainly on patient outcomes.

guidance on what they should be aiming for and to help them to make the transition to being a fully qualified practitioner.

FTP personnel supported separate standards for students because they felt these define the limits of responsibility and clarify situations in which students should get support from supervisors. However, there was a view expressed that some of the requirements on students may be too onerous and place them under undue pressure (e.g. to ensure they are adequately supervised and with respect to whistleblowing).

The reasons for opposing two sets of standards were mixed and not all amongst the opponents raised in-principle objections to there being two sets of standards. Some were opposed because they felt that the requirements of students, as currently drafted, might be too onerous and create too much pressure on them. Others felt that there should be one set of standards for all registrants, or that the two sets of standards should actually differentiate between optometrists and dispensing opticians, whether practitioners or students. Still another group did not feel that students should be subject to any standards (which is not possible under the GOC's regulatory responsibilities with respect to its registrants, which currently include students).

D. Extent to which the standards convey the GOC's expectations

The pattern of response to the question of whether 'the standards make it clear what the GOC expects of its registrants' was similar to that received for the previous two questions:

- Most of those responding to the research-based strands where this was asked agreed that the new approach had successfully conveyed the GOC's expectations, while the majority of respondents to the public consultation did not.

- Most stakeholder groups agreed that the new approach made clear the GOC's expectations, but a mixed response was received from optometrist registrants and some organisations also disagreed.

One specific reason for perceiving greater clarity with these standards is that they were perceived to be significantly more detailed and specific than the current Code of Conduct.

Conversely, a reason for perceiving that the standards do not make sufficiently clear the GOC's expectations is that some specific areas of ambiguity were perceived within the detail of individual standards (as is covered in Part H below). There was also a view that it was not clear to what extent these are minimum standards (that they 'must do') and/or a tool for helping them achieve best practice (that they 'should aim to do'). In addition, some were concerned that certain of the standards may be too onerous or outside the individual registrant's control, and therefore difficult to meet in practice.

1.2.2 The content of the new standards

E. Perceived comprehensiveness and flexibility

Views were sought both on 'whether the standards covered all relevant areas of optical practice and/or optical training', and whether they are 'sufficiently flexible to accommodate any changes in practice and education that may occur in the next five years'.

On the first of these questions, the pattern of response received was again similar to that received for the previous questions:

- Most of those responding to the research-based strands where this was asked agreed that the standards are sufficiently comprehensive, while the majority of respondents to the public consultation did not.

- Most stakeholder groups felt that new standards were comprehensive, but a mixed response was received from optometrist registrants and some organisations also disagreed.

The view that the standards are sufficiently comprehensive was partly driven by not being able to identify any notable omissions or gaps. Another reason for this view was that both clinical and conduct-related issues are represented in the standards. The inclusion of issues which were perceived to be contemporary, such as safeguarding, consent, whistleblowing and wider conduct including on social media, also contributed to the standards being seen to be comprehensive in their coverage.

Conversely, among those perceiving there to be issues with the standards' comprehensiveness the main perceived omissions did not relate to the content of the standards but to the previously expressed view that these standards are limited as they do not cover all who operate within the optical sector (particularly business registrants, but also unregistered staff and unlicensed sellers). There were also some who felt the standards were too comprehensive, in the sense of being too onerous or not being relevant to all registrants (e.g. dispensing opticians, those not working in clinical practice).

By comparison, stakeholders who responded to the question of whether 'the standards are sufficiently flexible' were in broad accord that they are. However, this was on the proviso that it is difficult to anticipate what changes that could affect the standards might be on the horizon. In addition, students felt that the student standards would remain relevant to them throughout their education and training.

F. Perceived clarity, accessibility and ease of use

Stakeholders were asked for their views on the standards' clarity, accessibility and ease of use. The pattern of response here was again similar to that received for most of the previous questions, except that in this case the qualitative research with public and patients also indicated that there were some issues with clarity and accessibility:

- Most registrants and others within the optical sector who responded to the research-based strands agreed that the standards are clear, accessible and easy to use, while majority of respondents to the public consultation did not and some accessibility issues were also identified in the groups with patients/members of the public.

- Most stakeholder groups felt that new standards were clear, accessible and easy to use, but a mixed response was received from optometrist registrants, some organisations did not agree and some patients and members of the public also felt the standards could benefit from being simplified for use by the general public.

Stakeholders who felt that the standards are clear, accessible and easy to use commented that the new standards are, in their view, clearer and more precise than the current Code of Conduct.

In addition, FTP personnel felt that the right balance has been struck in the main between providing more detail (compared to the Code of Conduct) but not being overly prescriptive. However, some potential difficulties were also perceived by FTP personnel, such as the subjectivity of judging appropriate conduct (especially in relation to kindness and compassion). There were also some instances where individual standards were felt to stray too far into the 'how' as well as the 'what' (e.g. in the area of record keeping).

Stakeholders who disagreed that the standards were presented in a way that is clear, accessible and easy to use did not raise any significant issues with the perceived accessibility of the language. However, some felt that the length of the document, combined with the lack of thematic structuring of the individual standards, made the standards documents challenging to navigate and that the standards themselves less easy to recall than they might be if there were thematically arranged. In addition, the requirements with respect to some standards were perceived to be ambiguous. There was also a view expressed that the standards would not be easy to use because they were perceived to be too prescriptive and/or onerous.

The responses in the groups with patients and public suggest that the standards, while comprehensible, are not particularly user friendly for lay audiences. This is due to the length of the document, lack of thematic groupings and the technical subject matter in some instances. There was a suggestion made for a simplified version to be provided for patients and the public, perhaps in the form of a 'patients' charter'. There was also interest in being provided with information on the optical professions apart from standards, such as relating to the qualifications and ongoing training of practitioners, and what to expect from an eye test.

G. Perceived gaps, incorrect or unclear aspects

Stakeholders' views were also sought on whether there is 'anything missing, incorrect or unclear in the standards'. The pattern of response received to this question was as follows:

- Few issues were raised in most of the consultation strands where this was asked, but those responding to the public consultation and the FTP sessions did identify some perceived issues.

- Most stakeholder groups did not raise substantive issues, but some optometrist registrants, organisations and FTP personnel did identify some perceived issues.

Perceived missing elements

The main perceived missing elements did not relate to the content of the standards themselves but to the view, as expressed previously, that business registrants especially, and also unregistered staff and unlicensed sellers, should be subject to standards as well.

There was also a view expressed that the expected behaviour of patients, and particularly what is unacceptable, should also be clarified within the standards, as it is in the NHS and other parts of the public health sector.

Another suggestion was for the standards to mandate a minimum time for eye tests as some felt that time pressures in this area will be a key barrier to implementation of the standards.

There were also calls for more clarification and guidance on some individual standards (as outlined in Part H of this section), as well as about how compliance will be monitored once the standards are implemented.

In addition, there were some specific points made by FTP personnel. These included the view that there was minimal coverage in the standards of serious misconduct and criminal behaviour (such as theft, drugs and alcohol) that were often present in FTP cases. There was a related suggestion to make the requirement to notify the GOC about criminal investigations explicit in the standards. Another omission perceived by FTP personnel was any overt reference to core competencies.

Perceived incorrect elements

There were no substantive errors identified in the content of the standards, but some stakeholders felt that the GOC was applying incorrect assumptions regarding the level of control individual registrants have over the equipment and processes in commercial practices, as well as over the behaviour of other (pre-registered and unregistered) staff.

Perceived unclear elements

There was a view that more clarification is required on the boundaries of responsibility between individuals and businesses, as well as to what is 'reasonable behaviour' with respect to specific standards.

H. Perceived areas requiring further clarification, guidance or support

Perceptions of areas within the standards requiring further clarification, guidance and support were explored with registrants in the research-based strands of the consultation. While only a minority in the registrants' survey identified specific guidance needs, more than half were unsure at this stage if they would require further guidance. Those who felt that they would need guidance nominated a range of channels for the provision of this guidance, including Continuing Education and Training (CET), written materials from the GOC and other organisations, and online resources. In the qualitative research, universities were also felt to have an important role in educating students on the standards. Case studies were suggested in the qualitative research as a useful approach for conveying how standards should be applied in practice.

In addition, across all the consultation strands and stakeholder groups there were consistently questions raised about the following specific standards, suggesting that more guidance is needed in these areas:

- Standard 4 – how and when consent is required through optical procedures.

- Standard 10 – the nature of supervision required and making it more explicit that this applies both to pre-registration and unregistered staff.

- Standard 12 – how to identify the signs of abuse, and the procedures and protection for whistleblowing.

- Standard 20 – how to comply with candour requirements without invalidating insurance or opening up to legal challenge.

- Conduct-related standards (1, 2, 3 and 5) – these are seen as subjective so clarification was called for on how it is possible for registrants to demonstrate that they have acted in an appropriate way.

There were also a number of broader information and support needs identified through this consultation which included:

- More on the context for the new approach and rationale for change.

- General awareness raising including support to embed the standards as a day-to-day reference point within practice.

- Ensuring that guidance is consistent across all relevant organisations providing it.

- Advice on particular considerations in applying the standards in settings other than high street practice, such as domiciliary and hospital environments, as well as in specialist areas of practice.

- Support in ensuring record-keeping is compliant, with a suggestion made that providers of optical management systems could potentially play a role by engineering out error or omission.

- Support and protection specifically for whistleblowers.

- Signposting to appropriate training, especially for aspects of the standards that are required under the law.

- Information on implementation and particularly on how the GOC plans to monitor performance and refer to the standards in FTP cases.

Two other areas for information or support were identified which are not directly related to the standards but were perceived to have a bearing on their use:

- Advice on dealing with inappropriate patient behaviour and safeguarding the practitioner.

- Potentially mandating a minimum time for eye tests in order to ensure standards can be complied with (however, others did not support this as they felt it was too prescriptive and may have other unanticipated consequences).

FTP personnel additionally identified some specific guidance and support needs associated with the application of the standards to their cases:

- A timetable for implementation and guidance on how to manage the period of time when there will be an overlap between the old Code of Conduct and new standards in relation to FTP cases.

- How to read across the old Code of Conduct to the new standards.

- How the standards link to the core competencies that FTP personnel need to refer to in order to judge cases involving clinical issues.

- How the new standards interact with the Opticians' Act 1989.

- How they should specifically use the standards to assess complaints (e.g. overarching standards vs. detailed sub-clauses and the status of the preamble).

1.2.3 Implementation and impact of the new standards

I. Confidence in ability to meet the standards

Registrants' confidence in their ability to meet the new standards was explored in the research-based strands of the consultation.

In the registrants' survey, the great majority were confident in their ability to meet the standards. However, the qualitative research provides a more nuanced picture on

confidence. Registrants regarded some of the standards as common sense but others as more challenging to apply, because the bar was set high or how to comply was open to interpretation. They also felt that the burden of responsibility for meeting these standards rested with registrants but that the environment they work in might limit their ability to comply. Some locums in particular lacked confidence in their ability to influence their working environments. Students' confidence depended on their level of experience in clinical practice, however across the board many were not confident about their ability to ensure that they are adequately supervised.

J. Any perceived issues and barriers to implementation

The question of whether there are seen to be any issues or barriers to implementation or compliance was explored in both the public consultation and research-based strands of the consultation. A number of potential issues and barriers were consistently perceived, the main ones being:

- Commercial pressures, and resultant time restrictions, limiting registrants' ability to apply the standards.

- Aspects of the standards being outside the sole control of individual registrants, either because it relates to the business or to other staff.

- The standards document being too long and unstructured which could limit people's engagement with it.

- Some of the standards being too onerous or ambiguous in terms of the requirements for compliance.

In addition, registrants felt that a key challenge for implementation would be changing habitual behaviour with respect to standards from what is now a largely reactive, case-by-case approach (i.e. seeking advice from a professional body in response to a specific issue) to one which is more proactive and embedded in day-to-day practice. They also felt that considerable effort would be required to make the standards prominent and to encourage their use as a regular reference point.

Some students felt that it is difficult to ask for supervision in some practising environments. In addition, there were indications that some of the more confident students did not see a need to ask for supervision even though they may benefit from or require it.

K. Any perceived adverse impacts or discrimination

The public consultation and research-based strands of the consultation also asked whether there are seen to be any potential for adverse impacts or discrimination. A number of potential adverse impacts were identified, mainly by some registrants and organisations responding to the public consultation:

- A focus on proving the standards have been complied with rather than ensuring the best standards of care.

- Potentially longer eye tests affecting commercial viability of practices and/or leading to increased costs to patients.

- Potentially higher rates of litigation and, in particular, that standard 20 may invalidate professional indemnity insurance.

Registrants involved in the qualitative research also raised the potential for focus on 'proving rather than doing'. Another possible impact raised was that the supervision requirements may affect how optical practices use unregistered staff.

In addition, FTP personnel felt that the stringent requirements of the standards may affect the confidence of newly qualified registrants and students.

In contrast, very few stakeholders foresaw any potential for discrimination with respect to these standards.

L. Extent to which standards are expected to meet their objectives and have beneficial outcomes

Finally, the extent to which the standards are expected to meet their objectives and have beneficial outcomes was explored. Responses to these questions correlated strongly with overall support for, or opposition to, the GOC's new approach to standards:

- Most of those responding to the research-based strands felt that objectives will be met and positive outcomes achieved, while the majority of respondents to the public consultation did not.

- Most stakeholder groups felt that the outcomes would be beneficial and in line with the GOC's expectations, but a mixed response was received from optometrist registrants and some organisations also disagreed.

Registrants who expected positive outcomes felt that this would come from removing some current areas of ambiguity and further clarifying what the GOC expects. There was also a related view that the new standards would make it easier for patients to understand what to expect from the optical professions, potentially leading to greater empowerment. However, some words of caution were expressed about whether the standards would be effective across the board because they would not apply to the whole of the optical sector. In addition, detailed guidance was felt to be needed in order to help registrants comply.

FTP personnel envisaged positive outcomes with respect to their own work, as the standards were perceived to provide a more structured framework to apply to their cases. They also hoped that the standards would ultimately lead to more focus on patients across the sector. However, they were cautious about predicting the impacts as they felt that success would depend heavily on the way they are implemented and, in particular, on the extent of guidance and support provided.

Patients and members of the public involved in the qualitative sessions concurred that the standards provide a clearer framework for the sector and one which places patients' interests at the heart. However, as a potentially public-facing document the standards were not perceived to take account sufficiently of the limits of public knowledge. That said, certain specific standards (e.g. 6, 8 and 9) were particularly important in giving participants confidence in patient care.

The reasons some registrants and organisations did not expect positive outcomes stemmed from the main reasons for objection to the standards, namely:

- That they do not cover all parts of the optical sector, including (especially) businesses, and also unregistered staff and unlicensed sellers.

- It was felt that individual registrants would not be able to comply fully because of aspects outside their control and/or aspects that are too onerous.

1.3   Conclusions

There was a high level of stakeholder engagement with both the public consultation and research-based strands of this consultation. The approach of combining different strands of the consultation in this way enabled detailed responses to be collected from a range of the GOC's stakeholder audiences.

There was a consistent pattern of views expressed across all of the questions asked in this consultation on the GOC's new approach to standards:

- Most of those responding to the research-based strands were broadly supportive, while the majority of respondents to the public consultation were opposed.

- Most stakeholder groups were supportive, but a mixed response was received from optometrist registrants, with some in support and some opposed, and some organisations were also opposed.

Those in support of the approach both endorsed the standards framework and the separate set of standards for students. They also welcomed the level of detail within the standards documents themselves as they perceived this would provide greater clarity about the GOC's expectations and ultimately lead to improved patient outcomes.

In large part, the reasons for opposition related to the broader context in which this change is being proposed, and the perceived external barriers to implementation, rather than specific concerns about the content of the standards. This suggests a need for the GOC to provide more explanation around:

- The rationale for change including why the GOC believes this to be in registrants' (as well as the public's) best interests.

- Why the standards need to cover students as well as fully qualified practitioners.

- The standards that apply currently to registered businesses and the GOC's plans also to review the business standards.

- If and how it is addressing broader issues of quality in the sector, including with respect to unregistered staff and unlicensed sellers (such as online sales).

However, there were also aspects of the standards' content itself that some respondents took issue with. Some of the standards were perceived to be too prescriptive or onerous to apply in practice. There was much debate about what respondents perceived to be a dual use of the standards to outline minimum standards and promote best practice. This was perceived to introduce a tension and require clearer deliniation between the two.

There were also perceived to be areas of ambiguity, with questions consistently raised about standards 4, 10, 12 and 20 and the conduct-related standards (1, 2, 3 and 5). These standards will require further clarification either in their drafting or in the associated guidance provided. There were also calls for the GOC to consider introducing thematic groupings to make navigation of the standards easier. In addition, patients and the public suggested that a simplified version be provided for lay audiences. A number of specific drafting changes were made by various respondents and the main themes from this input have been summarised in Appendix 1.

Even those in support of the GOC's new approach to standards believed that comprehensive guidance and support would be required if they are to be successfully implemented and achieve the GOC's objectives. A range of information, support and training needs were identified through this consultation, and the suggestions made should be considered by the GOC as part of its implementation plan.

A number of potential obstacles to implementation were also perceived and these should be examined further by the GOC to determine what measures could be put in place to overcome them if need be. One particular challenge to consider is how to engender the required behavioural change to achieve the GOC's intention for the standards to be embedded as a regular point of reference in practice.

Finally, the GOC is advised to consider the potential adverse impacts of the standards perceived by some respondents to this consultation, and what action may be required to avoid these.

2. Introduction

2.1 Background

The General Optical Council (GOC) is the regulator for the optical professions in the UK and it currently registers the following healthcare professions and organisations:

- Optometrists – approximately 14,150 registrants.

- Dispensing opticians – approximately 6,250 registrants.

- Optical students – approximately 5,150 registrants.

- Optical businesses – approximately 2,450 registrants.

- Total register – approximately 28,000 registrants.

Setting standards for optical education and training, performance and ethics is one of the GOC's four main functions and it has statutory responsibility in this area. These standards of practice need to protect and promote the health and safety of patients and the public. It is critical, therefore, that registrants understand and apply these standards. They must be clear that they need to meet these standards in order to maintain their registration, and the GOC must consider any complaints regarding their fitness to practise with reference to these standards.

The GOC currently requires its individual registrants to comply with a Code of Conduct, however it is believed that this approach has some limitations:

- The code was last published five years ago.

- It contains only high-level principles rather than a more detailed outline of the GOC's expectations.

- These principles have a limited focus on performance-related issues which creates a reliance on external guidance when the GOC is considering FTP cases.

- The same standards currently apply to optical students as they do for qualified professionals, which does not take into account that students are still in training.

In response to these issues, the GOC has developed new standards of practice which reflect information and learning it has gathered from a variety of sources. The GOC intends for the new standards to make it easer for registrants to understand what the GOC expects in terms of ethics and performance by:

- Bringing together in one place, and in an easy-to-digest format, all the information registrants need to understand the GOC's expectations.

- Providing clear statements of what is expected, by explaining what registrants must or must not do.

- Providing a flexible framework to enable registrants to use their professional judgement in deciding how to apply the standards in practice.

- Clarifying that the role of guidance produced by professional bodies and organisations is to help registrants use their professional judgement in applying the GOC's standards.

- Clarifying also that in some cases the GOC will itself provide supplementary material in order for registrants to be clear about the standards.

The GOC believes that it is important that all people potentially affected by the new standards are able to provide feedback on them. This includes patients and the public; registrants; optical, healthcare and other relevant organisations; and GOC staff. A consultation process was therefore set up to seek views of a range of stakeholders.

2.2 Objectives

The overarching aim of this consultation is to ensure that the final standards deliver against their intent, which is that they are clear and accessible, suitable for the optical context and have a positive impact on practice. In order to gauge this, stakeholder views have been sought in the following areas:

- The GOC's new approach to standards:

   o Understanding of the new approach;

   o Support for the new approach;

   o Support for two sets of standards; and

   o Extent to which the new approach conveys GOC's expectations.

- The content of the new standards:

   o Perceived clarity and accessibility;

   o Perceived comprehensiveness and flexibility;

   o Perceived gaps, incorrect or unclear aspects; and

   o Perceived areas requiring further guidance.

- Implementation and impact of the standards:

   o Confidence in the ability to meet the standards;

   o Any perceived issues and barriers to implementation;

   o Any perceived adverse impacts or discrimination; and

> o   Extent to which standards are expected to meet their objectives and have beneficial outcomes.

The responses to the consultation will be used to help the GOC to refine the content and presentation of the standards, as well as work on an implementation plan.

2.3   Consultation approach

The GOC's approach to consultation with its stakeholders is set out in its Consultation Framework[2]. In addition, the GOC undertakes consultations with reference to the principles of good regulation from the Better Regulation Executive, namely that they are proportionate, targeted, consistent, transparent, accountable and agile.

