

GOC response to our consultation on COVID-19 statements

May 2021

Contents page

Executive summary	1
Introduction.....	2
Section 1: Framework for COVID-19 statements.....	5
Section 2.1: Content and impact of GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency (GOC/COVID/01).....	7
Section 2.2: Content and impact of GOC statement on supply of spectacles and contact lenses during COVID-19 emergency (GOC/COVID/02).....	9
Section 2.3: Content and impact of GOC statement on contact lens aftercare during COVID-19 emergency (GOC/COVID/03).....	12
Section 2.4: Content and impact of GOC statement on our approach in fitness to practise for the service of documents and facilitating hearings during COVID-19 emergency (GOC/COVID/05)	14
Section 2.5: Content and impact of GOC statement on Continuing Education and Training (CET) during COVID-19 emergency (GOC/COVID/06)	19
Section 2.6: Content and impact of GOC statement on optometrists, dispensing opticians and students working in different settings during COVID-19 emergency (GOC/COVID/07).....	21
Section 2.7: Content and impact of GOC statement for Continuing Education and Training (CET) providers on CET provision during COVID-19 emergency (GOC/COVID/08).....	24
Section 2.8: Content and impact of GOC statement on verification of contact lens specifications during COVID-19 emergency (GOC/COVID/09)	26
Section 2.9: Content and impact of GOC statement on infection prevention and control during COVID-19 emergency (GOC/COVID/11).....	30
Section 2.10: Content and impact of joint GOC / General Pharmaceutical Council (GPhC) statement on redeployment of optometrists or dispensing opticians within pharmacy practice during COVID-19 emergency (GOC/COVID/12)	33
Section 2.11: Content and impact of GOC statement on use of technology during COVID-19 emergency (GOC/COVID/13).....	36
Section 2.12: Content and impact of GOC statement on service of registration notices during the COVID-19 emergency (GOC/COVID/14)	39
Section 3: Learning from the COVID-19 response	43
Annexes.....	47

Executive summary

1. Following consideration of the consultation analysis, we have decided to align our statements to [The College of Optometrists' red/amber/green classification system](#).
2. The table below summarises our decisions with regard to the phase(s) in which each statement will apply.

Statement	Phase(s) in which it applies
GOC/COVID/01: GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency	Red, amber and green
GOC/COVID/02: GOC statement on supply of spectacles and contact lenses during COVID-19 emergency	Red
GOC/COVID/03: GOC statement on contact lens aftercare during COVID-19 emergency	Red, amber and green
GOC/COVID/05: GOC statement on our approach in fitness to practise for the service of documents and facilitating hearings during the COVID-19 emergency	Red, amber and green
GOC/COVID/07: GOC statement on optometrists, dispensing opticians and students working in different settings during the COVID-19 emergency	Red, amber and green
GOC/COVID/08: GOC statement for CET providers on CET provision during the COVID-19 emergency	Red, amber and green
GOC/COVID/09: GOC statement on verification of contact lens specifications during COVID-19 emergency	Red
GOC/COVID/11: GOC statement on infection prevention and control during COVID-19 emergency	Red, amber and green
GOC/COVID/12: Redeployment of optometrists or dispensing opticians within pharmacy practice	Red, amber and green
GOC/COVID/13: GOC statement on use of technology during COVID-19 emergency	Red, amber and green
GOC/COVID/14: GOC statement on service of registration notices during the COVID-19 emergency	Red, amber and green

Introduction

3. The General Optical Council (GOC) is one of 13 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals. We are the regulator for the optical professions in the UK. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.
4. We have four primary functions:
 - setting standards for optical education and training, performance and conduct;
 - approving qualifications leading to registration;
 - maintaining a register of those who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
 - investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

COVID-19 pandemic

5. At the beginning of the COVID-19 emergency, we realised that some of our guidance, legislation and regulations may prevent care being delivered effectively during a pandemic lockdown, particularly remote care, which was an important part of keeping infection rates low and reducing risk to patients. We were also asked specific questions regarding how our standards and legislation applied to practice during the emergency.
6. To help support registrants, we published a series of statements aimed at removing unnecessary regulatory barriers, clarifying certain areas of practice and bolstering the guidance we normally give on our [standards](#) for optometrists, dispensing opticians, students and optical businesses. Some key areas covered were supply of spectacles and contact lenses, remote care delivery and infection prevention and control.
7. We also sought to reassure our registrants and the sector that we would support them when they acted in good conscience and exercised professional judgement for the public benefit.
8. When introducing these statements, it was important to balance the need to move quickly with getting sufficient feedback from our stakeholders. When we produced statements we consulted with key stakeholders in the optical sector and healthcare commissioners prior to approval and publication. Their contributions and feedback were invaluable but we acknowledged the importance of seeking a wider range of views from our registrants, patients and the public in developing our regulatory processes and policies.