Collaborate Research was commissioned to run this consultation on an independent basis, and the consultation process took place between 16th March and 7th June 2015.

This consultation was designed to be more proactive than a standard public consultation in order to ensure that a robust and representative response from a range of stakeholder groups would be provided. As such, in addition to the public consultation, a range of other qualitative and quantitative research strands were undertaken with specific stakeholder groups. The approach taken with each element of the consultation is summarised below.

Figure 2.1 – Consultation approach summary

Stakeholder group	Method and responses	Dates and locations
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Registrants	11 x 1 hour group discussions – 48 registrants participated	Optrafair, Birmingham 18th - 19th April
Students	2 x 2 hour group discussions – 11 students participated	5th May –Birmingham 8th May – London
GOC FTP personnel	1 x 1 hour group discussion with FTP staff and 2 x 2 hour group discussion with FTP decision makers – 23 FTP personnel participated	24th March – FTP staff in London 29th April – FTP decision maker in London
Patients and the public	8 x 2 hour group discussions, with 7-8 participants in each, in four locations across the UK – 61 patients and members of the public participated	8th April – London 9th April – Edinburgh, Scotland 15th April – Newcastle 16th April – Bridgend, Wales

In addition to the above strands, the GOC gained feedback on the new standards from its own governance mechanisms, including its Standards Committee, Education Committee, Registration Committee and Companies Committee, through a series of meetings. The GOC was also responsible for publicising the consultation to stakeholders including through correspondence, meetings, its website and professional organisations.

With the exception of the GOC's own consultation with its internal committees, Collaborate Research has analysed data from all strands of the consultation, including both public consultation and research responses, to ensure the independence and impartiality of this report.

More detail on each of the research and consultation that Collaborate Research managed through this process is provided below.

2.3.1 Public consultation

A set of consultation questions was developed which included both closed (yes/no) and open-ended questions. These were published on the GOC's website alongside a pack to set out the context and rationale for the new standards and this consultation. Stakeholders could respond via an online form or by email, post or telephone between 16th March and 7th June, 2015.

In total, 206 responses were received. These were mainly from optometrists (165) and organisational stakeholders (17). Very few responses from patients or members of the public (7) or from dispensing opticians (5) were submitted and there were no student respondents (the remaining 12 responses were other or unclassified). Most people who responded used the questionnaire provided on the GOC's website (200), and most of these were submitted online (192).

The analysis of the public consultation responses is included in Section 3 of this report. This section includes numeric findings of the closed questions (where a response had been given) and a thematic analysis of responses to the open questions and other feedback provided. Examples of typical verbatim responses received have also been included.

Further details on the public consultation are included in Appendix 2. This includes a profile of respondents (by stakeholder type and equality and diversity measures), the consultation questions and a list of respondents who gave permission for their name to be published.

2.3.2 Quantitative research with registrants

An online survey was developed with the aim of reaching a wider cross-section of registrants than might otherwise have responded to the consultation. A 10-15 minute questionnaire was developed which included a mixture of closed (rating style) and open questions. Collaborate Research sent an email inviting all individual registrants – including optometrists, dispensing opticians and students – to complete an online survey between 14th April and 8th May 2015. This survey was also publicised by the GOC.

In total, 1,888 survey responses were received, including from 384 students, 439 dispensing opticians and 1,070 optometrists (5 who were both optometry students and dispensing opticians which accounts for difference between the total response and responses for each category). As such, this survey reached a much larger group of registrants than the public consultation and has enabled the views of students and dispensing opticians in particular to be represented as very few dispensing opticians and no optical students responded to the public consultation. In addition, the survey included a cross-section of responses in terms of demographics (gender, age, ethnicity); location across the UK; type of practice (including those involved in high street and other practices, those employed full-time and part-time, those permanently

employed, working as locums or self-employed practice owners) as well as length of time practising.

An analysis of findings from the registrant survey is presented in Section 4 of this report. Any sub-group differences that are reported in this document are statistically significant, which means that we can be confident they are real differences in response between sub-groups.

Further details on the registrant survey are contained in Appendix 3. This includes a detailed profile of respondents and the questionnaire used.

2.3.3 Qualitative research with registrants

Qualitative group discussions were conducted with registrants at Optrafair in Birmingham on the 18th and 19th April 2015. Optrafair was selected as the venue for the qualitative research with registrants because it is the largest industry conference and therefore a cost-effective way to engage a large number of registrants in discussion about the new standards.

The 1-hour sessions were accredited with 3 CET points to incentivise participation and were advertised to conference attendees alongside the other CET accredited training. The sessions were designed to run on a self-selection basis, without quotas applied, and they were filled on a first-come first-served basis.

A total of 48 registrants attended the sessions, including 31 optometrists and 17 dispensing opticians. While no quotas had been applied, the sessions represented both men and women, and a variety of age groups. They included both recently qualified registrants and more experienced practitioners. In addition, there were participants represented who own their own practice, work in high street practices (including locums) and those working in other settings. Participants also came from a range of geographical locations and represented a variety of ethnicities.

Each session comprised between 4 and 10 participants, depending on attendance rates. The draft standards and the standards framework were emailed to participants in advance of the sessions so that they could familiarise themselves with the information before attending. Copies of the current Code of Conduct were also provided in the group discussions to enable comparisons to be drawn. The sessions themselves were facilitated by experienced Collaborate Research moderators who referred to a semi-structured discussion guide.

A thematic analysis of findings from this qualitative strand with registrants is contained in Section 5 of this report. The discussion guide used to facilitate discussion, along with case studies that were referred to, are contained in Appendix 4.

2.3.4 Qualitative research with students

The GOC wrote to all its student registrants to invite an expression of interest in participating in two student focus groups, one aimed at dispensing optics students in

Birmingham on 6th May 2015 and the other aimed at optometry students in London on 8th May 2015.

This was followed up by telephone calls and emails to each of the training institutions for optometry and dispensing optics to encourage students to participate. Places on the focus groups were allocated on a first-come, first-served basis, initially selecting one student from each of the different institutions and ensuring that there was a range of different year groups represented. The remaining places were then offered to other students expressing an interest. There was greater interest expressed by optometry students than dispensing optics students and therefore the session in Birmingham was expanded to allow optometry students to attend if they wished, due to the session in London being over-subscribed.

The final sample was as follows:

- Birmingham: 4 attendees, including 3 dispensing optics students and 1 optometry student.

- London: 7 attendees, all optometry students but covering a range of course stages and universities.

Participants were provided with the standards framework and the new standards of practice for students prior to the discussions. As with the qualitative research with registrants, these student sessions were facilitated by experienced Collaborate Research moderators, who asked a number of open-ended questions using a semi-structured discussion guide.

A thematic analysis of findings from this qualitative strand with students is contained in Section 6 of this report. The discussion guide used to facilitate discussion, along with some case studies that were referred to, can be found in Appendix 5.

2.3.5   Qualitative research with FTP personnel

One x 1 group discussion was held with FTP staff on the 24th March 2015 and one x 2 hour discussion with FTP decision makers took place on the 29th April 2015. The discussions were arranged by GOC staff, but were conducted in an independent location by Collaborate Research on a confidential basis.

There were 12 attendees at the Fitness to Practice staff focus group on 24th March. Attendees were drawn from a wide range of FTP roles, including both senior personnel and caseworkers.

Participants at the decision maker group discussion were drawn from:

- Investigation and Investigating Committee members;

- Fitness to Practise hearing panel members; and

- Independent advisors to FTP panels and performance assessors.

In total 11 people attended the decision makers' group discussion, including both those with clinical expertise and lay panel members.

All participants were provided with copies of the standards framework and the new standards prior to attending the discussions. As with the other qualitative research strands, these sessions with FTP personnel were facilitated by experienced Collaborate Research moderators, who asked a number of open-ended questions using a semi-structured discussion guide.

A thematic analysis of findings from this qualitative strand with FTP personnel is provided in Section 7 of this report. The discussion guide used to facilitate discussion, along with case studies that were referred to, can be found in Appendix 6.

2.3.6 Qualitative research with patients and members of the public

Collaborate Research conducted 8 x 2 hour group discussions with patients and the public across England, Scotland and Wales. Participants were purposively recruited using on-street recruitment to the following specification:

Session	Location	Most recent visit to optician/optometrist	Age	SEG
Group 1	London	More than 2 years ago	18-24	ABC1
Group 2	London	Less than 2 years ago	25-39	C2DE
Group 5	Newcastle	More than 2 years ago	25-39	ABC1
Group 6	Newcastle	More than 2 years ago	40-54	C2DE
Group 3	Edinburgh	Less than 2 years ago	55+	ABC1
Group 4	Edinburgh	Less than 2 years ago	18-24	C2DE
Group 7	Bridgend	Less than 2 years ago	40-54	ABC1
Group 8	Bridgend	More than 2 years ago	55+	C2DE

Patients were defined as those who have visited an optician in the past 2 years, while members of the public are those who have visited more than 2 years ago. Those who have never visited an optician were not included in the sample because they would not have any direct experience of an optician on which to base the discussion.

In addition to these criteria the following specification was followed in recruiting participants:

- Even gender balance in each group.

- A mix of ages in each age band.

- A mix of professions and working statuses was obtained across the whole sample.

- 1-2 participants in each location were partially sighted and/or had some eye health problems e.g. glaucoma, cataracts, dry eyes etc.

- All had visited an optician for a sight test/appointment and not just to view/buy glasses.

- In the patients groups (people who visited an optician in the past 2 years), at least 3 per group used glasses and/or contact lenses to correct vision.

A total of 61 people participated in these discussions, each of which was facilitated by an experienced Collaborate Research moderator. The extended length of the sessions (2 hours rather than a standard 90 minute focus group) enabled a 'deliberative' approach to be taken where the participants were provided with some initial information about the optical professions and the GOC to provide some background ahead of the discussion about the new standards. There was also an initial exploratory element where participants were asked about their experiences and views of opticians to provide context for their later responses to the standards.

In addition to being asked to discuss open-ended questions in the round, participants were given some tasks to complete individually or in breakout groups to help ensure the issues would be explored fully.

A thematic analysis of findings from this qualitative strand with patients and the public is provided in Section 8 of this report. The discussion guide used to facilitate discussion, along with the stimulus and tasks, can be found in Appendix 7.

2.3.7 Cross-cutting analysis

In addition to the strand-by-strand analysis that follow in this report, a cross-cutting thematic summary and conclusions have been presented in the Executive Summary that precedes this section. There is also a cross-cutting analysis of the main standard-specific feedback in Appendix 1, while the GOC has been provided with all detailed feedback on the individual standards.

3. Public consultation responses

3.1 Summary

- In total, 206 responses to the public consultation were received. These were mainly from optometrists and organisational stakeholders. Very few responses from patients or members of the public or from dispensing opticians were submitted, and there were no student respondents.

- The majority of those responding to the consultation did not agree with the GOC's approach to setting standards (25% supported, 66% did not). In addition, most did not agree with having separate standards for students (27% agreed, 64% did not) or believe the new standards provide clarity about the GOC's expectations (28% agreed, 64% did not).

- The majority of opposing views were from individuals who supported the Association of Optometrists' (AOP) response, with around two-thirds citing this verbatim. Key points in this response include the view that without standards also for businesses these standards for individual registrants are unfair and ineffective; that not all standards are achievable either because they are not in the control of individual registrants or otherwise unrealistic; and that separate student standards are not necessary.

- In addition, lack of coverage of unregistered staff and unlicensed selling (such as online) was perceived to be a limitation of these standards.

- With respect to the content of the standards, most agreed that they are flexible (76% agree, 12% disagreed), but not that they are sufficiently comprehensive (30% agreed, 58% disagreed), or clear and accessible (27% agreed, 63% disagreed).

- Clarification and additional guidance was felt to be required particularly in relation to the standards relating to consent, safeguarding and whistleblowing. Some also felt that some of the requirements would be too onerous particularly for students, and that further adaptation was warranted.

- Most felt that there may be adverse or negative impacts (68% agreed, 17% disagreed), which related to their reasons for opposing the standards. However, very few anticipated discrimination (5% agreed, 79% disagreed).

- Overall, most did not feel the standards would achieve their intended outcomes or have a positive impact on optical practice. However, the majority of organisations which responded were favourable about the standards and their impacts, as were patients and the public. These groups felt that the standards were clearer and more specific, and would result in higher standards of practice being applied more consistently.

3.2   The GOC's new approach to standards

3.2.1 Extent to which the standards framework is perceived to provide clarity about the GOC's new approach

Figure 3.1: Does the new framework for standards make clear the GOC's new approach to setting standards and how these standards are distinct from the guidance provided by other organisations? (Q1)

Yes	172 (83%)
No	15 (7%)
Not answered	19 (9%)

The majority of respondents to the public consultation agreed that the new framework makes clear the GOC's new approach to setting standards and how these standards are distinct from the guidance provided by other organisations.

There were relatively few open text responses to this question, but those who agreed mentioned that:

- The framework document clarifies the relationship between the GOC and other organisations associated with the profession.

- It clarifies the relationship between standards and supporting guidance.

- It provides greater clarity about the GOC's expectations.

The Professional Standards Authority (PSA) noted that while the framework document makes reference to the GOC possibly being 'directed' to provide supplementary guidance by the PSA or government, the PSA does not have the power to direct the GOC on this matter.

The Royal College of Ophthalmologists noted the overlap between the GOC guidelines and the General Medical Council guidelines, but welcomed this as bringing the two professions closer together.

Those who disagreed tended to comment on issues in the drafting of the standards and the view that the standards provide unnecessary duplication with the guidance provided by other professional bodies in the sector.

The Federation of (Ophthalmic and Dispensing) Opticians (FODO) commented that while the framework is relatively clear, in their opinion it does not match the actual content of the standards, particularly in relation to registrants using their professional judgement because of the frequent use of absolute terms such as 'you must' instead of more conditional terms such as 'should'.

3.2.2 Extent of support for the new standards

Figure 3.2: Do you support the GOC's new approach to setting standards? (Q2)

Yes	51 (25%)
No	136 (66%)
Not answered	19 (9%)

Around two-thirds of respondents to the public consultation stated that they do not support the GOC's new approach to setting standards. This compares to one-quarter who said that they support the GOC's new approach.

The majority of those who answered 'no' to this question (58%) were individual registrants who cited the Association of Optometrists' (AOP's) response verbatim or referred the GOC directly to the AOP's response, which was that:

(1) *"The draft standards published are for individual registrants only, both qualified and students. There are no standards as yet for the registered bodies corporate – those employers who are registered. We believe that this is unfair and will be ineffective because:*

   o *To set compulsory standards for employed and locum practitioners which do not apply to the companies which employ or engage them could result in the practitioners being put in a position where their employers' demands may conflict with the GOC's. This would result in the individual practitioners being put in an impossible position. The GOC should be supporting practitioners in these situations, not penalising them. If standards of performance are to be introduced they should be introduced simultaneously for all registrants*

   o *Employers have power over the performance of their employees and locums. If standards are to be introduced separately, they should be introduced first for the employers, who will be required to apply them to their employees, thus removing any conflict of interest.*

(2) *Not all the draft standards, as published, are achievable by all the registrants. Many of them are not within the power of individual registrants (especially employees and locums), such as standards about maintenance of equipment, data storage standards and ensuring that colleagues have appropriate language skills. Others are just unrealistic for everyone.*

(3) *We do not believe that standards for students are necessary. If there must be standards for students then they should be written by someone who understands the student experience."*

In addition, some other individuals as well as organisations such as Optometry Wales and the National Optometric Advisers' Association (NOAA) stated that they did not

support the GOC's approach. Reasons others had for not supporting the new approach to standards included:

- Not understanding why new standards are required, and in particular what specific risks have been identified which mean that they need to be introduced before standards for business registrants.

- Linked to this, a desire for business standards and individual standards to be drafted and consulted on at the same time and introduced simultaneously.

- A belief that not all registrants will be able to comply with all of the standards as currently drafted as there are aspects outside the control of individuals, particularly if they are employees.

- A belief that the standards are too detailed and onerous for the optical professions to apply.

- A belief that the standards could lead to more legal cases in relation to optical practice.

- A belief that the standards could lead to registrants focusing on demonstrating that they have met the standards rather than on patient care.

Conversely, those who stated that they support the GOC's new approach included the Federation of Ophthalmic & Dispensing Opticians (FODO); the College of Optometrists; the Association for Independent Optometrists and Dispensing Opticians; Royal College of Ophthalmologists; Welsh Optometric Committee; Optometry Scotland; Health and Social Care Board of Northern Ireland; and the Professional Standards Authority. The charities, patients and members of the public who responded to this question were also in support of the GOC's new approach.

Reasons for supporting the new approach to setting standards included the perceived need to introduce clear and high standards of care for the benefit of patients and the public, and the belief that this new approach would be flexible and outcomes-focused.

However, several of those who supported the GOC's new approach also expressed some reservations. In particular they called for the GOC to ensure that:

- Where standards are modelled on other medical professional standards they are applied appropriately to the optical professions, both in terms of the clinical setting and the level of risk.

- Appropriate standards for unregistered people working in the optical profession are also applied, both in registered practices and in other settings (and particularly related to unlicensed online sales of contact lenses).

- The final drafting of individual standards and sub-clauses is as clear as possible, with some suggested amendments provided by some respondents (see Appendix 1 for more detail).

• That standards for business registrants are introduced at the same time as for individual registrants.

3.2.3 Extent of support for separate standards for students

Figure 3.3: Do you support there being two sets of standards, one for optometrists and dispensing opticians and one for students? (Q3)

Yes	55 (27%)
No	133 (64%)
Not answered	18 (8%)

Around two-thirds of respondents did not support two sets of standards, one for students and one for practising registrants, while just over one-quarter were in support of two sets of standards.

Those who did not agree that there should be separate standards for students held a range of views to support this position, some of which directly referenced the AOP's response as outlined in the previous section.

There was a belief that, as currently drafted, the student standards are too similar to the standards for qualified registrants and should be further adapted to reflect the specific challenges and situations facing a student optometrist or dispensing optician. A related view was that, as currently drafted, the standards are too onerous and students may lack the capability to be able to meet them. Thus, some of the concerns were not an in-principle objection to separate set of standards for students, but reflected their views on the current content of the students' standards.

In addition, some respondents did not feel students should be governed by any standards, other than those set by their educational establishment. Those who expressed this opinion also commonly mentioned that they believed student standards of clinical care and behaviour should be the responsibility of the supervisor rather than the student. A number of responses also referred to a perceived discrepancy between the rules for optometry and dispensing optics students and students in other health-related fields.

However, going against this view that students' standards are too onerous and/or not required, was another that there should be only one set of standards for all registrants, whether qualified or not. One respondent felt that, in particular, students entering into training positions including pre-registration placements should be working to the same standards as for qualified optometrists and dispensing opticians.

There were also some who were opposed separate standards for students because they felt that it should be optometrists and dispensing opticians who have separate standards, whether practising or students.

Those who supported separate standards for students cited the following reasons:

- A belief that students should not be held to the same standards as qualified registrants because they have different roles, responsibilities and levels of experience.

- A related belief that students need less stringent rules and to be protected from full responsibility while training.

- A belief that students require guidance, in the form of standards, because they may not always know what types of behaviours and clinical practice they should adopt.

Those who supported separate standards for students provided a number of related comments, including:

- The perceived importance for patients of knowing who within a practice is a student and who is a qualified practitioner.

- A belief that the standards as currently drafted may be too onerous for all students to comply with.

- The possible need for a sliding scale of responsibilities and competencies as students progress in their training.

- A belief that standard 6 for qualified registrants should be adapted for students, as they too should keep their skills up to date.

3.2.4 Extent to which the new standards are perceived to provide clarity about the GOC's expectations

Figure 3.4: Do the standards make it clear what the GOC expects from our registrants? (Q4)

Yes	57 (28%)
No	133 (64%)
Not answered	17 (8%)

Just under two-thirds of respondents disagreed that the standards make it clear what the GOC expects from registrants, while almost three in ten agreed.

The following themes emerged from the comments of those who thought the standards did not make it clear what the GOC expects from registrants:

- A belief that some of the standards are not in the control of individual registrants to meet.

- A belief that there is variability in the clarity of the standards, with some being clear and others ambiguous.

- A perception that the standards are too prescriptive due to too much use of the imperative, 'must'.

Conversely, among those who agreed that the new standards provide clarity about the GOC's expectations, the following opinions were expressed:

- The new standards were felt to represent an improvement from the old Code of Conduct in terms of specificity and clarity.

- As a result, it was expected that the new standards would help ensure consistency of practice across the professions.

However, some provided a conditional affirmative response to this question as they raised questions about:

- The detailed expression of the standards, which was sometimes felt not to be as clear as it could be.

- How onerous the standards would be for registrants to meet in some areas.

- Possible duplication with College guidance.

3.3   The content of the new standards

3.3.1 Perceived comprehensiveness of the standards in relation to optical practice and training

Figure 3.5: Do the standards cover all relevant areas of optical practice and/or optical training? (Q5)

Yes	62 (30%)
No	120 (58%)
Not answered	24 (12%)

Almost three in five respondents did not feel the standards cover all relevant areas of optical practice and/or training, while three in ten felt that they do.

Among those who did not agree that the standards cover all relevant areas of optical practice and/or training the following gaps in practice were perceived:

- No mention of businesses.

- No mention of unlicensed (e.g. online) selling of optical devices.

- No mention of academic or hospital settings where the registrant is under the supervision of an ophthalmologist, and specific standards may also be required for domiciliary care settings.

- Although they cover practice, they do not mention what appropriate training would be, especially in relation to aspects of the standards that are covered

under law (e.g. equalities, safeguarding, whistleblowing, data protection training).

- No mention of how any conflicts of interest between clinical practice and commercial selling should be addressed.

- No mention of inspections (e.g. by the Care Quality Commission) to ensure optical practices maintain high standards of patient care.

Amongst those who did believe the standards cover all relevant areas of optical practice and/or optical training, several respondents actually felt that the standards went too far and were overly onerous. In addition, some held the view that certain of the standards (notably 2.6, 9.2.7, 13.1.3/4/5, 15.2 and 19.1) were not relevant to all registrants, especially if they were employees or locums. Some also thought that some standards would be less relevant to dispensing opticians than optometrists. Others felt that some of the standards were not relevant to those working in academic or non-clinical settings.

3.3.2 Perceived flexibility

Figure 3.6: Are the standards sufficiently flexible to accommodate any changes in practice and education that may occur in the next five years? (Q6)

Yes	157 (76%)
No	24 (12%)
Not answered	25 (12%)

Around three-quarters of respondents agreed that the standards are sufficiently flexible to accommodate any changes in practice and education that may occur in the next five years.

Those who felt the standards were sufficiently flexible generally commented that they should be sufficient, although some more detail in relation to standard 6 would be helpful.

Those who did not feel the standards were sufficiently flexible did not generally see this as a weakness in the standards but just that it is difficult to predict what the developments in optical practice would be and therefore they may need to be revisited. The issue of unregulated internet selling of optical devices was further mentioned as an example of a growing issue that was not currently addressed in the standards. A small minority also mentioned the possibility that the new standards could stifle innovation because they expect so much from basic optical practice that it will not be possible to develop new 'added value' services for additional remuneration.

3.3.3 Perceived clarity, accessibility and ease of use

Figure 3.7: Are the standards presented in a way that is clear, accessible and easy to use? (Q7)

Yes	55 (27%)
No	129 (63%)
Not answered	21 (10%)

More than three in five respondents disagreed that the standards are clear, accessible and easy to use, compared to just over a quarter who agreed.

A number of common themes emerged in responses to this question:

- The length of the standards document was perceived to limit its accessibility to registrants and members of the public and to potentially prevent it being used in daily practice.

- While most felt that the language of the standards is relatively simple, there is some use of technical language which was not felt to be accessible to all members of the public.

- Some of the wording of the standards was felt to be imprecise and ambiguous (see Appendix 1 for details).

- The headline standards were not perceived always to fit well with all of the sub-points (see Appendix 1 for details).

The point was also made that the accessibility of the document would also depend on how it was distributed and whether it was available in different formats and languages.

3.3.4 Perceived missing, incorrect or unclear aspects

Figure 3.8: Is there anything missing, incorrect or unclear in the standards? (Q8)

Yes	140 (68%)
No	40 (19%)
Not answered	26 (13%)

Just over two-thirds of respondents thought there were missing, incorrect or unclear aspects of the standards, while one in five did not.

Several of those who identified missing, incorrect or unclear aspects of the standards made a number of detailed drafting comments and suggestions (which are included in Appendix 1). In addition, the following broader points (i.e. not specific to the content of the standards) were made:

Perceived missing elements:

- Standards of expected behaviour from patients.

- How to deal with conflicts of interest that may arise with employers in relation to commercial pressures.

- Standards for businesses.

- Mention of providing information in accessible formats for patients with vision impairments.

- A list of necessary equipment for optometrists.

Perceived incorrect elements:

- The expectation that individual registrants will have control over equipment and other processes which are controlled by businesses.

- The expectation that individual registrants will have control over the behaviour of other, unregistered staff.

Perceived unclear elements:

- What it is possible/expected to achieve within the constraints of current optical appointment times.

- How far registrants should go to try and meet standards and what is a reasonable expectation.

- Where the boundaries of responsibility lie between individual registrants and businesses.

- Certain standards were felt to be unclear in terms of detail (e.g. standard 4 in relation to consent).

3.4 Implementation and impact of the new standards

3.4.1 Issues or barriers to implementation

Fig 3.9: Are there any specific issues or barriers that could prevent stakeholders from implementing or complying with the standards? (Q9)

Yes	148 (72%)
No	32 (15%)
Not answered	26 (13%)

More than seven in ten respondents thought that there were specific issues and barriers that could prevent stakeholders from implementing or complying with the standards, while around one in seven did not think there were issues or barriers to implementation or compliance.

The main issues and barriers perceived have been summarised below:

- Commercial pressures were felt to place limitations on the time that is possible to spend with patients in order to comply fully with the standards.

- Certain standards were seen to be beyond the control of individual registrants, either because they are under the control of businesses or because they require individual registrants to exercise an unfeasible level of control over the behaviours and understanding of others. Again, the point was made that the lack of equivalent standards for bodies corporate could make it difficult for individual registrants to comply with the standards.

- Because the consequences of non-compliance were felt to rest entirely with the registrant, others, including unregistered staff and businesses, were expected to have little or no incentive to improve their own standards of practice.

- The standards document was perceived by some to be too long for registrants to engage with properly and use on a regular basis – a suggestion was made for an app that registrants could access when they need to with all the information from the standards to hand.

- It was felt that students may find it difficult to understand how the student standards will interact with their educational standards.

- Supplementary guidance was felt to be required across a number of different specific standards to ensure that registrants are fully able to understand and comply. These included standard 4 in relation to consent, standard 9 in relation to record keeping and standard 12 in relation to safeguarding. There was a specific comment that explicit direction should be given about where training would be necessary in order to ensure that registrants are complying with the law, specifically in relation to equalities legislation.

3.4.2 Perceived adverse or negative impacts of the standards

Figure 3.10: Are there any aspects of the standards that could have an adverse or negative impact on certain groups of patients, optometrists, dispensing opticians, optical students, optical businesses, optical training institutions or any other groups? (Q10)

Yes	140 (68%)
No	34 (17%)
Not answered	32 (15%)

Just over two-thirds of respondents thought there were aspects of the standards that could have adverse or negative impacts on certain groups, while around one in six did not think this was the case.

A number of possible adverse impacts were perceived, including that:

- The standards could cause registrants to focus on proving they have met the standards rather than on ensuring patients' best interests are met.

- Complying with the standards could place stress on individual registrants, especially if there are structural or cultural barriers in their place of work.

- Meeting standard 4 in relation to consent could lengthen appointment times which could impact on commercial viability of practices or increase the cost of eye tests to the public.

- Complying with standard 20 could leave registrants without valid professional indemnity insurance.

- Standard 13.3 could impact on vulnerable people's access to care as it could make registrants reluctant to practise in domiciliary settings.

3.4.3 Perceived discrimination

Figure 3.11: Are there any areas of the standards that could discriminate against stakeholders with specific characteristics? (Q11)

Yes	11 (5%)
No	163 (79%)
Not answered	32 (16%)

Almost four in five did not think the standards could discriminate against stakeholders with specific characteristics, while only one in twenty did.

Amongst the small minority who foresaw some potential areas of discrimination, the main examples given included that:

- The requirement in standard 6, coupled with an annual cycle of CET, could discriminate against registrants with caring responsibilities, as well as part-time workers and those on maternity leave, who may struggle to complete the required CET within 1 year.

- The lack of specific information about conduct in relation to patients with conditions such as dementia, learning disabilities and low vision could lead to unwitting discrimination by registrants.

- The standards do not protect the religious or cultural beliefs of registrants, especially in relation to working days/times.

3.4.4 Perceived outcomes

Figure 3.12: Overall, do you expect that the standards will achieve the objectives set out in paragraph 19? (Q12)

Yes	43 (21%)
No	132 (64%)
Not answered	32 (15%)

Almost two-thirds did not expect that the standards will achieve their objectives, while one in five thought that they would.

Amongst those who did not think that the standards would achieve their objectives, the following comments were made:

- The standards were not felt to be targeted or proportionate and some feared they were a 'knee jerk' response to the Francis inquiry.

- Registrants were being asked to comply with standards that were not within their control and the individual standards would not achieve their objectives until standards were also brought out for business registrants.

- Unregulated sellers would not be covered.

Amongst those who believed that the objectives of the standards would be met, it was felt that they would remove ambiguities and set out more clearly what the GOC expects. However, some words of caution were expressed about whether they would be effective across the board because they would not apply to businesses, unregistered practitioners and unregulated sellers. In addition, detailed guidance was felt to be needed in order to help registrants comply.

3.4.5 Perceived positive impacts of the standards

Figure 3.13: Overall, do you expect that the standards will be beneficial to, and have a positive impact on, optical practice and education? (Q13)

Yes	43 (21%)
No	144 (70%)
Not answered	19 (9%)

Seven in ten did not expect the standards to be beneficial to, and to have a positive impact on, optical practice and education. By comparison one in five did expect beneficial outcomes.

Those who did not think the standards will have a positive impact mentioned the following reasons:

- A belief that such standards are already generally being adopted by registered professionals and will have no impact on the behaviour of unregistered sellers.

- Another belief that they represent too much of a burden on registrants without significantly increasing benefits to patients.

- A belief that the length and/or prescriptive nature of the wording, along with possible low awareness among the profession, will limit take-up.

- A belief that until similar standards are also applied to businesses certain standards will not be able to be met.

3.5   Additional comments

Question 14 of the consultation document provided the opportunity for respondents to make additional comments. The comments from individual respondents included:

- A perceived need for minimum testing times to ensure registrants can meet the standards.

- A perceived need for the standards to apply to businesses, preferably before applying to individual registrants, but at least at the same time.

- A belief that the current drafting of the standards is too prescriptive and detailed, and that it should be reviewed to address this.

- A belief that the standards are currently too focused on 'laying down the law' ("you must") and that the language should be adapted towards 'assisted compliance' ("this can be achieved by").

- A suggestion that the standards be restructured under headings which are principle-based.

- A request for another round of consultation on the revised standards before they are implemented.

- A perceived need for extensive publicity and training on the standards before they go live.

- A perceived need for emotional support for registrants who may find themselves under additional pressure as a result of the need to meet the new standards.

- A perceived need for time to implement the standards before they are measured.

- Requests for information about how the standards will be measured.

The comments from members of the public focused on different issues, and included:

- Observations that the standards relating to personal conduct and empathy were very difficult to measure.

- Resistance to receiving detailed lifestyle guidance from an optician and preference for this information to be delivered by a GP.

- Resistance to being asked about their personal beliefs and culture from their optician.

A number of organisations also responded to this question. Some of the responses from organisations overlapped with those made by individual respondents or with points that have already been made in the thematic analysis of preceding questions. Additional points are listed below:

- A belief that standards relating to students need time for detailed discussion with education providers (Optometry Schools Council).

- A request for standards to be produced in Welsh (Optometry Wales and the Welsh Optometric Committee).

- A belief that student standards should require student optometrists to explain to patients when tests are being done solely for the educational benefit of the student and consent should be requested for this (College of Optometrists).

- A suggestion that registrants consider signposting patients to appropriate charities for additional support (Blind Veterans UK).

- Request for a copy of the literature review about patient expectations referred to in paragraph 30 of the consultation document (Professional Standards Authority).

In addition, some organisations and individuals provided supplementary responses to the consultation outside of the online format. Several of these were detailed analyses of the content of the standards, and a summary of this feedback is presented in Appendix 1. Amongst the additional narrative responses, some of the main themes are listed below, referencing the body providing them in the case of responses from organisations.

The Board of the Association of British Dispensing Opticians (ABDO)

- Information was requested about how supplementary guidance will be written and disseminated and who would have responsibility for producing it.

  o It was requested that GOC standards align with ABDO Advice and Guidelines committee.

  o Information was requested about where ABDO non-members who are dispensing opticians should go for guidance.

- Concerns were raised about current practice in dispensing for children and a request was made for the GOC to change the rules about paediatric dispensing so that only those who have demonstrated competence in this area be allowed to practise in it.

- Concerns were raised about the impact of new standards on the CET burden for dispensing opticians who do not have access to funded training.

- It was felt that only those who have completed specific training should be allowed to dispense to vulnerable adults and in domiciliary settings.

FODO

- A request was made to clarify the 'duty of candour' so that registrants are aware that making an apology is a sign of sympathy and not an admittance of legal liability.

- It was felt that unreasonable application of the standards to individual registrants would be legally challengeable and that this provides some protection for registrants against lack of support in meeting the standards from their place of work or employer.

SeeAbility

- Information was provided on barriers to people with learning disabilities accessing optical services.

- A request was made for specific standards to be developed to support access to high quality optical services for people with learning disabilities, dementia and communication problems.

4. Quantitative research with registrants

4.1 Summary

- A total of 1,888 responded to the online survey, which included statistically robust responses from optometrists, dispensing opticians and students.

- Over four-fifths (82%) of registrants supported the new approach to standards (as expressed in the standards framework), which includes 57% who said they support them fully and 25% who supported them partly or with reservations. Only 1% of registrants did not support the new standards and 17% were unsure.

- 72% of registrants fully or partly supported separate standards for students. Just over one in ten (11%) did not support separate standards for students.

- Just over three-quarters of registrants (76%) agreed strongly or agreed that the new standards provide clarity about what the GOC expects. 4% of registrants disagreed or disagreed strongly with this.

- Over three-quarters of registrants (77%) also agreed or strongly agreed that the standards are presented in a way that is clear and accessible to use. 4% of registrants disagreed or strongly disagreed.

- Over half of registrants (53%) were unable to identify any missing, incorrect or unclear aspects of the standards. 7% of registrants thought there were some unclear elements, 3% thought there were some missing elements and 1% felt there were errors. However, nearly two in five (37%) did not know.

- Over three in five registrants (62%) agreed or agreed strongly that the standards are sufficiently flexible to accommodate any changes in practice and education that may occur in the next 5 years. 5% disagreed or strongly disagreed.

- Four in five students (80%) agreed or agreed strongly that the student standards will remain relevant throughout their educations and training. Only 2% disagreed or strongly disagreed.

- Nearly nine in ten registrants (88%) were quite or very confident in their ability to meet the new standards. Only one in seven (14%) identified that they would need additional support, training or guidance to help them meet the standards, however more than half (52%) did not know.

- More than three in five registrants (62%) believed that the standards would have a positive impact on optical practice and education. 7% disagreed or disagreed strongly, while 25% of registrants neither agreed nor disagreed.

- Almost two-thirds of registrants (64%) agreed or agreed strongly that the standards will make it easier for patients to know what to expect. 7% disagreed or strongly disagreed. Almost one quarter (23%) neither agreed nor disagreed with this.

4.2   The GOC's new approach to standards

4.2.1   Extent of support for new approach to standards

Over four-fifths of registrants (82%) supported the new approach to standards (as expressed in the standards framework) partially or fully. Over half of registrants (57%) fully supported the new approach to standards, while one quarter (25%) partly supported the new approach to standards partly or did so with reservations. Only 1% of registrants did not support the new approach to standards, and the remaining one in six (17%) did not know whether or not they supported this new approach.

Dispensing opticians were most likely to support the new approach to standards fully (61%). Students were most likely not to know whether or not they supported the new approach to standards, with just under one in three saying they did not know (29%).

Figure 4.1: Extent to which registrants support the new approach to standards
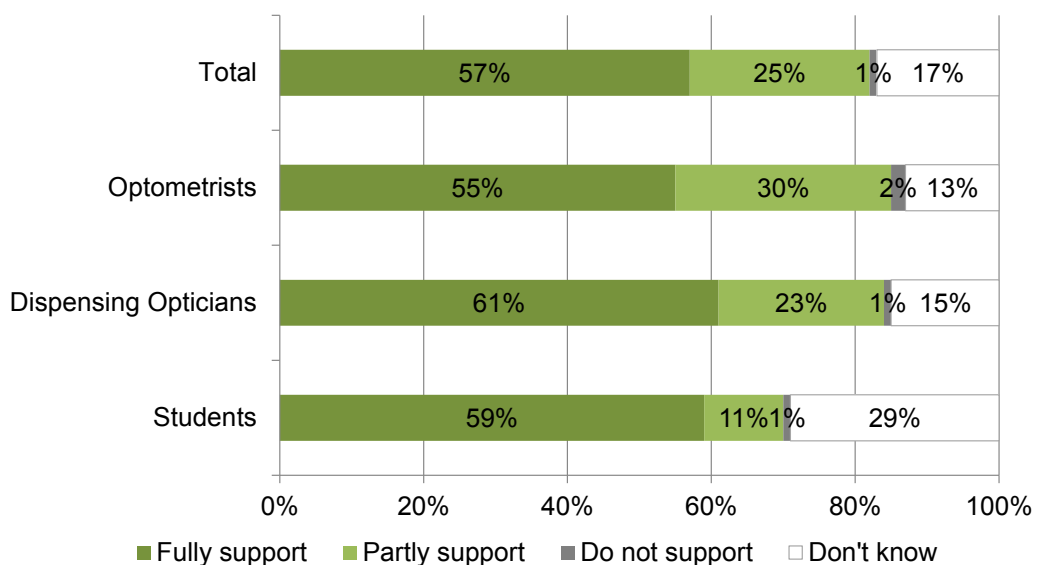
Q11a. To what extent, if at all, do you support the GOC's new approach to setting standards?
Base: Total (1,888), optoms (1,070), DOs (439), students (384 incl. 5 who are also qualified DOs)

In terms of other sub-group differences, those who have been working in practice for less than five years (67%) and female registrants (62%) were more likely than average to support the new approach fully.

Those most likely to support the new approach partly or with reservations include registrants who work in academia (39%), practice owners or self-employed (37%), followed by those working as a locum (33%), those with a special clinical interest (33%), those working in an independent practice (32%) and those who have practised for more than 20 years (32%).

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One-third of those aged 16-24 (29%), and almost a quarter of those from black and minority ethnic backgrounds (23%), said they did not know whether they support the new approach or not.

There were no statistically significant differences in those who did not support the approach to standards because this group made up a very small proportion of overall responses.

Figure 4.2: Sub-group differences in support of new approach to setting standards

Q11a. To what extent, if at all, do you support the GOC's new approach to setting standards?					
Fully support	**%**	**Partly/reservations**	**%**	**Don't know**	**%**
Total	57	Total	25	Total	17
Significantly <u>higher</u> among those:					
Practising <5 years	67	Working in academia	39	Aged 16-24	29
Female registrants	62	Practice owner/self employed	37	From black & minority ethnic (BME) backgrounds	23
		Working as locum	33	Aged 25-34	21
		With a special clinical interest	33		
		Working in an independent	32		
		Practising >20 years	32		
No significant differences among the very small minority who do not support standards					

Respondents were invited to express the reasons for their level of support of the new approach in an open-ended question. The responses to this question have been thematically analysed and some overarching themes have been identified in their responses.

Among those who fully support the new approach to standards (57%), the reasons stated for their support include:

- The standards are clear, straightforward and easy to understand.

- They cover a comprehensive set of issues and are relevant to current practice.

- They are flexible and allow professionals to exercise their own judgement.

- They clarify the GOC's expectations of practitioners.

- They will promote higher standards of patient care and consistency across the profession.

- They will help enhance the reputation and public perceptions of the profession.

Some examples of typical comments are included below:

"Some of the standards in their current form are a little vague and are open to interpretation. Having a clearly defined approach in deciding how standards are set and setting those standards in a more structured manner allows for greater clarification and better understanding of what exactly is expected." (Student optometrist)

"It is essential that the profession should be seen to set only the highest standards of care and expertise to members of the general public, as well as to its own members." (Dispensing optician)

Among those who partly support the new approach to standards or have reservations (25%), the reasons stated include:

- Not fully understanding the rationale for change or the thinking behind the new standards.