9. Prior to this formal consultation opening, we applied for some emergency legislation to underpin our response to the COVID-19 pandemic. A new statutory instrument came into effect part way through the consultation (on 14 December 2020), which had the effect of amending the GOC's Committee Constitution Rules 2005, Registration Rules 2005 and Fitness to Practise Rules 2013. There were some questions in the consultation asking for views on the impact of implementing the new legislation.

Consultation process

10. We undertook a full public consultation on our response to the COVID-19 emergency and our COVID-19 statements to:
 - ensure that our approach remains effective; and
 - determine how our statements should apply in different phases of the current or any future pandemic.
11. We were also interested in whether some of these statements should become more general regulatory policy, independent of COVID-19, and in some cases whether changes should be made to our legislation.
12. We therefore sought views on:
 - the content of our COVID-19 statements;
 - when the statements should apply during different phases of the COVID-19 pandemic;
 - the impact and effectiveness of our COVID-19 statements;
 - the impact of securing emergency legal powers to more effectively deal with pandemics and similar emergencies in the future; and
 - the effectiveness of our approach to supporting registrants during the COVID-19 emergency.
13. We went out to consultation for 12 weeks from 15 October 2020 to 7 January 2021.
14. We received 72 written consultation responses from a range of stakeholders including optical representative organisations and our registrants. We are grateful for all the feedback we received and have taken this into account in deciding how to amend our statements and when they should apply going forwards.
15. We commissioned Enventure Research to analyse the consultation responses. They produced a summary report which is available [on our website](#). We are grateful to Enventure for carrying out this analysis, which has been very helpful in producing this response.

Approach to producing this response

16. We used Enventure's report to consider the overall results of the consultation and the key comments (free-text responses). Respondents were encouraged to provide comments where they did not support our proposed approach. We did not actively seek comments where respondents indicated support for our approach but some respondents gave these anyway. We reviewed every comment received, including those which were not directly relevant to the questions asked (see annex A of the Enventure report). We are unable to include individual responses to all of these comments within this report, but have responded where we felt it was appropriate to do so. We will continue to use this feedback to improve our communications and overall performance going forward.

Section 1: Framework for COVID-19 statements

17. We set out a proposed approach for when our statements should apply during the COVID-19 pandemic and asked for views on whether we should use [The College of Optometrists' red/amber/green classification system](#).
18. An analysis of the responses to this question is set out in section 4 of Enventure's report.
19. Around three quarters of respondents agreed with our approach to align to the College's classification system, with support from all but one of the optical representative organisations.
20. Themes from those that did not agree with our approach included:
 - the red/amber/green classification was felt to be out of date during the current lockdown;
 - the system needed to be more flexible and allow for regional/local variation e.g. tiers;
 - a belief that it was not specific to optometry; and
 - that there was no mention of dispensing opticians.
21. We note the comments that the College definitions at that time did not accurately reflect the second lockdown situation (January 2021 onwards) in the UK, given that routine primary healthcare remained open as essential services despite the "stay at home" messages. We have shared this with the College and discussed some revised definitions for the red, amber and green stages, particularly that the red phase would only apply where a government or health service suspends routine primary healthcare. The College has taken our feedback into consideration and has now updated the definitions of the different stages.
22. We considered comments around aligning our statements with the UK's Coronavirus tier system but decided that this would not be appropriate as it now appears that routine primary healthcare is likely to remain open across the UK regardless of the tier that each nation/region is in, given that appropriate personal protective equipment (PPE) is now available and that infection control procedures and social distancing are in place.
23. We also considered suggestions that we indicate clearly on our website which phase of the pandemic currently applies. We did not feel that this would be appropriate as the situation in different nations/regions can change quickly and we would not have the resources to keep this up to date, which could lead to incorrect information. We feel that it is more appropriate for registrants to check local information sources to establish which phase they are in and any additional guidance that applies to their nation/region.

24. We also considered comments that the College's classification system was not relevant to dispensing opticians. We do not agree that this is the case and feel that it has relevance for dispensing opticians as well as optometrists. We are not aware of a similar classification system that we could align to for dispensing opticians.
25. Having considered all the feedback, we have decided that with the revised definitions for red, amber and green, it would be appropriate to align our statements to the College's classification system to make it clear when each statement will apply. We have updated each of our statements accordingly.