- A view that the new standards will have limited effect, as they do not apply to the entirety of the optical sector including businesses, unregistered staff or unlicensed sellers.

- Uncertainty about how the standards will work in practice, including how possible they will be to implement in a commercial environment, how they will interact with professional bodies' guidance and what impact they will have on FTP cases or litigation.

- Some concerns that some of the standards are too prescriptive, or that there may be barriers to implementing them in practice.

Some examples of typical comments are included below:

"With all new legislation and regulation change there is doubt as to its success until tried and tested." (Student)

"The framework is an excellent tool, however they need to allow more flexibility in interpretation, as there seems to be poor understanding of high street practice and the pressures on practitioners working within that sphere." (Optometrist)

Among the very small proportion who did not support the new approach to standards (1%) the main reason was the view that new standards are not needed, as existing guidelines are sufficient. There was a lack of understanding and some suspicion among this group about the GOC's motivation in drafting new standards for the optical professions.

More detail on each of these views is provided in the sections that follow.

4.2.2 Extent of support for separate standards for students

Registrants were also asked whether they support separate standards for students. Almost three quarters of registrants (72%) fully or partly supported new standards for students. Over half of registrants (53%) fully supported separate standards for students and around one in five (19%) partly supported this. Just over one in ten (11%) did not support separate standards for students. Around one in six (17%) did not know whether they supported separate standards for students or not.

Students were significantly more likely to support separate standards for students (60%).

Figure 4.3: Extent to which registrants support separate standards for students
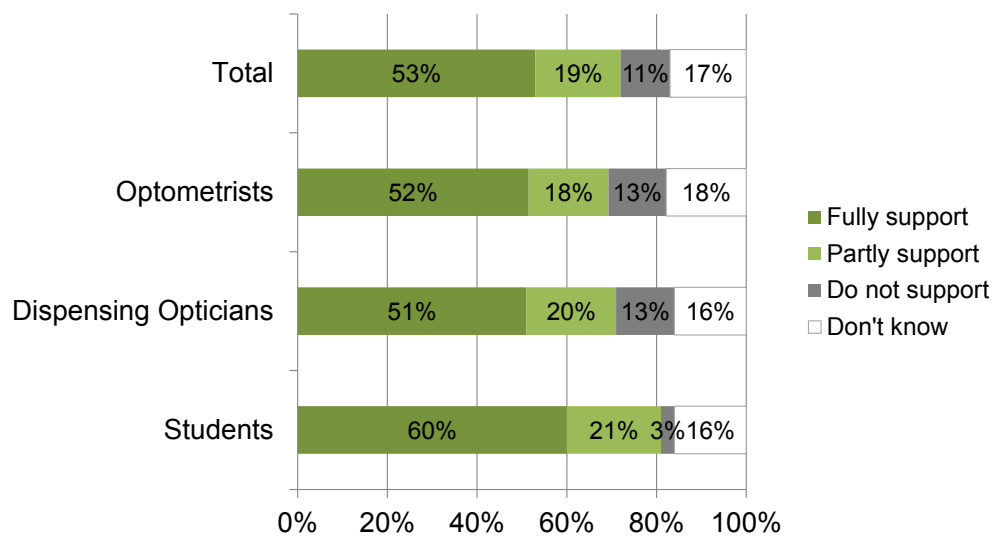
Q12. To what extent, if at all, do you support there being two sets of standards, one for optometrists and dispensing opticians, and one for students?
Base: Total (1,888), optoms (1,070), DOs (439), students (384 incl. 5 who are also qualified DOs)

4.2.3 Extent to which the new standards are perceived to provide clarity about the GOC's expectations

Just over three quarters of registrants (76%) agreed strongly or agreed that the new standards provide clarity about what the GOC expects. One in five (20%) agreed strongly, while over half (56%) agreed. 4% of registrants disagreed or disagreed strongly that the new standards provide clarity about what the GOC. 15% of registrants neither agreed nor disagreed and 5% say that they didn't know.

Students were most likely to agree strongly that the new standards provide clarity about what the GOC expects, with over a quarter (26%) agreeing strongly and only 2% disagreeing. Dispensing opticians were also more likely to agree, with four in five (80%) agreeing or agreeing strongly with this statement.

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Optometrists were least likely to agree strongly that the new standards provide clarity about what the GOC expects, with only around one in six (17%) agreeing strongly that the new standards provide clarity about what the GOC expects.

Figure 4.4: Whether standards provide clarity on the GOC's expectations
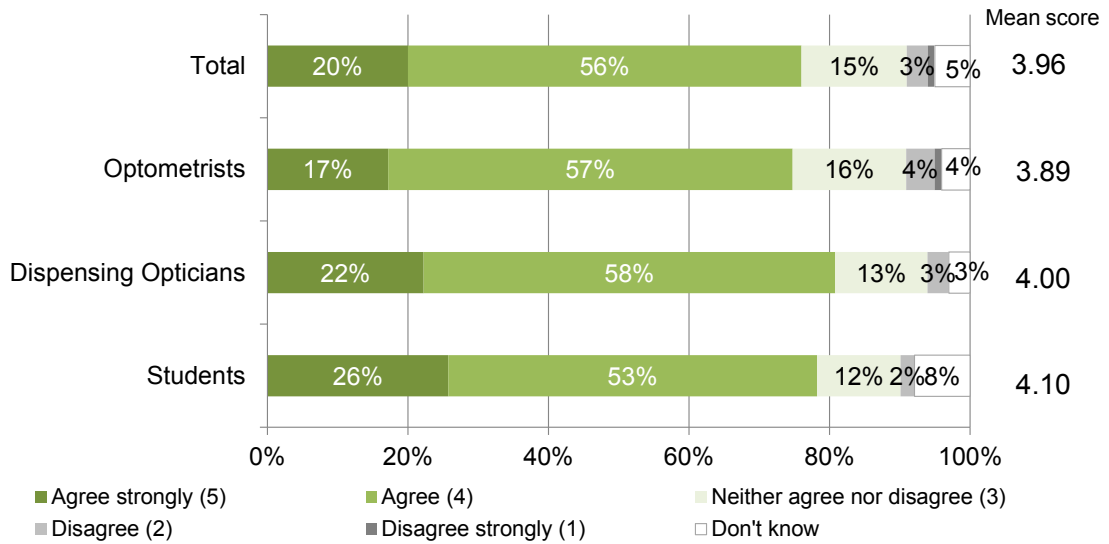
Q14d. 'Standards will provide clarity for registrants about the standards the GOC expects'. Base: Total (1,888), optoms (1,070), DO (439), students (384 incl. 5 who are also qualified DOs). = or <1% not included in data labels

4.3   The content of the new standards

4.3.1   Perceived clarity, accessibility and ease of use

Over three-quarters of registrants (77%) agreed or agreed strongly that the standards are presented in a way that is clear and accessible to use. Just under one in five (18%) agreed strongly while around three in five (59%) agreed with this. Four percent of registrants disagreed or strongly disagreed that the standards are clear and accessible to use. One in seven (14%) neither agreed nor disagreed that the standards are clear and accessible to use.

Students were most likely to feel that the standards are presented in a way that is clear and accessible to use, with more than one in five (22%) strongly agreeing and four in five (80%) agreeing or agreeing strongly that they are clear and accessible to use. Students were also least likely to disagree that the standards are presented in a way that is clear and easy to use, with only 1% disagreeing and none disagreeing strongly.

Figure 4.5: Perceived clarity, accessibility and ease of use of new standards
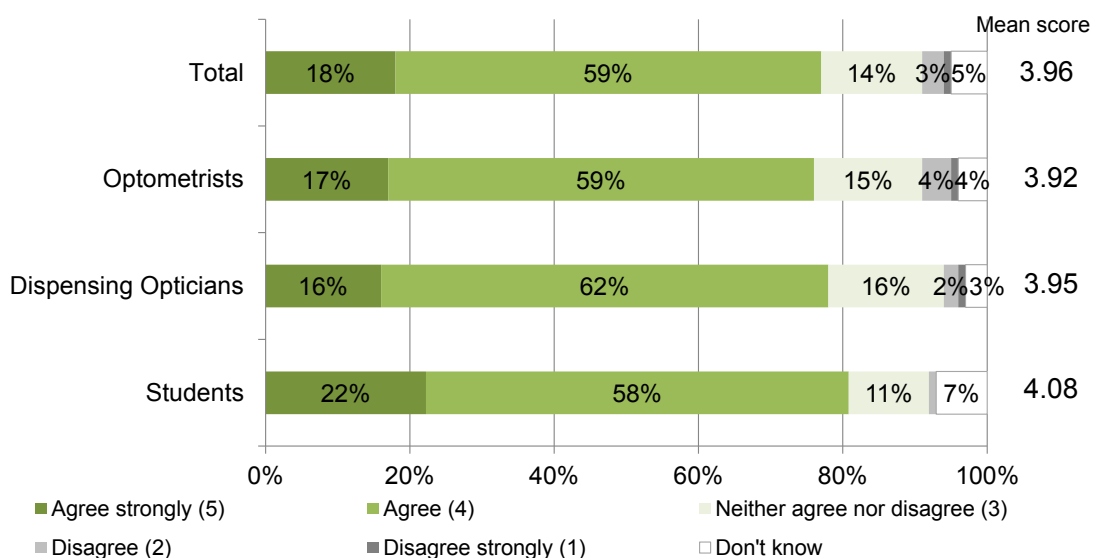
Q14a. 'Standards presented in a way that is clear, accessible and easy to use'. Base: Total (1,888), optoms (1,070), DOs (439), students (384 incl. 5 who are also qualified DOs). = or <1% not included in data labels

4.3.2   Perceived missing, incorrect or unclear aspects

Over half of registrants (53%) said that there were not any missing, incorrect or unclear aspects of the standards. 7% of registrants thought there are some unclear elements, 3% thought there are some missing elements and 1% found errors in the standards. However, nearly two in five (37%) did not know whether there are any missing, incorrect or unclear elements in the standards, suggesting that they may not have felt they have enough information to judge.

Dispensing opticians were least likely to identify missing, incorrect or unclear aspects of the standards, with just under three in five (57%) not able to find any.

Optometrists were the most likely to identify missing, incorrect or unclear aspects of the standards, with nearly one in ten (9%) identifying areas that required clarification.

Students were least likely to feel able to judge whether there are missing, incorrect or unclear aspects to the standards, with over two in five (41%) stating they did not know.

Figure 4.6: Missing, incorrect and unclear aspects of the standards
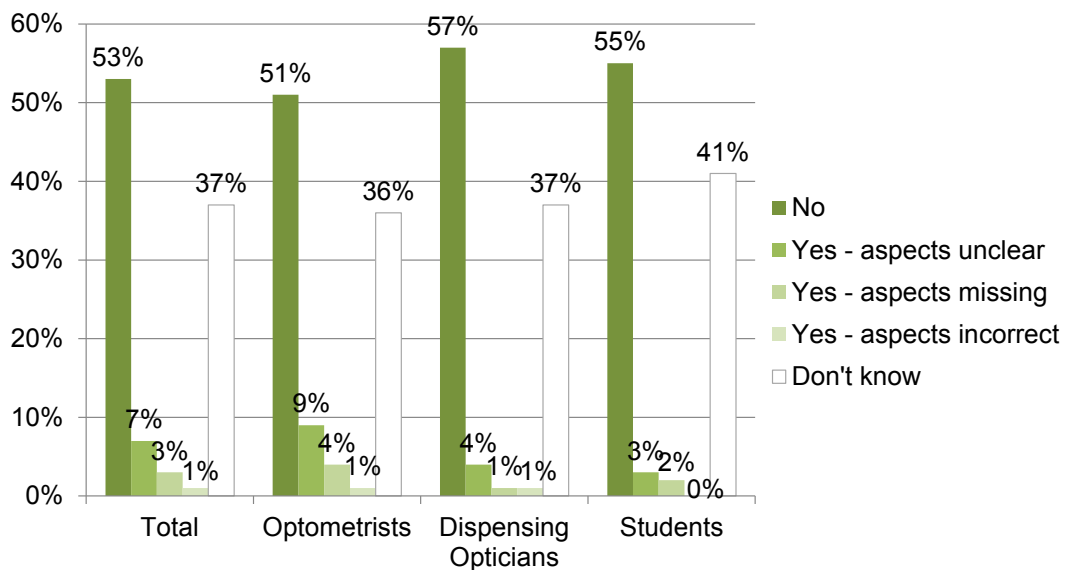
Q13a. Can you identify anything that is missing, incorrect or unclear in the standards?
Base: Total (1,888), optoms (1,070), DOs (439), students (384 incl. 5 who are also qualified DOs)

In terms of other sub-group differences, those working in an academic setting were significantly more likely to identify areas that were unclear, missing or incorrect. Nearly one in five (19%) of those working in an academic setting identified areas that require clarification: just over one in ten (11%) identified missing information and 6% felt there were errors in the standards. One in ten (10%) of those offering enhanced clinical services felt there were areas of the standards that require clarification.

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Figure 4.7: Sub-groups who are significantly more likely to perceive missing, incorrect or unclear standards

Q13a. Can you identify anything that is missing, incorrect or unclear in the standards?	
Totals:	**%**
Unclear	7
Missing	3
Incorrect	1
Significantly <u>higher</u> among those:	
Working in an academic setting	Unclear = 19 Missing = 11 Incorrect = 6
Offering enhanced clinical services	Unclear = 10

Respondents who indicated that they found missing, incorrect or unclear elements in the standards were then asked to describe what these were. Their responses have been analysed thematically according to whether they found omissions, errors or areas that required clarification.

Those who found there were aspects of the standards that were unclear consistently raised questions about:

- Standard 4: The nature of consent and exactly when and how it needed to be obtained during procedures relevant to optometric settings.

- Standard 10: Additional clarification about the exact nature of supervision required in different situations that could arise in practice.

- Standard 12: More information about how to identify signs of abuse and the exact procedure for whistleblowing, including safeguards for the whistleblower.

- Standard 20: Clarification about how they can comply with this standard without invalidating their insurance or going against advice from professional bodies.

- Conduct-related standards (e.g. standards 1, 2, 3 and 5): These were felt to be open to interpretation and requiring further clarification about how it is possible to demonstrate that they have acted in this way.

Some examples of typical comments are given below:

"Define kindness/humanity - these mean different things to different people." (Optometrist)

"Section 4, on consent, concerns me. In general daily practice of sight testing, contact lens practice, dilation and cycloplegia, what constitutes consent? Can consent still be verbal, or must it now be written? Can it be implied unless we

record that consent wasn't given (e.g. for lid eversion)? What documentation of consent is now required?" (Optometrist)

Those who felt there to be elements missing from the standards identified the following areas, most of which are outside the scope of these standards:

- Standards for businesses and unregistered employees.

- Action being taken against unregistered suppliers.

- Any expectations of patient conduct towards optical professionals.

- Minimum time for sight tests.

- Further explanation of how the standards would be implemented, including monitoring and audits.

Some examples of typical comments are given below:

"A set of standards for registered employers and corporate bodies, obliging them to permit their registered employees full professional freedom, allowing them the time they need to conduct an eye examination etc." (Optometrist)

"Some indication of expected time necessary per patient." (Optometrist)

Those who indicated that there were errors in the standards did not generally identify any specific errors when asked, but they did voice concerns about:

- Whether separate standards would be preferable for dispensing opticians to reflect that they do not have the same clinical practice responsibilities as optometrists.

- Whether students having to comply with professional standards before they are fully qualified is commensurate or appropriate.

4.3.3 Perceived flexibility

Just over three in five registrants (62%) agreed or agreed strongly that the standards are sufficiently flexible to accommodate any changes in practice and education that may occur in the next 5 years. Just over one in ten (11%) agreed strongly and just over half (51%) agreed. 5% disagreed or strongly disagreed that the standards are sufficiently flexible. Around one in four (26%) neither agreed nor disagreed.

Students were most likely to strongly agree that the standards are sufficiently flexible, with 15% strongly agreeing. However, students were also most likely to say that they did not know whether the standards are sufficiently flexible, with just over one in ten (11%) saying they don't know.

Optometrists were least likely to strongly agree or agree although the majority were still affirmative about this (59%).

Figure 4.8: Perceived flexibility of standards
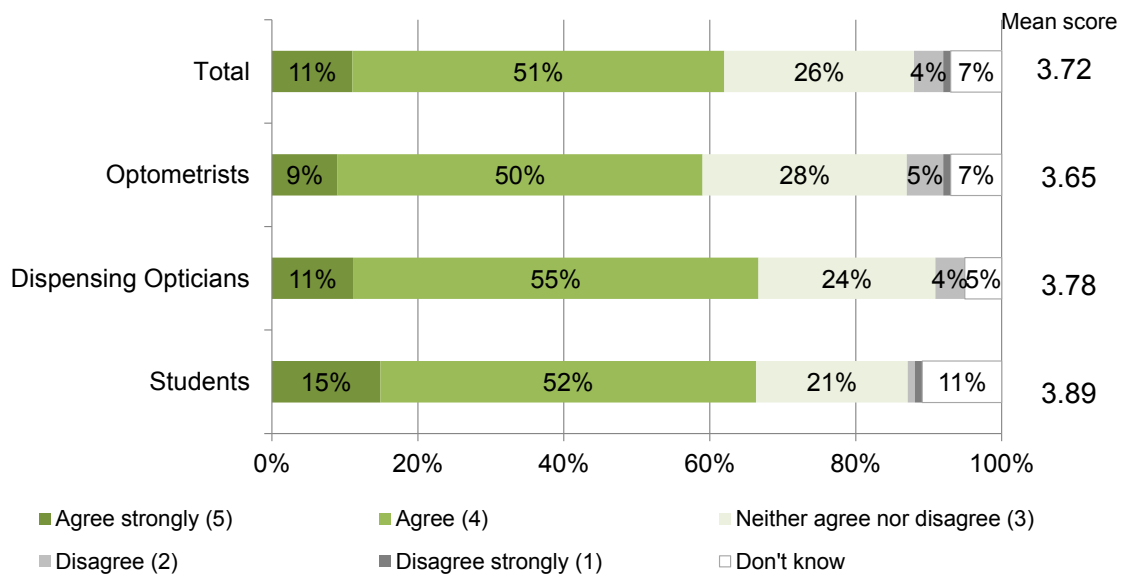
Q14b. 'Standards are sufficiently flexible to accommodate any changes in practice and education that may occur in the next 5 years'. Base: Total (1,888), optoms (1,070), DO (439), students (384 incl. 5 who are also qualified DOs). = or <1% not included in data labels

4.3.4 Perceived relevance of standards throughout student training

Additionally, all students were asked whether the student standards were sufficiently flexible to remain relevant to students throughout their training. Four in five (80%) agreed or agreed strongly that the student standards will remain relevant throughout training. Just over one in five (22%) agreed strongly, while just under three in five (58%) agreed. Only 2% disagreed or strongly disagreed that the standards would remain relevant throughout training. One in ten (10%) neither agreed nor disagreed and 8% don't know. There were no significant differences between optometry students and dispensing optics students.

Figure 4.9: Perceived relevance of student standards throughout training
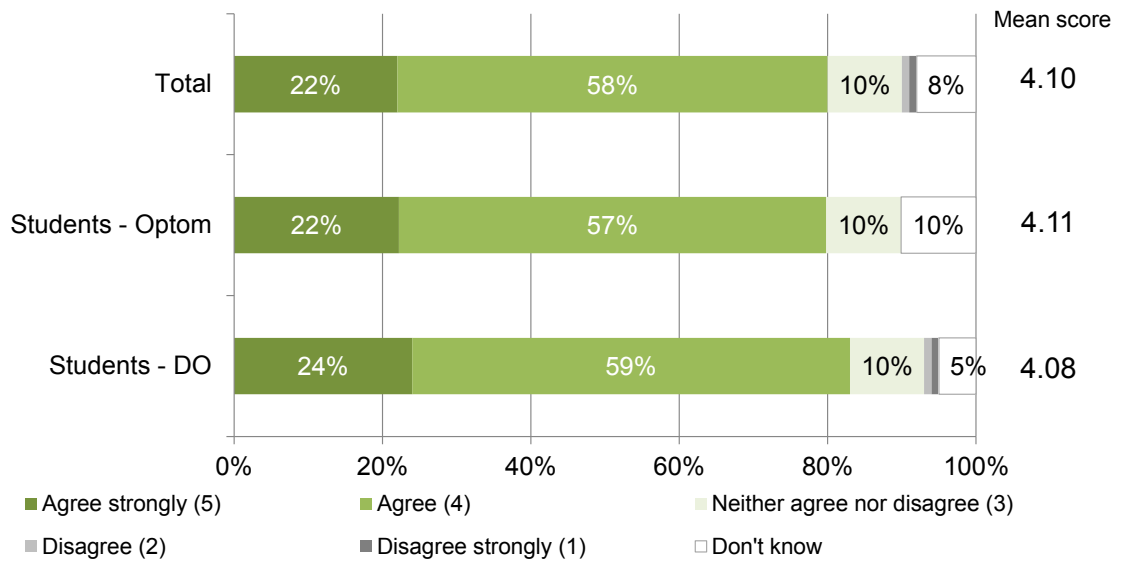
Q14c. 'Student standards will remain relevant to student registrants as they progress through their education and training'. Base: All students (384), optometry students (249), DO students (135). = or <1% not included in data labels

4.4   Implementation and impact of the new standards

4.4.1   Confidence in ability to meet the new standards

In total, nearly nine in ten of registrants (88%) were very or quite confident in their ability to meet the new standards. Nearly one third of registrants (30%) were very confident and nearly three in five (58%) were quite confident. 4% of registrants were not very confident in their ability to meet the new standards and 1% were not at all confident. 7% didn't know whether they would be able to meet the new standards.