Section 2.1: Content and impact of GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency (GOC/COVID/01)

26. An analysis of the responses to the questions about this statement are set out in section 4.1 of Enventure's report.

Principles of statement

27. Overall, there was support for applying the principles set out in this statement in the event of a similar emergency situation.

28. Positive comments included:

- the principles were sensible;
- the GOC had showed flexibility; and
- the guidance was good.

29. More negative comments included:

- guidance had been slow;
- the statement was too long;
- had not made a real difference; and
- policy/rules were prioritised over individuals.

30. On the basis of the comments received, we have reviewed the statement and confirm that it will continue to apply in the red, amber and green phases of the pandemic. We have added a sentence regarding timescales as suggested by one respondent. Please refer to annex 1 for an updated statement. We are also considering whether we need to extend the ability to seek exemption or modification to our education standards for the 2021/22 academic year.

31. We also received comments that were not directly relevant to the statement and these are being considered as part of work on implementing new education requirements flowing from the Education Strategic Review.

Impact of statement

32. With regard to the question around impact of the statement on different groups, we are pleased to note that most of the impact was considered to be either 'positive' or 'no impact' (except in the case of students – see below). Themes in this area were that the statement:

- was supportive in helping education providers adapt to a changing environment;
- enabled students to continue with their education, ensuring patients continue to have access to the next generation of qualified registrants; and

- reassured employers offering vocational training.
33. With regard to students, almost half of those responding to that question felt that there had been a negative impact. Themes from supporting comments were:
- online education is not the same as face to face; and
 - concern about regional disparities in the examination process.
34. We have not identified any further amendments to the statement on the basis of these comments about impact.

Section 2.2: Content and impact of GOC statement on supply of spectacles and contact lenses during COVID-19 emergency (GOC/COVID/02)

35. An analysis of the responses to the questions about this statement are set out in section 4.2 of Enventure's report.

Content of statement

36. Overall, there was strong support for the content of this statement, although concerns were set out by the Association of British Dispensing Opticians (ABDO) and the Association of Contact Lens Manufacturers (ACLM). We considered specific comments on the content of the statement outlined in the table below and have updated the statement accordingly (annex 2).

Table 1: Summary of comments proposing amendments to content of statement

Comment	GOC view
The supply of contact lenses on an expired specification should be limited e.g. 50%.	We do not think that it would be appropriate to specify a limit for the supply of contact lenses, as this is a clinical matter and will be for the professional judgement of the registrant. However, we have added to the introduction that it is a matter of professional judgement to decide whether their actions are appropriate in individual circumstances, and added to the professional judgement section to follow guidance from the optical representative organisations and consider limiting the supply.
More guidance should be provided – it is difficult for optometrists to know what the correct thing to do is.	As a regulator we cannot provide clinical guidance but we will work with the optical representative organisations to encourage them to produce guidance where we are made aware of gaps.
Should only apply in amber phase where there are exceptional circumstances e.g. a patient is shielding.	As outlined in paragraph 40 below, now that shielding of the extremely clinically vulnerable has ended, we have decided that this statement should only apply in the red phase of the pandemic.

Phase(s) in which statement applies

37. The vast majority of respondents agreed with our initial view that the statement should continue to apply in the red and amber phases of the pandemic, with support for registrants being able to use their professional judgement.

38. Of those that were not supportive of the statement applying in the red and amber phases:

- some thought it should only apply in the red phase where routine care was not available;
 - others thought it should not apply at all; and
 - others thought that it should only apply in certain circumstances during the amber phase.
39. We originally introduced this statement in March 2020 in response to a question regarding whether it was necessary to attend for a sight test or contact lens fitting/check in order to be able to purchase spectacles and/or contact lenses. At that point in time, we were in the first lockdown where routine eye care was suspended and many extremely clinically vulnerable patients were shielding.
40. We have reflected on the current position in the UK and note that during the amber phase, routine primary care is open (albeit on the basis of prioritisation of urgent/essential and emergency care) and shielding has ended. On balance, we have therefore decided that the statement should only apply during the red phase of the pandemic. We would re-visit this decision if shielding were to be reintroduced during the amber phase.
41. We noted some comments around misapplication of the statement. It is open to anyone to contact us if they think that any of our statements are not being appropriately applied and we will consider how to resolve, which might include an initial discussion or referral as a fitness to practise case. In the first instance, we would always encourage attempts to resolve the issue directly with the individual/business, as this is likely to bring the quickest form of resolution.