Dispensing opticians were most confident in their ability to meet the new standards, with more than one-third (36%) stating they were very confident. Students were least confident in their ability to meet the new standards, with a fewer than one in five (18%) saying they were very confident and 7% saying they were not very or not at all confident.

Figure 4.10: Levels of confidence in ability to meet the new standards
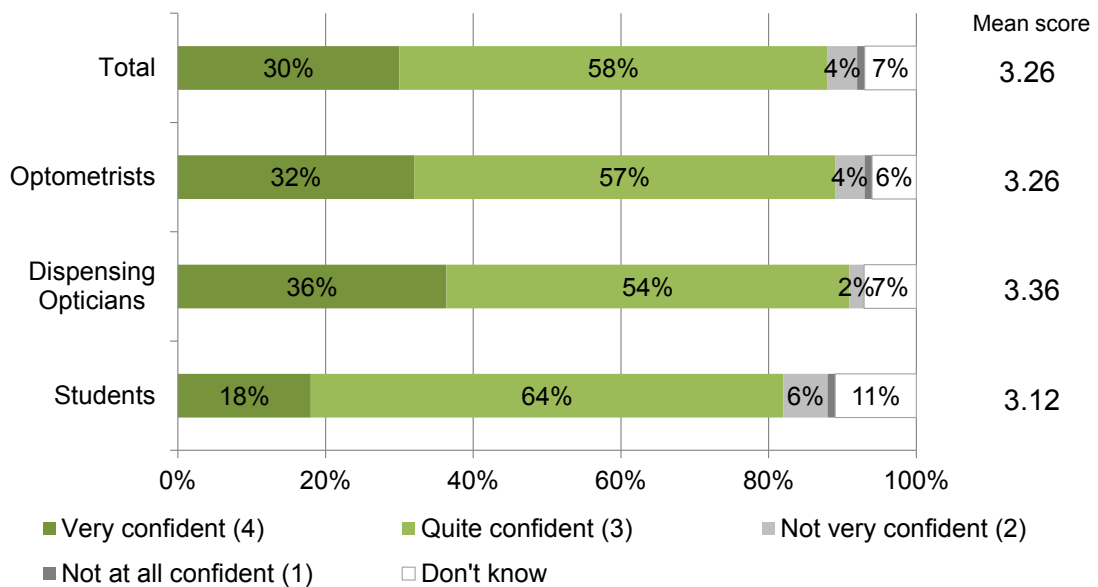
Q15a. How confident or not confident are you in your ability to meet the new standards in your work / studies? Base: Total (1,888), optoms (1,070), DO (439), students (384 incl. 5 who are also qualified DOs). = or <1% not included in data labels

More detailed analysis shows that confidence in their ability to meet the new standards was significantly higher among those offering enhanced clinical services, those who have been practising for more than 20 years, those who are in full-time work, male registrants and those aged 45-54. Conversely, confidence was significantly lower among female registrants, those aged 16-24 and black and minority ethnic (BME) registrants.

Figure 4.11: Sub-group differences in confidence to meet the new standards

Q15a. How confident or not confident are you in your ability to meet the new standards in your work / studies?			
Mean score			
Total	3.26		
Significantly <u>higher</u> among those:			
Offering enhanced clinical services	3.32	In full-time work	3.31
Practising for >20 years	3.31	Male registrants	3.31
Aged 45-54	3.31		
Significantly <u>lower</u> among:			
Aged 16-24	3.13	Female registrants	3.23
BMEs	3.19		

Those who indicated that they either felt not very or not at all confident in their ability to meet the standards (5% overall) were then asked the reason for this in an open-ended question. The responses were analysed thematically and the themes that emerged are recorded below:

- Barriers to implementation were perceived, particularly in relation to resource and resultant time pressures in a commercial practising environment.

- Some standards were regarded as difficult to meet, either because the bar is set too high or because they are considered unclear and open to interpretation.

Some typical open text responses included:

"I feel that, in places, the standards are too demanding, stating an absolute requirement to do something for which it is difficult to define boundaries. To paraphrase "You MUST do something [quite vague and difficult to define]". It will depend on how these standards are interpreted by the GOC, but I am inclined to believe that no optometrist will be able to practise in accordance with these requirements, in all points, perfectly, on every patient, every day." (Optometrist)

"The majority of the standards are absolutely fine but some of the standards are overly onerous and will be difficult to comply with as currently written." (Optometrist)

"I am not given sufficient time by my employer to meet the standards i.e. my appointment times are not long enough." (Optometrist)

4.4.2 Additional clarification, guidance or support needs

The response to the question about whether respondents require additional support or guidance paints a relatively complex picture. While only one in seven (14%) identified

that they would need additional support, more than half (52%) did not know. One-third (33%) said that they would not need additional support.

Optometrists were most likely to identify the need for additional support (17%) and also the least likely to say that they did not know (48%).

Dispensing opticians and students were less likely to identify the need for additional support, with only one in ten (10%) of both groups identifying the need for support. Dispensing opticians were also most likely to say that they did not know (58%).

Figure 4.12: Identified need for additional support
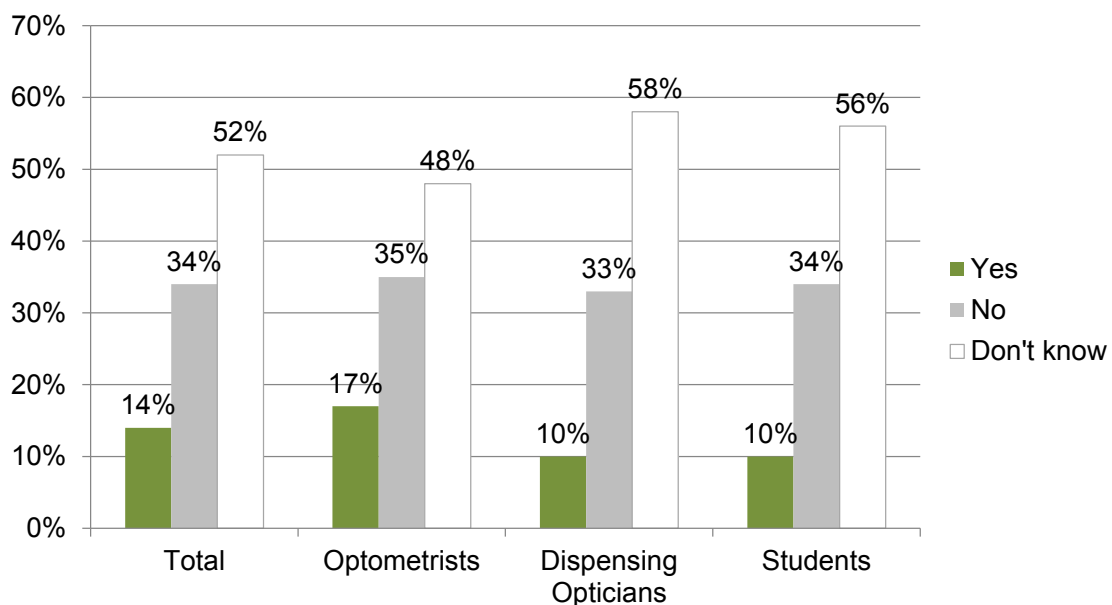
Q16a. Are there any areas of the standards that you expect will require additional guidance, training or support from the GOC or others? Base: Total (1,888), optoms (1,070), DO (439), students (384 incl. 5 who are also qualified DOs)

On further analysis, those working in small chain opticians were most likely to identify the need for further support, with over one in five (22%) saying they needed additional guidance, training or support. Those with a special clinical interest were also more likely than average to request further guidance, with one in six (17%) saying they needed additional guidance, training or support. Those aged 16-24 were least likely to feel they needed further guidance, training or support, with only 9% of these requesting it.

Figure 4.13: Identified need for additional support

Q16a. Are there any areas of the standards that you expect will require additional guidance, training or support from the GOC or others?	
	%
Total 'yes'	14
Significantly <u>higher</u> among those:	
Working in small chain opticians	22
With a special clinical interest	17
Significantly <u>lower</u> among:	
Aged 16-24	9

These findings imply that identifying a need for additional support is not necessarily related to competency or experience. It is more likely to be related to perceiving the need for specific guidance about specialist areas of practice, but also potentially signals a higher level of engagement in the standards and their content.

Those registrants who said they would need additional support, guidance or training they were asked a follow-up open-ended question asking them to identify the areas in which they needed support. The responses were analysed thematically and the following areas of information need were identified:

- General awareness raising and training on the new standards.

- Support and guidance on implementing the standards in the context of everyday professional practice.

- Specific training on the implications of the standards in relation to specialist areas of practice (such as domiciliary practice, glaucoma and diabetes clinics, foreign body removal etc.).

- In addition, several respondents requested specific clarification information and/or training in relation to the following standards:

  o Standard 4: Consent.

  o Standard 10: Supervision.

  o Standard 12: Safeguarding vulnerable patients and whistleblowing procedures.

  o Standard 20: Candour in relation to other guidance/insurers.

A sample of representative verbatim quotations is included below:

> *"It would be useful to have a series of meetings around the country to have the guidance explained to all - possibly with CET points"* (Dispensing optician)

"Patient communication and dealing with mistakes. I need understanding in conflict and resolution to help me achieve these standards. By apologising when things go wrong I could aggravate the situation and hold myself liable to breach of GOC rules. There needs to be training in complying with these areas and will be difficult for most to apply such standards." (Student)

All those who identified that they needed additional support, training or guidance were also asked what method of providing support they require. Seven in ten (70%) of those asked wanted training to be provided via the CET scheme, while around two-thirds (65%) wanted written guidance from the GOC. In addition, just under three in five (57%) wanted guidance from other organisations and just over half (53%) wanted online training and support, while 4% identified other sources of support and guidance.

Dispensing opticians were most likely to want the additional guidance and support via the CET scheme, with over four in five (83%) requesting this. Optometrists (67%) and students (65%) were most likely to ask for additional guidance from the GOC. Dispensing opticians (62%) and students (65%) were also more likely to look to other bodies for guidance than optometrists. Students were most likely to feel that online support would be useful, with over three in five (62%) selecting this option.

Figure 4.14: Types of support required
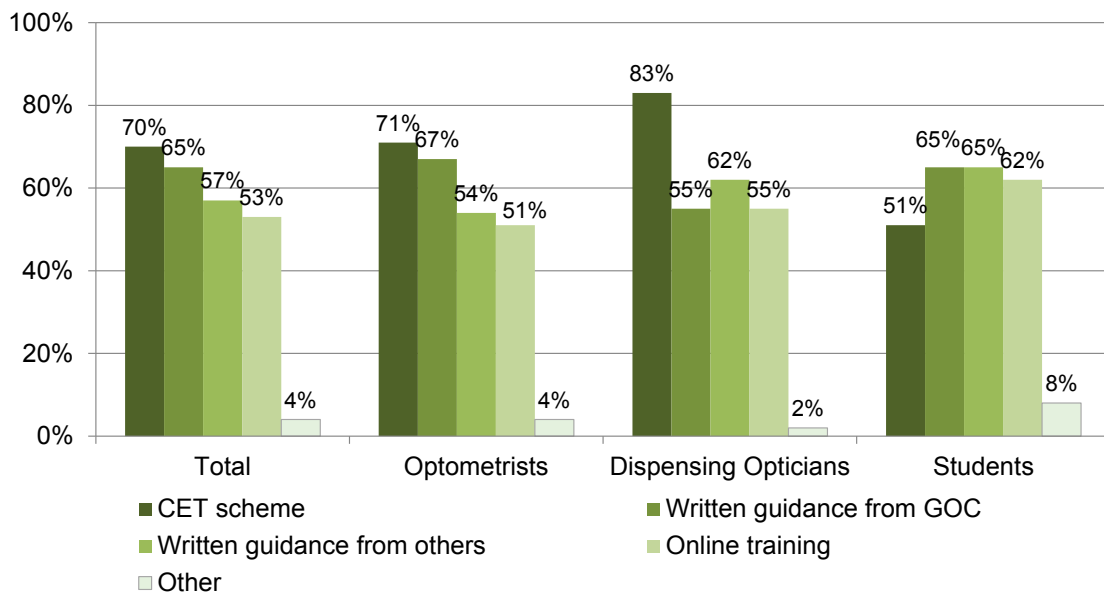
Q16c. What types of guidance, training or support would be most helpful? Base: all who believe extra support will be required? Base: all those identifying need for additional support – total (259), optoms (180), DOs (42 –CAUTION SMALL BASE), students (37 – CAUTION SMALL BASE)

4.4.3 Expected impacts of the new standards

Just over three in five of registrants (62%) believed that the standards would have a positive impact on optical practice and education, with one in seven (14%) agreeing strongly and just under half (48%) agreeing. 7% disagreed that the standards will have

a positive impact on optical practice and education. One-quarter (25%) of registrants neither agreed nor disagreed and 6% didn't know.

Students were most likely to agree that the new standards will have a positive impact on optical practice and education, with over one in five (21%) agreeing strongly.

Optometrists were least likely to agree that the new standards will have a positive impact on optical practice and education, with only just over one in ten (11%) agreeing strongly. However, over half (56%) of optometrists surveyed were in agreement that the standards would have a positive impact on optical practice and education.

Figure 4.15: Perceived impact of the standards on optical practice
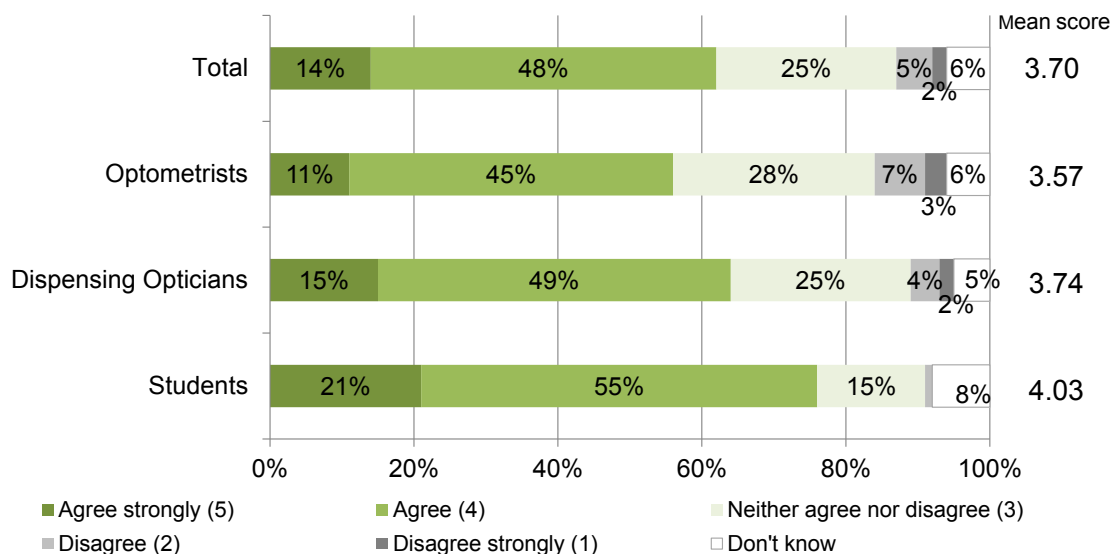
Q14f. 'Standards will be beneficial to, and have a positive impact on, optical practice and education overall'. Base: Total (1,888), optoms (1,070), DO (439), students (384 incl. 5 who are also qualified DOs). = or <1% not included in data labels

Almost two thirds of registrants (64%) also agreed or agreed strongly that the new standards will make it easier for patients to understand what they should expect from their optician. One in seven (14%) agreed strongly and half of registrants (50%) agreed. 7% disagreed or disagreed. Almost one quarter (23%) neither agreed nor disagreed and 5% didn't know.

Students were most likely to agree or agree strongly (20%), while optometrists were least likely to agree strongly (11%).

Figure 4.16: Perceived impact of the standards on patient understanding of what to expect from their optician
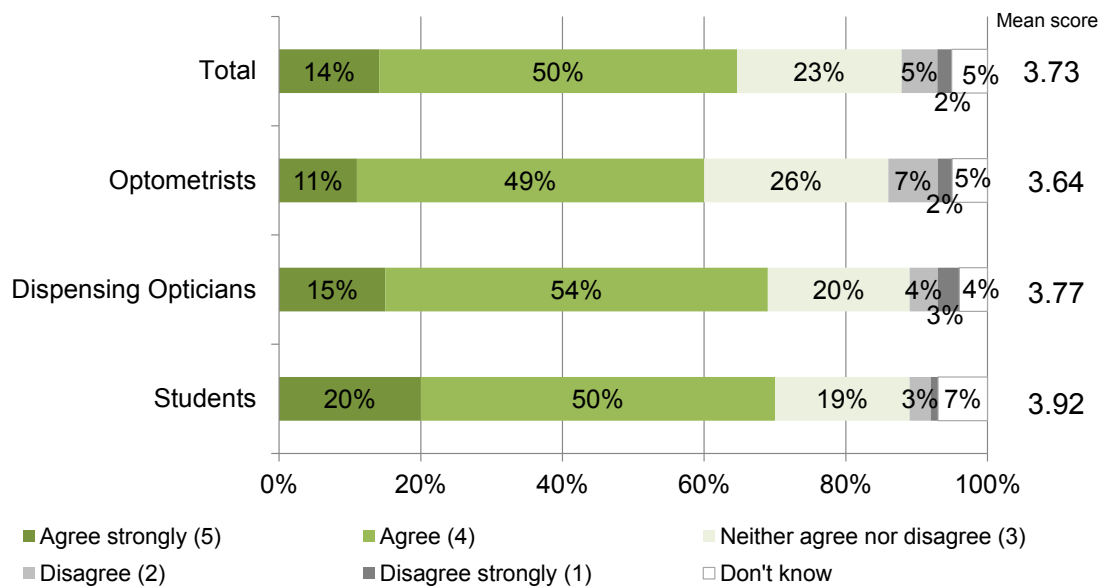
Q14e. 'Standards will make it easier for patients to understand what they should expect from their optician'. Base: Total (1,888), optoms (1,070), DO (439), students (384 incl. 5 who are also qualified DOs). = or <1% not included in data labels

5. Qualitative research with registrants

5.1   Summary

- There was very low awareness of the new standards among registrants and they were also not particularly familiar with the current Code of Conduct in their practice.

- Once the new standards registrants had been evaluated, there was general support for the new approach. The standards were perceived to be clearer and more specific than the current Code of Conduct and also to cover a more comprehensive set of issues including both conduct and clinical aspects.

- However, there was some confusion about whether they are minimum standards or representing best practice and therefore how they will be used by the GOC.

- The standards were felt to be drafted in plain English and to intend to provide clarity, but there were some issues with clarity and comprehension, mainly in relation to the structure of the document and lack of thematic groupings.

- The new standards were felt to be more comprehensive than the Code of Conduct but further guidance was felt to be required in some areas, such as the standards related to record keeping, valid consent, supervision and patient confidentiality.

- Most registrants were quite confident in their ability to meet the standards, however some were concerned about how their behaviour might be assessed, particularly in relation to some of the standards relating to communication and empathy.

- Registrants were also concerned that responsibility for meeting standards appears to lie solely with individual registrants rather than optical practices.

- One of the main challenges in implementation was felt to be changing registrants' habitual behaviour in relation to seeking information and advice about professional standards from professional bodies rather than the GOC.

- A comprehensive communications and training programme was requested to inform registrants about the new standards and how they would be implemented.

- Registrants requested a number of support measures including alignment between all relevant organisations in providing guidance about the new standards; a programme of CET; detailed guidance on some specific topics; greater support for whistleblowing; and possibly mandating minimum testing times in practices to support them to meet the new standards.

- Registrants felt that the standards had the potential to improve standards across the profession and patient experience, but there were concerns that the new approach could encourage litigation and cause registrants to focus on 'proving' rather than 'doing'.

5.2   Context

In general, registrants who participated in the qualitative research felt relatively distant from the GOC and regarded it as being focused on protecting patients rather than supporting registrants. They were more likely to proactively engage with and seek support from professional associations than the GOC because the GOC was seen as a policing body rather than a support body.

Most participants were not familiar with using the current Code of Conduct. They tended to consult the professional associations if they have a query about a professional issue where they are unsure what the best course of action would be, because the associations have a telephone advice line that can respond immediately and provide practical help and information. More senior registrants and those with additional training or patient advocacy roles were more likely to be familiar with the current Code of Conduct.

5.3   The GOC's new approach to standards

5.3.1 Extent of support for the new approach to standards

Prior to discussion in the groups, there was very low awareness among registrants who participated in these sessions of the new standards of practice framework which sets out the GOC's intention with the new standards and the rationale for change.

When the framework was introduced for discussion it was felt to be quite opaque and difficult to understand, especially the compelling reason for changing the old Code of Conduct and the implications of this change for registrants. Registrants were unclear as to whether the new standards were being designed as tools for continuous improvement, a framework for assessing complaints against the profession or for both purposes.

A tension was seen between these two potential aims as the former was seen to be about enabling best practice and continuous improvement, while the latter would require adherence to clear minimum standards against which registrants could be evaluated if need be. Some more junior registrants preferred a more prescriptive minimum requirements approach.

> *"I would like to have a clear right and wrong, rather than we are not sure."*
> (Registrant, Optrafair)

Once they had familiarised themselves with the new standards, registrants were broadly supportive of their direction of travel. The new standards were seen to be clearer and more precise than the current Code of Conduct, with greater guidance relating to situations that regularly arise in their practice. They were also felt to be more contemporary and to be responding to current issues in healthcare.

"What they have done is expanded on [the Code of Conduct] and given guidelines on each of them and this is what all of the professions seem to be doing with their standards of practice these days, the dentists, the doctors, the pharmacists are all doing the same sort of thing." (Registrant, Optrafair)

"Generally speaking I think they hit pretty much all the areas that you would think need to be mentioned. I know some of them you read and you think that's really common sense, but then you think actually it's common sense for me and it might not be for somebody else. I like the way that it's quite easily readable actually and it's quite thorough, from basic to going into a little bit more detail." (Registrant, Optrafair)

"Everybody has to comply with the GOC's guidelines and this is a good thing because it expands their guidelines" (Registrant, Optrafair)

"If it's breaking down the points and it cuts out some of the grey areas it will be useful in that sense." (Registrant, Optrafair)

Registrants spontaneously mentioned that they felt the new standards provided a better balance between clinical and behavioural skills and that this was a positive development for the profession.

"Some of the things that immediately stand out like duty of candour that hasn't gone in before." (Registrant, Optrafair)

However, some of the standards were regarded as too prescriptive and unrealistic in the context of everyday practice.

"It seems that the guidance is very clear, there is nothing wrong with the clarity of the guidance and it is right, but in actual practice is it practical for you to do that?" (Registrant, Optrafair)

Conversely, other standards were regarded as 'common sense' and described registrants' habitual behaviour as clinicians who deal with the public, rather than giving useful guidance that could help them to improve their practice.

"Some of them just seem a bit straightforwardly obvious" (Registrant, Optrafair)

"I don't think we'd be in the healthcare profession if we didn't do this." (Registrant, Optrafair)

5.3.2 Extent of support for separate standards for students

Opinions were mixed about whether it is a good idea to provide a separate set of standards for students and fully qualified registrants. Those in favour felt that it would provide greater clarity for students about specific expectations for those who are not yet registered and would prevent them 'overstepping' their level of competence.

However, others did not consider these as being necessary as standards for registrants could have separate sub-clauses for students. They also felt that having

5.4 The content of the new standards

5.4.1 Perceived clarity, accessibility and ease of use

While the standards were generally perceived to be presented in plain English and with the intention of being easy to understand, there were some concerns about the clarity and accessibility of the standards, both in relation to the structure of the document and some of the detail contained within it.

In relation to structural clarity, registrants commented that the new standards were presented in a long list, with considerable added detail, that lacked any kind of thematic structure to help them to remember it or understand what is being asked of practitioners and why.

There was some confusion about standard 4, in relation to 'valid consent' and they requested more guidance and information about this issue:

- Many registrants were not sure whether 'valid consent' was a more formal process than the verbal/unspoken consent that they usually obtain for routine eye examination procedures.

- There was a lack of awareness of the issue of 'continuing consent' and a desire for specific advice about when and how this should be ascertained during the course of examination and treatment.

- They associated 'valid consent' mainly with sharing patient records, when they would explicitly ask for patient consent and with issues relating to children and vulnerable adults.

- There is a lack of confidence in dealing with consent issues with an older person who they may suspect has dementia but who has not presented with a diagnosed condition – at present they are not likely to question the patient too closely or follow this up, however they would welcome guidance and advice about how to deal with this kind of situation sensitively.

"I think that should link in to another document or expanding on obtaining valid consent. My immediate reaction is, okay I'm sure I should know but I don't know. Can that be verbal consent or does it have to be written consent? Does it need a signature?" (Registrant, Optrafair)

"How do you judge then really, truly whether somebody is giving you consent from their body language completely and then would we be held responsible in front of a GOC hearing?" (Registrant, Optrafair)

"If they had not been diagnosed, I would probably act as if they could consent because I'm not a doctor to diagnose someone with dementia." (Registrant, Optrafair)

In relation to standard 10, registrants requested further clarification about the meaning of 'available' in relation to supervision and whether registrants needed to be present and observing all supervised activities, as this is not currently felt to be sufficiently clear. It was also felt not to be sufficiently clear that supervision covered both students and unregistered staff.

In relation to standard 15 and patient confidentiality, registrants were somewhat unclear about current legal requirements in relation to data protection and record keeping and they requested clarification about the duty to report concerns about patient or public safety and how this related to confidentiality issues.

In relation to standard 3, registrants were supportive of the idea of putting patients at the centre of decisions made about their care, but they wanted greater guidance on what to do when patients refused care that the registrant felt was clinically necessary, especially in relation to record keeping and patient and public safety.

5.4.2 Perceived comprehensiveness and flexibility

While the standards were perceived to be more comprehensive than the old Code of Conduct, it was noted that they do not cover issues such as unregulated sales of contact lenses online or rogue practitioners who are not registered with GOC. Some felt this to be a significant omission that would limit the effectiveness of the standards as a tool for improving quality within optical practice.

"People will buy on the internet and there's no regulation at all on that, is there?" (Registrant, Optrafair)

Registrants who engage in domiciliary work felt that there may need to be some more specific advice about both obtaining consent and safeguarding in a domiciliary context. Specifically, registrants wanted to know who would be responsible for providing consent where vulnerable patients were unable to give consent. They also wanted support and information about safeguarding themselves in situations where patients may become violent or agitated.

"A lot of the patients are undiagnosed [with dementia] so we turn up to a nursing home and there are no staff present and there are no family members present, there are no records, you are there thinking does the patient have dementia or do they not? Are they able to give informed consent? Are they not able to give informed consent?" (Registrant, Optrafair)

Practitioners felt unable to judge whether the standards would remain comprehensively relevant over the next 5 years, as this would depend on developments in the

profession. They felt that provision is needed to reassess the standards regularly and make sure they address all current issues and are fit for purpose.

> *"Things are changing. It's a very dynamic, fluid situation. So I think any guidance has to reflect that and how do you keep it fluid. I think it does for now but is it going to be reviewed every 3, 4, 5 years? Is there something in place to make sure it reflects current practice?"* (Registrant, Optrafair)

5.5 Implementation and impact of the new standards

5.5.1 Confidence in ability to meet the new standards

Some felt the new standards were broadly common sense and reflected the way they currently practice. They therefore did not foresee too many problems in implementation or any great change in the way they practice. Others were more cautious and felt concerned about the way in which the new standards may be interpreted by the GOC. These registrants particularly highlighted concerns about litigation and the difficulty in proving adherence to some of the standards.

In relation to standards 6 and 7, registrants noted the potential difference between registrants' perceptions of their skills and competency and the possible reality (which may not be so positive). Registrants mentioned more regular and compulsory peer review as a potential way for practitioners to get feedback on their practice and learn about their development needs.

Some registrants felt that it would be difficult to uniformly adopt some of the standards, because they relate to subjective judgments and could be subjectively applied. For example, whether a patient has been treated with care could be judged differently by different people.

> *"It's subjective to say they weren't treated in a compassionate way"* (Registrant, Optrafair)

Overall, registrants felt that the burden of responsibility was placed almost exclusively on the individual registrant's shoulders in relation to implementing the standards. Businesses were not specifically mentioned within these standards which was seen to illustrate the GOC's unrealistic expectations of registrants in some cases:

- Registrants felt that individual professionals may not realistically be able to deliver the standards if they are employed and their employer does not provide them with the necessary equipment, support and flexibility to enable them to provide the best patient care (e.g. in relation to equipment to support best practice or ensuring adequate time for consultations).

- Locums were particularly concerned about their ability to influence their working environment.

- Where businesses are not registered with the GOC the burden of maintaining standards could fall entirely on an individual or individuals who are registered with the GOC and this was not felt to be fair or to reflect the balance of power and responsibility for working cultures in individual organisations.

"They need to branch out and anybody working in optical practice that is going to be patient-facing, giving information, has to adhere to some set of standards or some kind of training. Because it puts the onus on the qualified personnel." (Registrant, Optrafair)

"There is a commercial pressure on dispensing opticians and optometrists, increasingly so. When you have that as the backdrop of now really taking your time, take consent, do this, do that and you will be liable for that, I just don't understand how somebody in the GOC has sat down and thought this could actually work" (Registrant, Optrafair)

5.5.2 Perceived barriers to implementation

One of the biggest challenges for implementation of new standards of practice was felt to be the need to change registrants' habitual approach to understanding the standards expected of them in their practice – i.e. moving from a reactive, case-by-case enquiry to a professional association to a proactive and embedded approach that incorporates the new standards at every level of their practice.

Most registrants expected that, at best, they would look at the standards once, review their policies and processes to bring them into line with the standards and then probably not refer to them again. Registrants felt that considerable effort would be required to make the standards prominent and encourage all registrants to read and use them as part of their regular practice.

"You have to know the ins and outs of it when you do your professional qualifiers and then after that you kind of understand it and unless there is a big change and you are alerted to it, you are not ritually going to sit down and read it in the evening." (Registrant, Optrafair)

In addition, there were structural issues in the workplace that registrants felt may make it difficult for them to meet the new standards. For example, the definition of appropriate supervision, as outlined in standard 10, was felt to differ quite widely from current practice, particularly in large, busy optical stores and the new standard was felt to be quite challenging for registrants to adhere to. In addition, the requirement in standard 10 places all of the responsibility for correct supervision on the registrant and people undertaking supervised tasks and does not mention the corporate responsibility of the employer to ensure there are sufficient registered staff on site to supervise non-qualified staff.

"All too often in larger practices, like the chains that I have worked for before, you have a team of thirty, probably three are qualified, so actually those

qualified in the practice probably see, I don't know, 15-20% of the work that goes through." (Registrant, Optrafair)

"It depends how busy the practice is because if it is really busy then you will get some supervisors that won't get a chance to check everything." (Registrant, Optrafair)

5.5.3 Additional clarification, guidance or support needs

Aligning guidance across all relevant organisations

Registrants said that they would be most likely to look to the professional associations for that advice in the first instance. They also requested that guidance across all advising bodies is aligned so that there is no conflict in the advice given that could confuse registrants or put them on the 'wrong side' of the standards.

One example of where this may not currently be aligned is the issue of 'making an apology' when a mistake has been made, which the professional associations may advise against doing in case registrants are later pursued for damages in the courts, when they are advised against making an admission of liability.

"The only question I am not sure of, or the answer I am not sure of, is how do these standards differ to those that say ABDO might issue or are they exactly the same?" (Registrant, Optrafair)

"The first thing you are told by the AOP or the ABDO or whoever insures you is don't say anything because in the heat of the moment you might actually sound really sorry that you've made a mistake because you don't want to break GOC rules here, but actually that might actually leave you on a back foot for when the patient says you've apologised and we are now a litigation society and that's their evidence that you have done something wrong." (Registrant, Optrafair)

Providing guidance through CET

Registrants called for any changes in practice that would be required in relation to the new standards to be incorporated into compulsory CET in order for the profession to be able to take them on board.

"I think they have to go alongside with CET and with the college guidance. There has to be a way of it all working together really because if not people will just receive them and just not do anything about it. So there has to be some mechanism for that." (Registrant, Optrafair)

There were also calls for more support in maintaining the standards in relation to empathy and patient-centred care. These included CET in relation to the psychology of care and how to respond to different personality types, as well as more comprehensive training in how to diffuse difficult situations and deliver difficult news.

"[I would like] some kind of training on different personality types and how they respond to situations and how to deal with it." (Registrant, Optrafair)

Specific topics for guidance

Registrants requested information on how the standards may be used to assess FTP cases so that they could understand the way in which the GOC would assess whether they had met the standards or not. This was felt to be particularly important for those standards that were more subjective and difficult for registrants to 'prove'.

Some felt that standard 9, relating to record keeping, would actually be the key standard for them to adhere to in order to ensure that they are able to demonstrate that they have followed the other standards, and they suggested that the importance of this standard be highlighted to registrants in order for them to be well prepared should any complaints be made against them in relation to the other standards.

Some registrants also suggested that providing the new standards to providers of optical records management systems may potentially 'engineer out' failure to comply with standard 9, as the record will not be able to be completed unless all the fields have been filled out.

As mentioned previously, some felt that more guidance is needed on how to detect vulnerable conditions that were less obvious, or progressive (e.g. autism and dementia), whether in a domiciliary or high street setting.

Registrants also wanted guidance on whether/how they could decline to treat difficult or aggressive patients or patients where they had concerns that a vexatious complaint may be made.

Support for whistleblowing

There was a lack of faith in whistleblowing protections, as outlined in standard 12.2, and many registrants did not believe that they would be able to report concerns without damage to their professional or personal life. This was particularly true for those working on an employed, and especially a locum basis, because they may not feel able to risk losing their source of income.

In addition, some felt that habit and loyalty might prevent them from reporting colleagues who had not acted correctly. They would prefer clarification on the consequences of reporting colleagues, and whether these reports could act as 'personal development' points rather than immediately having severe consequences for practising optometrists.

> *"If you were to be performing an audit of your team and you did notice that somebody had done something wrong, is that fine for you to say that it is a learning curve, it's part of your professional development or are you duty bound to say you need to contact the GOC. Sorry, but you are in breach. That's a really difficult one."* (Registrant, Optrafair)

Additional support from the GOC – minimum testing times

In discussing ways to ensure practices take responsibility for delivering high quality care, registrants spontaneously mentioned the issue of minimum testing times:

- A number felt that minimum testing times would be helpful because they would work against commercial pressures for shorter and shorter appointments.

- But others were opposed to any implementation of minimum appointment times because they felt that these could have unintended consequences, particularly in large multiples, where the minimum appointment time could become the maximum appointment time, or where minimum appointment times make the practice financially non-viable.

"Anything where you start to say you have to do a 20 minute examination I think is dangerous." (Registrant, Optrafair)

"I think that's really sad that we have to go out and say we need more time. I think that's really bad for a healthcare profession that is governed by the government for the government to not say actually you know what, 5 minute testing, 10 minute testing equals actually bad practice." (Registrant, Optrafair)

5.5.4 Expected impacts of the new standards

Registrants' views on the potential expected impacts of the new standards were mixed. While some registrants felt that access to and awareness of the new standards would empower patients and enable positive change in the profession, others were concerned about the possibility of patients and personal injury law firms using the new standards to bring unwarranted complaints and legal challenge.

Linked to this, there was a feeling that the new standards may lead registrants to focus on 'proving' rather than 'doing', i.e. to adopt an approach that 'covers their backs' in terms of record keeping and consent, but does not necessarily improve patient care. In particular, locums mentioned that they expected to have to sign many more liability waivers for their employer.

Finally, some felt that the more onerous requirements for supervision in standard 10 may lead employers to prefer registrants to unregistered staff, even where those staff may be very skilled and experienced at working in an optical store.

6. Qualitative research with students

6.1 Summary

- Students would welcome more explanation from the GOC on the rationale for changing its approach, including what issues it is seeking to address and what improvements it is expecting as a result of implementing the new standards.

- Notwithstanding this, most of the students who participated in the qualitative research were broadly positive about the new standards as they were felt to provide clearer and more specific guidance to registrants than is the case currently.

- In addition, students generally supported the introduction of separate, tailored standards that recognise the different status of students from fully qualified registrants in practice.

- Most of the new draft standards were felt to be clear and accessible, however more support and guidance was requested in understanding the issues of consent, safeguarding, record keeping, as well as the use of social media and general personal conduct guidance.

- Most of the standards were felt to be comprehensive and flexible enough for students throughout their training.

- Students generally felt relatively confident in their abilities to meet the standards, however they were concerned about their ability to ensure adequate supervision in the context of commercial practice and they also wanted more training on safeguarding and consent.

- Some of the standards are perceived to be onerous, particularly in terms of ensuring adequate supervision and emphasising the achievement of high standards of practice, rather than the attempt to achieve them as the student learns how to practise.

- There was sometimes a mismatch between the student's perception of their knowledge of good optical practice and their actual knowledge, which suggests that they may require more support and guidance to reach these standards than they are aware of.

6.2 Context

There was broad awareness that the GOC is there to regulate and protect patients but not detailed understanding of its role and remit. Only one institution was reported to explicitly require students to have a good understanding of the GOC and the Code of Conduct as part of their assessed work. Other students had little or no formal introduction to their relationship with the GOC and the Code of Conduct.

"They are looking after the public and making sure we don't do anything we shouldn't." (Student, Birmingham)

By comparison, all were familiar with ABDO and the College of Optometrists and the guidance that they produce, such as core competencies, and stated that they were more likely to look to these organisations for advice and guidance than the GOC at present.

6.3   The GOC's new approach to standards

6.3.1   Extent of support for the new approach to standards

Students felt that the framework document does not currently make clear who the new approach will benefit and what rationale had been employed in devising the approach. They felt that more contextual explanation was required from the GOC, including why it had made the strategic shift towards promoting higher professional standards (rather than just maintenance of standards), the changing environment that influenced this and how this approach compares with what other health regulators are doing. What they were looking for goes beyond the rationale currently expressed in the standards framework.

"I think it is quite clear that they want to improve the clarity of the standards and of laws and fitness to practise." (Student, London)

"It doesn't seem that clear on whether or not they are trying to do it for the benefit of the patient or the practitioner or student optometrist." (Student, London)

There was a minority view that the current Code of Conduct is adequate and that greater detail may curtail professional freedom to exercise judgement. This view reflected the belief that the College is more in touch than the GOC with the day-to-day issues facing the optical professions and more supportive of practitioners.

"From my perspective, the current Code of Conduct, is adequate and that is why I am just questioning the real reason why we have had to change." (Student. London)

However, most felt that the new guidelines maintained professional freedom while also clarifying expectations, which was felt to provide a safeguard for students that they are practising as required.

 "It's giving the student optometrist freedom, but also it does seem as though it will protect them a bit more with much more specific guidelines to refer to." (Student, London)

As such, most were supportive of the new standards. In addition, once they had compared them with the Code of Conduct they were felt to be clearer and more precise than what exists currently. The general reaction was that the new standards set out

and explain all relevant requirements in terms of clinical behaviour and personal conduct.

Participants believed that the new standards would provide more clarity on the rights and wrongs of optical practice, which would be better for the public, for the GOC in FTP cases and ultimately also for the profession. Some students mentioned that, in an increasingly litigious society, having clear-cut standards may be more protective for professionals than a broad guidelines approach. One of the aspects of the standards that students liked best was the explanation of what each of the standards required in the form of the detailed sub-clauses.

Although there was broad support for the new approach to standards, some students were unclear why the GOC had taken the approach that it has and what role professional bodies would be taking in future with respect to providing guidance.

6.3.2 Extent of support for separate standards for students

There was support for separate standards for students, because students were not clear how the Code of Conduct relates to them and there was a perception that it was only for qualified optical professionals. However, students wanted clear information about when they transition to the full standards and what the main differences are that they will be expected to hold to.

> *"The student one is a lot more tailored to students, like the point I made about referring to your supervisors."* (Student, London)

Once they directly compared the practitioner and students guidelines the view was that the two sets of standards were very similar, except for references to supervision and knowing one's limits. This familiarity was viewed as a positive feature as it would mean that they learn what is expected of them once they become qualified and that the transition does not seem such a big leap. Not surprisingly, the students' standards were seen to be particularly relevant for when students start practising and engaging with patients.

Concern was voiced by a minority that the student standards might be too onerous, especially for students in the early part of their training. On the other hand, students did not want their standards to be too different to those for qualified professionals, because it would be difficult to make the transition to new standards on qualification if that were the case.

> *"As a student we are learning to become optoms so we should be learning to follow these guidelines from day one."* (Student, London)

In addition, some students wanted the GOC's approach to be put into context with the approach of other healthcare regulators to students, because there was a perception that optometry students in particular have to comply with more onerous regulation than other medical students.

"What I find would be interesting is to compare what the GOC does with what the General Medical Council or the General Dental Council because at the moment we have lots more things to follow than what the other medical and dental students have." (Student, London)

Having the same standards for optometry and dispensing optics students was felt to support parity of esteem and emphasise the shared clinical responsibility for patients.

"We are all under the same thing. We are all students. We are all having to get things checked. As far as that is concerned we are not any different." (Student, Birmingham)

6.4   The content of the new standards

6.4.1   Perceived clarity, accessibility and ease of use

Overall, the new standards were thought to be clearer and more precise than the Code of Conduct and to give students a comprehensive understanding of all requirements in terms of clinical behaviour and personal conduct.

"I think it is a really nice size and it's concise. You have a nice list of high points in there and then it is elaborated in the standards as well, so it's quite straightforward." (Student, Birmingham)

However, students perceived some repetition in the standards, particularly in those relating to communication and patient-centred behaviour (e.g. standards 1, 2 and 5). These standards were also felt to relate to more 'common sense' issues and therefore to be more difficult to define in terms of clinical standards that they should adhere to.

In addition, some of the standards were felt to be less clear and to require more guidance. Students' responses were aligned with those of other registrants in relation to what they perceived to be unclear, namely:

- Standard 3: Ensuring patients are at the heart of decisions about their care – clarification was specifically requested about the type of lifestyle information and recommendations they could give and when.

- Standard 4: Consent – it was felt to be unclear when written consent would be required and how to ensure ongoing consent, including whether this standard required different behaviour from their current approach.

- Standard 11: Safeguarding – there was uncertainty about what the signs of abuse would be and participants felt that they needed more training and information about sources of support and pathways for reporting suspected abuse.

"If I start asking for proper consent for absolutely everything then they are going to start asking questions about maybe why they are having to consent to this." (Student, Birmingham)

They also wanted clear information about when they transition to the full standards and what the main differences are that they will be expected to hold to.

6.4.2 Perceived comprehensiveness and flexibility

The majority felt that the student standards were be flexible enough to accommodate students at different levels of training.

"For the majority of them I like the flexibility so your level of study decides probably what level you are going to probably be able to give." (Student, Birmingham)

However, for some, the language placed too heavy a burden on students, who are still learning and may not be able to perform at the highest level at all times. They felt that more moderate use of the imperative would make the standards more realistic and responsive to the realities of student practice, such as replacing "you must" with "you must do your best to…"

"I think that as a student optometrist, we are still students, the type of wording instead of 'you must do this' or 'you must do that' should be 'you must do your best to do this' or 'you are encouraged to." (Student, London)

Students felt that the mention of social media in standard 18 was appropriate and up-to-date and demonstrated the forward-thinking nature of the new standards.

"I do like that they mention in particular about social media because that can get some people into some bother." (Student, Birmingham)

However, it is worth noting that norms of social media usage among students could vary from the expectations in the standards. For example, in relation to historical social media activities and with respect to the behaviour of their friends. In addition, 'What's App' is not seen as social media, but rather a private chat tool.

"I think it would depend how bad it was because when I used to have those kind of pictures I wasn't working, so it was fine. So all of those pictures are ten years old." (Student, Birmingham)

In addition, participants perceived a difference between themselves and qualified practitioners or organisational representatives, who are seen to have greater responsibility in terms of their social media use.

"If it is head of the GOC and they messaged someone and said that these students were just absolute numpties… then I think that's misrepresenting the GOC if that came out, whereas if I said these people that I work with don't even know how to do PEs or they don't know how to do this or do that, it's not really that bad." (Student, Birmingham)

6.5   Implementation and impact of the new standards

6.5.1   Confidence in ability to meet the new standards

Students' confidence in their ability to meet the new standards depended on their level of experience in working in practice and their perceptions of their natural people skills. Those who had been working longer in practice were relatively confident. Confidence, however, could lead to students not asking for supervision where it may be beneficial and therefore may not always support students to meet the standards as drafted.

For example, several of the students did not see any problem with writing up notes at a later date, if they were busy, as long as they did not habitually do this. Those who were not aware that this could constitute a potential breach of professional standards also said that they would not feel the need to inform their supervisor about this. This indicates that while students may feel confident in their ability to meet the standards, they may not have a clear understanding of what the GOC expects from them or when they are not meeting these expectations.

It was generally perceived that the communication skills discussed in the new standards were something innate, or at the very least learnt through trial and error in practice, so students were not sure what could be done to improve their ability to meet these standards through guidance or training.

"A lot of it is either you know how to talk to people and you know what to say, or you don't." (Student, Birmingham)

They noted that there was emphasis across the standards on students asking for supervision when they needed it. Some felt that there may be significant barriers in implementation for them in relation to this aspect of the standards:

- They were often left unsupervised for quite long periods of time if their supervisor was on leave or if there was a gap in positions in the practice.

- Their status in practice meant that they were not always able to insist on supervision or to ensure that their supervisor had the correct level of expertise to supervise them.

- They may be reluctant to request greater supervision as they become more advanced in their practice because the need for supervision is seen to reduce as they become more experienced and closer to qualification.

"I think you have got to be quite assertive when it comes to the supervisor." (Student, Birmingham)

"We only got a DO in September [in my practice] as we hadn't had one for about six months which was really tricky." (Student, London)

"I don't think it is the role of the student to ask for the supervisor's qualifications. I mean, do you have a degree? Do you have a first? Are you sure? I don't think it is the job of the student." (Student, London)

If student standards were implemented without corresponding standards for businesses, there was a concern that the burden of responsibility would rest with the student but they would not have the ability to change corporate policy. This was felt to be particularly difficult because students rely on employers to complete their training and obtain full registration, with some businesses sponsoring students through their studies.

"For the businesses I think it is also important to do it at the same time as us and not having something put on the individual before it is done at the corporate level." (Student, London)

"It's all important with working with students on this, on the Code of Conduct and the standards, but if the student then goes into a multiple which has a completely different understanding of what is expected, the two aren't really going to work together and that's where the mismatch is going to happen." (Student, London)

6.5.2 Additional clarification, guidance or support needs

Students were keen to have closer communication with the GOC in order to help them to find out about and ensure they meet the new standards. They requested workshops and presentations at their places of learning. They also wanted the new standards to be incorporated into their academic work so that they are completely familiar with them by the time they qualify.

"I think it would be useful if GOC does choose to change some of these as well, it would be useful for them just to come down and have one meeting with everybody" (Student, Birmingham)

In addition, they wanted specific guidance and training on safeguarding from child protection specialists, and particularly in spotting the signs of abuse and which pathways to follow in reporting suspected abuse. This was not felt to be just an issue for students, but also a need across the profession as a whole.

"It's such a grey area that whichever one you do is going to be the wrong one because if you do this you are letting the patient down by telling someone, but if you don't say anything then you are almost condoning what is happening and it is... maybe not specifically in the student ones, but just a general separate guideline." (Student, Birmingham)

"It would be helpful even if GOC linked up something with the NHS just so there was a general awareness of it so we could read it or do it and then have an idea of what is the appropriate way to manage it." (Student, Birmingham)

Given the lack of general awareness and clarity about the requirements of standard 9 and contemporaneous record keeping, some students requested greater detail describing the correct course of action if records were not kept updated.

> *"You can't amend or add to a record after the consultation, however if you have forgotten to write something down then you would need to call the patient back in and do it when they are present… See I only know this from my supervisor, surely it should be in the guidelines."* (Student, London)

Students also suggested that they be provided with specific real-life style case studies to help them interpret some of the more difficult to understand standards e.g. supervision and use of social media**.** They need to be told what is acceptable and unacceptable in these particular cases because the norms are so different from what would be considered acceptable that they are not able to identify the correct course of action in all cases.

6.5.3   Expected impacts of the new standards

In general, students felt that the new standards would have a positive impact on the profession in terms of specifying standards of practice and behaviour, and providing clarity on what is expected.

Some students felt that the new standards present an opportunity for the GOC to communicate more directly with them and to make them aware of all the resources it provides to support them in their practice. An impact of the new standards could therefore be for registrants to have a closer working relationship with the GOC.

Because of the detailed nature of the new standards there was some concern that the new standards could result in more litigation and FTP cases being brought against students. However, they also felt that the detail of the standards provided them with greater safeguards against litigation, because they would be able to point to detailed ways in which they had followed the standards.

7. Qualitative research with FTP personnel

7.1   Summary

- Responses to the new standards diverged between FTP staff and decision maker personnel and therefore each section of this part of the report includes separate responses for staff and for decision maker personnel.

- In general FTP staff responded positively to the new standards and felt that they would make it significantly easier for them to define the terms of an allegation and respond to queries.

- FTP decision makers were supportive of the aims of the new standards but felt that it was unclear how they would be applied in assessing cases and that there might be some difficulties in transition. In particular, they felt that the intention of the standards was to promote continuous improvement as well as minimum standards, and that this may result in some ambiguity when they are applied to FTP cases.

- FTP staff felt that the new standards were generally clear, however the decision maker personnel felt that some of the standards were too subjective and it was unclear how they could be assessed in practice.

- Both FTP staff and decision maker personnel felt the standards were more comprehensive than the Code of Conduct, but they also both identified some omissions based on their experience of frequent issues raised in FTP cases. These included reference to core competencies and an explicit requirement to notify about criminal investigations.

- The decision maker personnel also identified some areas of the standards that may be difficult for individuals to comply with, either because they are too onerous or because they are beyond the control of individuals.

- Both staff and decision maker personnel requested guidance and support in how to use the new standards in drafting and assessing FTP cases.

- They also both identified the need for clear and prominent communications to registrants about the changes and the timetable and process for their implementation in FTP cases.

- Both FTP staff and decision maker personnel were able to identify possible positive impacts from the new standards, but the decision maker personnel in particular were cautious about predicting impacts, because they felt these depended on the approach to implementation of the new standards.

7.2 The GOC's new approach to standards

7.2.1 Extent of support for the new approach to standards

GOC FTP staff

Overall, the FTP staff involved were generally very positive about the new standards which they regarded as representing a significant improvement with respect to their work compared to the current Code of Conduct.

In particular, the new standards were expected to help with:

- The drafting of allegations, by providing more clarity on the potential breach and enabling the team to include verbatim sections from the standards within the text of the allegation.

- Dialogue with stakeholders, including both registrants and complainants, by providing a more detailed set of expectations to refer to.

- Clarifying the role of professional bodies vis-à-vis the GOC so that professional bodies are referred to on specific clinical questions rather than more generally by default.

- Resolving any previous inconsistency in expectations, for example between different professional bodies.

- Setting out expectations with respect to the ethical side of practice, which hitherto was a gap.

    "There's differing standards that [some registrants] apply compared to other [registrants] and there's no one standard that they use" (FTP staff)

    "I think it will make it easier to draft allegations and it will make clearer for everyone at the outset, who fell below what standard, by whom, and I think that's a great advantage." (FTP staff)

FTP decision makers

There was also broad support for the new approach to the standards from decision makers, because the current Code of Conduct was felt to be very broad and open to interpretation which makes it challenging to use in legal argument. The new standards were felt to be a good step forward in providing a more meaningful and useful guide for registrants and the public.

    "We rarely refer to the Code because the Code is so high level it is no real use to anyone. It's very anodyne and too strategic in many senses and it is unlike any code issued by any other regulator, so the GOC is catching up I think." (FTP decision maker)

Although the new standards framework was felt to be clear, it was not regarded as being completely accurate because it asserts the primacy of the new standards and

states that the they *"bring together in one place… all the information registrants need to understand our expectations"*. However, in terms of FTP cases, decision makers note that the Opticians Act 1989 will always come before the standards of practice where it is applicable and relevant to the case in hand.

They felt that they should be called 'Standards of Practice and Conduct' because practice is taken as meaning clinical practice. Similarly, in the preamble there is discussion of 'ethics' but they preferred 'conduct' because ethics were not considered in detail in the standards and it was unclear how this term relates to them.

Participants perceived a tension between the standards being used as tools for continuous improvement and being used to assess FTP cases which relate to deficiencies in practice. They questioned whether the profession should be held up to 'ideal' behaviour or just 'reasonably competent' behaviour.

7.2.2 Extent of support for separate standards for students

FTP staff

FTP staff understood and supported the rationale for having a separate set of standards for students. They felt that the student standards, particularly standard 7 in relation to the limits of their competence, allowed students the flexibility to grow in clinical expertise throughout their training and remain within the standards expected of them.

> *"I felt that that would be quite reassuring for students, that they know they're not going to be held to high clinical standards at the beginning."* (FTP staff)

Standard 10, in relation to supervision, was also felt to provide students with the confidence to request adequate supervision where their employer or institute of study is not providing it.

> *"I also think that gives students a kind of confidence to actually, you know, demand that they have adequate supervision"* (FTP staff)

FTP decision makers

FTP decision makers were also broadly supportive of separate standards for students and qualified optometrists because this was felt to define clearly the limits of responsibility for students and when they need to ensure they get support of a supervisor. In addition, it was perceived that the existence of separate standards would give students a sense of progression into the full standards.

> *"I thought that it was a really good idea to have a separate code for students and I noticed that in that particular code they talk about a recognition of students not being expected to reach the gold standard straight away, but they actually have the step by step improvement and I thought that was really a good thing."* (FTP decision maker)

However, it was felt that the way the standards are currently worded may be too onerous for students or put too much pressure on them to ensure they are correctly supervised or to whistleblow in a way that does not match the power balance between students and supervisors/employers.

In addition, there was a concern that students are required to apply their own judgement and take responsibility for these decisions. Some participants felt that students may not always know when they are out of their depth or what the limits of their competence are, and therefore these requirements may not be realistic.

> *"The one reservation that I had was the student having to realise when in fact they are out of their depth etc. etc. In many ways it is in the nature of students and all young people to think that they know everything when they don't."* (FTP decision maker)

7.3   The content of the new standards

7.3.1   Perceived clarity, accessibility and ease of use

FTP staff

The standards were felt to be clear and most believed that the right balance had been struck overall between providing more detail while not being overly prescriptive.

Staff particularly appreciated the increased clarity that they felt the new standards provided in enabling them to address FTP cases. The new standards are felt to provide a clear set of criteria, without the need to refer to external sources for information and guidance, about acceptable professional standards.

> *"It's just much more clear, because you have the current Code, which is very woolly"* (FTP staff)

FTP decision makers

FTP decision maker participants understood that the intention of the new standards was to provide greater clarity about what is expected of them, and they were in support of that aim. In one respect they felt this would be achieved with the new standards because registrants and assessors will no longer have to refer to multiple sources. However, there were some concerns about both the topics covered and the specific wording.

Some of the participants were concerned that certain topics, particularly those relating to kindness and compassion, were too subjective to provide clear guidance about expected behaviours. This was felt to be an inherent problem with these topics, rather than a concern about the specific drafting of the standards.

> *"Some of the guidance that has been written around kindness and compassion, some of that is very difficult to measure. You know, one person running out into the road where an animal has been knocked over and giving it a cuddle, you can*

see the kindness. Somebody else running out and (dispatching it) would be also considered kind, so kindness is a very difficult thing." (FTP decision maker)

In some cases it was felt that the new standards cross the line into explaining 'how' not just 'what' registrants must do (e.g. in relation to record keeping) although the intention is not to provide the 'how'.

"The only place it contradicts itself is it says this doesn't explain how in the guidance that it does then try to explain how in certain circumstances." (FTP decision maker)

7.3.2 Perceived comprehensiveness

FTP staff

The standards were felt by FTP staff to provide a comprehensive list in general. However, certain gaps were identified in specific areas of the standards, in relation to the types of cases that FTP staff commonly encounter.

One FTP staff member identified a gap in relation to the requirement to notify the GOC of any ongoing criminal investigation. While they felt this could be covered under the requirement to notify the GOC of any issue that affects FTP (standard 12.3), a more explicit statement was thought to be a helpful tool in assessing cases.

There was also some debate about whether standard 9 includes all of the important aspects of record keeping, as this is a query from registrants that the team often has to respond to. There was a feeling that some of the specific elements of record-keeping mentioned are less important (e.g. 9.2.4 - patient history), while other important issues, such as specific measurements relating to the eyes are currently omitted. There was some disagreement about whether such specific clinical measurements should be included in the standards or whether clarification is needed in additional briefing notes.

"I worry whether that is complete, because my impression of it was that it would depend kind of very much on the patient what needs to be included and this doesn't necessarily seem full and it's got things which maybe aren't that important, but it doesn't seem to have things like inter-ocular pressures, which is one that comes up a lot." (FTP staff)

On the question of flexibility to accommodate changes, FTP staff regarded the standards as being up-to-date with the inclusion of consent, whistleblowing and candour highlighted as examples of current hot topics. That said, they felt that they can probably never be fully future-proofed and will need to be adapted as clinical practice and the external environment develops.

"I'm very pleased to see the specific stuff in and around consent, because there's some issues bubbling, big issues bubbling under around domiciliary care and consent." (FTP staff)

FTP decision makers

FTP decision makers felt that the main omission in the standards was a lack of explicit reference to the core competencies. These were felt to provide the basis for assessing clinical competence and to be a better baseline for 'reasonably competent practice' than the new standards, which were felt to aspire towards best practice rather than just mandating minimum standards. They felt that best practice or aspirational practice could not form the basis of an FTP assessment as not all practitioners would be able to attain that standard, while still being fit to practise.

There was also a sense that much of the detail did not actually relate to the kinds of cases they most often see, which are often about theft, drugs and alcohol. Therefore some questioned how useful they would be in relation to common cases and whether they really helped them to decide about serious untoward incidents rather than petty infringements of strict standards of clinical behaviour.

> *"An awful lot of the DO cases that I have sat on recently are not clinical. They are alcohol, drugs and theft and so it comes from a different kind of line."* (FTP decision maker)

One participant pointed out that there is no requirement to co-operate with the regulator in assessing FTP cases, which is the case with most other medical regulators. This was thought to be particularly important in strengthening the whistleblowing elements of the standards, because it could require registrants who are not under investigation to co-operate as witnesses in whistleblowing investigations, rather than standing back and refusing to give evidence.

One participant also noted that an important element of the previous Code of Conduct appeared to be missing from the new standards, which was 'making the care of your patient your first and continuing concern'. Although it is mentioned in the introduction to the new standards it is not explicitly mentioned in the new standards and this was felt to be an important omission because it is a statement of intent about general standards of clinical behaviour.

> *"The current number 1 on the Code, 'Make the care of your patient your first and continuing concern' and that's missing and I think that's really important."* (FTP decision maker)

7.4 Implementation and impact of the new standards

7.4.1 Perceived barriers to implementation

FTP staff

The exercise of applying the standards to the FTP case studies provided was felt to be a straightforward exercise at a high level, but in each case there were numerous standards that had potentially been breached which raised questions of proportionality and also indicated the potential for dispute.

Some areas of overlap between individual standards were perceived at a high level, for example standards 1, 2 and 3. In addition, at the detailed level, these standards and standard 5 were regarded as being difficult to prove.

FTP decision makers

The exercise of applying the standards to the FTP case studies was felt to highlight issues both in the content and the implementation of the standards in a FTP context. Participants were unsure how they should assess the case, for example whether to use only the overarching standards or also the detail below.

There was a concern that if they have to apply both overarching standards) and specific sub-clause(s) to every FTP case, then some cases of poor conduct may slip through the net when they should be addressed simply because the sub-clauses cannot be exhaustive or may not be appropriately worded.

> *"There is sometimes… a disconnect between the preamble which appears to be all-encompassing and then what follows and if you are going to have something that follows at all, make it clear that they may be examples and they are not exhaustive"* (FTP decision maker)

> *"If you make it too woolly with 'This is not an exhaustive list' and some registrants will be scratching their heads and thinking what else do they have to do."* (FTP decision maker)

There were concerns about some wording which is felt to 'set clinicians up to fail' and to not be sufficiently specific to optical practice (vs. general clinical practice). For example, there were concerns that clinicians are made responsible for the actions and behaviours of others, where they have only partial, if any, ability to influence those actions – e.g. standards 2.4, 10.4, 11.3 and 13.1. This was especially felt to be the case for newly qualified and locum staff who may not have a corporate position of responsibility. There were calls for the addition of modifying language such as 'where possible' to allow for reasonable steps to be taken.

> *"There is guidance in there that states that you shall be responsible for the communication skills of others, you will be responsible for all sorts of other factors about how those around you are behaving and the pressure on an individual practitioner who does not have that level of responsibility within an organisation can be quite challenging."* (FTP decision maker)

In addition, participants noted the emphasis on clinical responsibility of the registrant and the fact that corporate responsibility is not mentioned. It was felt to be unfair and unrealistic to place all of the responsibility on the registrant practitioner where failings could also be attributed to corporate pressure or negligence.

> *"It's alright talking about clinical independence and all of that, but if people think they are going to lose their job because they are not keeping up with the pace that the company has set, it is a very difficult dilemma for them."* (FTP decision maker)

This led to questions about when the new standards for businesses would be drafted and whether the lag between the implementation of standards for individual registrants and for businesses might cause some issues in the assessment of cases, where the business is not being held to the same set of standards as the individual.

> *"We had a case as a case examiner where we had a registrant, a dispensing optician, optom and a business... I am applying one set of codes to the registrant and an old set of codes to the business. Perhaps it should all be introduced at the same time."* (FTP decision maker)

7.4.2 Additional clarification, guidance or support needs

FTP staff

Looking towards the implementation stage, there was a suggestion of using more case studies to help the FTP team in their preparation for adopting the new standards. Participants also noted that there may be quite a significant period of overlap where the old Code is being used, depending on when the alleged breach took place. They did not suggest any special measures for managing this, but felt that care would need to be taken during this stage.

Supplementary guidance documents were thought to be important tools, in addition to the new standards, to help registrants understand exactly what is required of them in practice.

> *"From a kind of pragmatic, practical perspective, I can see the supplementary information is going to be critical"* (FTP staff)

However, they also queried the status of the guidance and whether it should form part of their judgements in relation to FTP cases. They also felt that if substantial supplementary guidance was issued it may not all be read and absorbed by the profession.

> *"These Codes are quite a lot bigger than what we've already got, unless you're going to add a sentence that says see supplementary guidance, I can see people aren't going to read it."* (FTP staff)

FTP staff felt that it was very important for registrants to be fully informed about the timetable for implementation, including any overlap time when both the Code of Conduct and the new standards would be in force.

FTP decision makers

Participants felt they would need a lot of support in applying the new standards to the detailed FTP cases they regularly see, with specific requirements including:

• More explanation of the intention behind the new standards, as well as how the detailed sub-clauses could and should be applied in relation to real life cases.

- Help to navigate the new standards to see where elements of practice and behaviour from the old Code of Conduct had been moved to (e.g. administrative requirements such as insurance, registration etc.).

- More of a link drawn between the new standards and the core competencies, because the core competencies would provide the specific clinical standards that they would need to judge clinical issues against, they would not be able to only use the standards to do that.

- An explanation of how the standards would interact with the Opticians Act 1989.

In addition, they wanted explicit guidance about how the standards should be used to assess complaints. Specifically, they wanted to know whether they had to find an exact sub-point that related to the case at hand (which they felt could be challenging, given the case study exercise they had undertaken) or whether they should just refer to the overarching standards. In addition, they noted that some of the standards used an explanatory preamble before going into the sub points and they requested guidance about the status of the preamble in assessments.

> *"I think it's number 10, if I remember correctly, there was a preamble before it then started to list individual points and I'm not quite sure how that would be treated and which bits have been broken up."* (FTP decision maker)

FTP decision makers were in agreement with FTP staff that information about the roll out of the standards and provision of training and support should be offered to registrants so that they are all able to adapt to the new standards and are able to understand when those standards will be applied to FTP cases.

> *"Where the bigger challenge arises, I think, is with registrants and they will need to have time to understand the new [standards] and the implications of the standards and the fact that it is all in one place."* (FTP decision maker)

They also felt that the CET scheme and universities would have a key role to play in highlighting the new standards and making sure that they are embedded into registrants' practice.

7.4.3   Expected impacts of the new standards

FTP staff

FTP staff noted that the Code of Conduct is currently rarely used by registrants in responding to allegations. The new standards were seen to provide a more structured framework and therefore FTP staff anticipated seeing greater use of the standards for a point-by-point rebuttal of allegations.

They felt the new standards would have a positive impact on FTP work, in providing a clear basis for charges and that it would help them administratively in understanding what expert advice they needed for each case and in instructing the panels.

FTP decision makers

A possible positive impact identified by the FTP decision makers was towards a more patient-centred approach by shifting the profession away from believing that registrants 'know best' and towards taking patients' experiences and more into account.

However, they were cautious about making predictions about the potential impact of the new standards. They felt that they would need to see how the standards were applied to FTP cases before judging whether they would have a beneficial impact.

There were also some concerns raised about the possible impacts of the new standards, particularly on students and newly qualified registrants. Decision maker personnel were concerned that the new standards could cause these groups to unreasonably question their practice and serve to diminish their confidence because they are so detailed and stringent in their requirements.

> *"I think the adverse impact will be on students, newly qualified and the nervous practitioner, those without the ability to reason what this actually means because there is a lot in there that the person who over-thinks it may question what they are doing unreasonably and unnecessarily."* (FTP decision maker)

8. Qualitative research with members of the public

8.1   Summary

- Participants generally had very favourable impressions of the optical professions which were based on high satisfaction with their patient experiences. However, they had limited awareness of the full role and remit of the optical professions, including with respect to eye health and wider health diagnosis, or the difference between optometry and dispensing optics.

- There was no awareness of the GOC but an expectation that a body exists that 'looks out for optical patients' interests'. The role of the GOC, once explained, fitted with what they expected a regulator would do.

- When shown both the new standards and current Code of Conduct, the new standards were felt to be more comprehensive in comparison to the Code.

- Some expected this to give patients with more clarity and lead to improved standards. However, the process of reviewing the new standards raised doubts for some because it prompted them to give the professions deeper consideration than they had previously.

- The titles of the high level standards were felt to be rather general and difficult to interpret, and the lack of thematic grouping exacerbated this issue.

- The detailed standards removed some of the confusion, but created more questions because they covered some areas that patients were not familiar with and felt unable to judge performance against (e.g. best practice).

- Participants expected that the main public interest in these standards would be in relation to patient complaints by providing a reference point on what acceptable standards of practice should be.

- The standards that gave patients most confidence were those detailing clinical procedures and processes, and the ways in which problems and complaints must be handled.

- In addition to having detailed standards of practice available for patients and the public to access if they so wish, participants suggested the drafting a simplified "Patients' Charter" or "What to Expect from your Optician Visit" booklet to better inform and empower patients.

- This would include information on what an eye test should involve, what qualifications and training their optician should have, what their patient rights are, and how to make a complaint.

8.2   Context

More time was taken in the qualitative research with patients and the public initially to explore their views and experiences of the optical profession, and their understanding of regulation and the GOC, in order to help interpret their subsequent responses to the standards.

8.2.1   Perceptions and experiences of the optical professions

Participants generally had positive perceptions of visiting the opticians and the standard of care they received. Optician appointments were contrasted positively with dentist appointments, which are associated with being painful, and doctor's appointments which are sometimes rushed and busy and where patients are not always treated with care and compassion.

Positive perceptions of the profession were also linked to optical procedures not usually being invasive or painful, and with opticians not being associated with serious health conditions. In addition, the combination of clinical services with retail services means the environment were often regarded as appealing and comfortable rather than functional and clinical.

However, some people experienced anxiety on visiting the optician, mainly centred on fears for their vision or having to wear glasses. Some who have not visited an optician within the last 2 years mentioned not wanting to visit because it is a 'hassle' that they do not have time for, or because they fear the cost of having to get new glasses.

A minority mentioned the 'hard sell' on glasses as a negative aspect of their experience, particularly 2 for 1 offers and optional extras such as lighter lenses or coatings. This was mainly seen to be a problem in large chains. However, some also mentioned the desire for advice on choosing the right frames and the need for a skilled sales representative to help them.

> *"I find them very accommodating, very friendly and very helpful"* (Bridgend, 55+)

> *"People spend a lot of money on glasses and its quite personal so you would want to get the right thing, you would want some advice as to what looks good on you"* (Edinburgh, 18-24)

> *"It was the pestering I had – do you want it coated, do you want this? Do you want that? No, I just want glasses"* (Bridgend, 55+)

Perceptions of participants in Edinburgh were slightly different to the other locations, because of the free sight tests available to everyone in Scotland. There were fewer mentions of the expense of visiting an optician and opticians' visits were slightly more likely to be incorporated into people's routine health checks. However, some were not in the habit of going to the optician regularly – mainly because they forgot or thought it was a 'hassle'.

Despite the broadly positive perceptions of opticians, participants' understanding of the role of the optometrist and dispensing optician was extremely limited. While they perceived a difference between the 'optician' and retail staff, mainly because they work in different spaces and perform different tasks, there was no knowledge of the difference between optometrists and dispensing opticians, the role of students, or how a prescription is actually made up and by whom.

There was a general perception that the optometrist performs a mainly 'technical' role, similar to a physiotherapist or radiographer, rather than a clinical role. This perception was challenged by some who related their experiences of optometrists diagnosing eye problems or broader health conditions, or referring patients to hospitals, however those without personal experience of these diagnostic skills were largely unaware.

> *"I didn't think it was an actual medical profession along with doctors and nurses."* (London, 18-24)

> *"It's more of a business than a doctors or surgery so they employ sales people."* (Bridgend, 55+)

> *"What's amazing is they can find more out about you through your eyes than the doctor, because they can show up glaucoma, they can show diabetes."* (Bridgend, 55+)

> *"You would expect them all to have a diploma or whatever, they would all be trained to the same standard I would expect."* (Newcastle, 40-54)

Most perceived a difference between small, independent optometrists and large optical chains. Large optical chains were associated with a wide range of frames to choose from, being a trusted brand, offering modern, spacious environments having good deals on frames and lenses. However, they were sometimes also associated with being busier, appointments running late and less personal care and rapport than an independent optician. Some felt that chains are more likely to give a 'hard sell' on glasses or contact lenses. They were often preferred by those with less complex eye conditions and less regular visitors to opticians.

Independent opticians were more likely to be associated with personal care, rapport and continuity of care. They may have a specific specialism or be a trusted local provider. Those who prefer them regarded the staff as being more expert and senior than some staff in optical chains. They tended to be favoured by those who have complex prescriptions, additional eye health conditions, and those who visit opticians more frequently. They were associated with less choice of frames, however people also felt they are more likely to repair frames or lenses to avoid unnecessary expense.

> *"I use an independent… and the service is brilliant. The time is kept, you can walk in and your appointment is ready, go in, they do everything.*" (Bridgend, 55+)

"Going to a chain is probably going to mean that the person is fully qualified because they are not going to take the risk of tarnishing their reputation as a chain" (Bridgend, 55+)

"I go to Vision Express because it is all shiny and new. I just feel as though they would have the best equipment" (Newcastle, 40-54)

"With Specsavers and Vision Express they would want you in and out, but to spend the most money, I would assume" (Newcastle, 40-54)

8.2.2 Perceptions and understanding of regulation and the GOC

There was no awareness of the GOC among participants in this research. However, there was a belief that opticians must be regulated by some overseeing body and people generally thought that the regulator was in the health sector. That said, some thought they were only regulated by Trading Standards or another retail body, rather than a healthcare regulator.

Very few had any experience of making a complaint. However, the general view on complaints about opticians' services is to treat it as a 'retail' issue, asking to speak to the manager and escalating their concern in that way, or choosing a different optician on the next occasion that they need to visit one, without voicing a complaint at all. There was no awareness that they can complain to a specific independent body or who that could be.

When they were initially told about the GOC, participants imagined that it probably deals with complaints, has a list of qualified opticians, set standards and possibly conducts inspections of practices. The GOC's current responsibilities are therefore broadly in line with what people expect. However, there was some mention of laser eye surgery being regulated by the GOC as this procedure is also associated with optical services although not as part of routine visits to the optician.

There was also a lack of clarity about whether practitioners can choose to register with the GOC or whether it is compulsory. No one was aware of the current Code of Conduct but, once participants reviewed this in the groups, the reactions to it were generally positive. However, some people found it rather broad and difficult to measure their own optician against, and others mentioned that it lacks a coherent structure which makes it difficult to take in as a layperson.

"Making sure people are trained is pretty important because your eyes are pretty vital." (Edinburgh 18-24)

"Do they have to register if they are an optician or is it voluntary?" (Newcastle, 40-54)

"You find comfort in the fact that basically they are regulated because if all of those things come into the rules then immediately you are comfortable with the fact that they are regulated." (London, 25-39)

"You do hear horror stories from hospitals and operations going wrong. You don't seem to hear about eyes. This is a good thing, conversely it could be that people don't know that they can do anything about it." (Bridgend 55+)

8.3 The GOC's new approach to standards

8.3.1 Extent of support for the new approach to standards

There was a mixed initial response to the new standards of practice from patients and the public. Some felt that the standards are much more comprehensive and specific than the Code of Conduct, and therefore provide patients with more clarity and are likely to encourage higher standards in the profession. They also supported the combination of clinical standards and those focused people skills and communication.

"It cuts out the 'God complex' of any medical or any person who basically feels as if they have all the information and the patient has nothing because if they come in fully armed with information, then they have to be on their guard." (London, 25-39)

However, for some people exposure to the new standards initially had the effect of eroding their confidence in the profession. Many did not expect such detailed standards and had not previously thought there was a need for them. Considering the standards therefore made some people question current standards in the profession.

There were particular concerns about standard 7 - "Recognise and work within your limits of competence" - which implied a variation in competence across the profession that the public were not comfortable with or informed about.

That said, most did not expect the public to seek out the standards in practice unless they have a problem, so this potential impact on confidence is unlikely to be widespread in reality.

"They are all important, but they could be condensed a bit." (Edinburgh 18-24)

"That does spell it out, and it's what you would expect. " (Bridgend, 55+)

"In terms of a baseline for working or training, it's a really good idea and it doesn't hurt anybody to have timely reminders either to reflect on their practice." (Newcastle, 40-54)

"I thought it sounded as though it means they could be incompetent." (Bridgend, 55+)

"I just think it would put me off going to an opticians if they have to be told to do these things. I would rather not go." (Newcastle, 40-54)

8.3.2 Perceived clarity of the GOC's expectations

In most cases participants felt that the new standards are likely to provide greater clarity for the profession, even if the public may not find all the standards easy to understand. Others wished to know what the consequences will be for practitioners if they do not meet these standards and how the GOC would assess them on an ongoing basis.

"How much bite do they have though? What would they do if someone wasn't doing all these things?" (Newcastle, 40-54)

8.4 The content of the new standards

8.4.1 Clarity, accessibility and ease of use

Because many have a very limited understanding of what optometrists and dispensing opticians do, they found some of the standards difficult to understand. The high-level titles of the standards were felt to be quite general and the lack of any thematic grouping of the standards made them seem unstructured and not particularly memorable.

On closer inspection, the detailed information sometimes reduced the confusion. It was seen as a 'belt and braces' approach which removes doubt about what is required of optical professionals in relation to the public. However, the detailed standards were not always what was expected based on the high level description, e.g. standards 12 and 13 were initially seen as very similar, but on detailed reading they actually cover very different issues.

Certain standards were considered difficult for patients and the public to understand and assess their care against; these include:

- Standard 1: While this was felt to be very important, and even taken for granted, participants struggled to understand how anyone could be held to account for not 'listening to patients'.

- Standard 4: Participants did not understand what 'valid consent' means, although they were familiar with the idea of giving consent to treatment in general.

- Standard 6 - "Keep your knowledge and skills up to date": Participants did not know what 'up to date' skills are and would rely on an external body to assess this. They suggested more detailed information be provided on what the GOC considers 'up to date' to mean (i.e. yearly training or less frequent).

- Standard 8 in relation to "best practice": Again, participants felt they had no way of knowing what best practice in care and treatment is without additional information.

- Standard 10: Participants had a very limited understanding of supervision and of what kinds of tasks are being supervised, they therefore found this standard very difficult to understand and regarded it as more for the profession than 'for them'.

    "[Listening] is not something that is actually regulatable (sic). It's something you expect as a customer and as a patient but you can't regulate that." (Newcastle, 40-54)

    "The reason you are there is because you have given your consent. The very fact of turning up and booking an appointment." (Bridgend, 55+)

    "It still doesn't say when they have to have the knowledge and skills up to date, whether it is on a yearly basis, two yearly basis." (Bridgend, 55+)

    "How does a patient know what the current best practice is?" (London 25-39)

There are also some concerns about language in relation to standards, specifically 'adequate', which does not meet the kind of standard that they expect.

> *"I just think that some of these aren't strict enough where they are talking about 'adequate' and that sort of thing."* (Edinburgh 18-24)

8.4.2 Perceived comprehensiveness

In general the standards were thought to be comprehensive in relation to the topics that they address. However, participants wanted more clarity about the broader context in which the standards will be applied, including:

- The type of qualification an optometrist requires.

- How regularly optometrists are required to update their skills and how this is assessed.

- Whether all optometrists and optician practices are required by law to register with the GOC.

- How complaints are assessed, and how optical practice is monitored and policed generally.

Standards 19 and 20 were thought to be particularly important and a step in this direction, because they enlighten patients about what to expect if things go wrong.

Participants also said that they would like to see these standards further strengthened in some cases, for example:

- Not just 'adequate' patient records for standard 9, but 'good' patient records.

- Spelling out exactly what kind of CET is required each year and what the consequences are for individuals who do not complete the required CET.

"There were one or two that kind of go without saying, like trustworthy, maybe because I'm looking at it from a patient's point of view I would expect that." (London, 25-39)

"They take ownership, instead of confronting the complaint, it is so much easier if you deal with a complaint rather than trying to brush it under the carpet." (Bridgend, 55+)

"I think there should be a responsibility on the practitioner to explain why it went wrong. It's all very well to say 'it went wrong, sorry', but then there's a reflection on him or her to explain why it has gone wrong because that really is the true test of their skills." (Bridgend, 55+)

8.5   Implementation and impact of the new standards

8.5.1   Perceived barriers to implementation

Participants found it difficult to assess any difficulties that may be encountered in implementation of the standards as they do not feel qualified to respond. As mentioned previously, reactions of participants indicates a potential for some people to lose some confidence in the profession through seeing these standards, however this is not expected to be a widespread issue as the likelihood is that the public will only seek out the standards if they have a problem.

8.5.2   Expected impacts of the new standards

There was a perception that patients' interests are at the heart of the new standards. However, some felt that the standards may be too onerous for a profession that is seen to have high standards already and be of low risk to patients. Others felt it introduces an element of doubt about the profession that they did not have before, because the standards are so detailed and address numerous potential problems/issues.

"It just made opticians seem a bit more of an in-depth job because before this I probably didn't know that this was regarded as part of the medical profession." (London, 18-24)

While some felt that the standards provide a clearer framework for optical practice than the current Code of Conduct, others regarded them as not sufficiently public-focused as they do not take into account the limits of public knowledge about the optical profession.

There was a general view that standards relating to people skills, including listening, communicating and putting patients at the heart of care are important, however these were also perceived to be 'common sense' and a basic minimum that they would expect of anyone with a profession that deals with the public (not even specifically healthcare). They spontaneously pointed to some of the clinical and procedural

standards as particularly important in giving them confidence about patient care, particularly standards 6, 8 and 9.

As mentioned previously, participants felt it was unlikely that they would see or read the standards outside of a very serious complaint situation. Therefore, some suggested that a patient-facing version of the document should be produced including a simplified "Patient's charter" or "What to expect from your optician's visit". They envisaged that such a document could include some of the information from the standards and also more specific information about the professions and patient rights, for example:

- What a basic eye test should involve.

- What kinds of techniques and equipment should be used, what other tests may be undertaken and when your consent will be asked for.

- The fact you can take your prescription elsewhere to have it fulfilled.

- The kinds of qualifications your optician should have.

- How frequently they update their skills.

- How to complain and contact details of complaints services.

  "Putting certificates on the wall to say that they have been examined every year." (Bridgend, 55+)

  "There are certain things you need to know, that you would like to see them doing… like a Patient's Charter sort of thing" (Newcastle 40-54)

  "They could have done this in five or six points, maybe ten at the most, but not twenty because it's quite wordy for people to read as well. I wouldn't get halfway down that list." (Edinburgh 18-24)

  "I think from the optician's point of view, it's just more regulations and to them it's going to be more red tape and annoyance." (Bridgend, 55+)