Impact of statement

42. A significant majority felt that the statement had had a positive impact on optometrists and dispensing opticians, businesses, and patients and the public, with themes as follows:
- allowed professional judgement, confidence to deliver care and boosted morale among registrants;
 - avoided patients seeking alternatives online; and
 - gave patients choice and allowed them to continue wearing spectacles/lenses without putting themselves at risk.
43. Themes among those who felt there had been a negative impact included:
- concern around not complying with the Opticians Act;
 - some businesses have avoided their responsibilities; and
 - concerns that the public have been put at risk by a lack of aftercare and eye health.

44. We note the concerns around compliance with the Opticians Act. On balance, we feel that the risks associated with a registrant using their professional judgement to supply contact lenses on an expired contact lens specification outweigh the risks of requiring a patient to attend an optical practice and potentially contracting or spreading coronavirus during the red phase. We support our registrants in applying the principles in this statement to judge whether an individual patient's eye health is being put at risk.
45. We also note the comments around some businesses having avoided their responsibilities. We refer back to our comments in paragraph 41 around misapplication of any of our statements.
46. We have not identified any further amendments to the statement on the basis of these comments about impact.

Section 2.3: Content and impact of GOC statement on contact lens aftercare during COVID-19 emergency (GOC/COVID/03)

47. An analysis of the responses to the questions on this statement are set out in section 4.3 of Enventure’s report.

Content of statement

48. Overall, there was strong support for the content of this statement, although not from ABDO, ACLM or the Association of Optometrists (AOP). We considered specific comments on the content of the statement outlined in the table below and have updated the statement accordingly (annex 3).

Table 2: Summary of comments proposing amendments to content of statement

Comment	GOC view
Expand to highlight the risks of relying on remote care for an extended period.	We have amended the introduction of the statement to emphasise the importance of professional judgement in deciding whether registrants’ actions are appropriate in individual circumstances. We have strengthened the statement in referring to guidance from the optical representative organisations.
Include a recommended maximum interval of no more than two years for remote care.	It would not be appropriate for the GOC to specify a maximum period – this is a matter for the optical representative organisations. We have discussed this with The College of Optometrists who feel that this is a matter of professional judgement for the registrant and are not intending to provide further guidance on this point beyond their current guidance on remote consultations.

49. Those who did not agree with the content of the statement felt that:

- remote care did not provide an adequate level of care, as contact lens patients are at risk of developing serious issues; and
- it may be difficult to get contact lens patients back into the practice.

Phase(s) in which statement applies

50. The vast majority of respondents agreed with our view that the statement should continue to apply in all phases of the pandemic, although ABDO and the AOP did not agree. Those that did not agree generally felt it should not apply to the green phase for the following reasons:

- contact lenses are medical devices that should be supplied safely;
- remote assessments can miss pathology; and

- it is not necessary for the public to wear contact lenses when spectacles are available.

51. While we recognise the concerns outlined above, the statement is a factual representation of the legal position in respect of aftercare i.e. that the legislation does not limit the way in which it is provided. In addition, we have updated the statement to make it clear that it does not include assessing the fit of contact lenses (sometimes referred to as a contact lens fitting, check-up or check) which is covered by our statement on supply of spectacles and contact lenses during the COVID-19 emergency (GOC/COVID/02). We also think that our amendments to the statement make it clear that registrants should decide whether their actions are appropriate in individual circumstances, and that they should take into account relevant advice from the optical representative organisations. It is therefore our intention for this statement to apply in all phases of the pandemic.

Impact of statement

52. A significant majority felt that the statement had had a positive impact on optometrists and dispensing opticians, businesses, and patients and the public, with themes as follows:
- allowed professional judgement and increased autonomy;
 - less likely to lose patients to online suppliers;
 - minimised risk for vulnerable patients; and
 - allowed effective triage to assess whether a physical examination was required.
53. Themes among those who felt there had been a negative impact included:
- concerns around justifying decision-making;
 - backlog in aftercare consultations; and
 - risk of missed pathology.
54. We have not identified any further amendments to the statement on the basis of these comments about impact.

Section 2.4: Content and impact of GOC statement on our approach in fitness to practise for the service of documents and facilitating hearings during COVID-19 emergency (GOC/COVID/05)

55. An analysis of the responses to the questions on this statement are set out in section 4.4 of Enventure’s report.

Content of statement

56. Overall, there was strong support for the content of this statement, although not from the AOP. We considered specific comments on the content of the statement outlined in the table below and have updated the statement accordingly (annex 4).

Table 3: Summary of comments proposing amendments to content of statement

Comment	GOC view
<p>Request to amend paragraph 10 to: “The GOC is committed to preserving each registrant’s right to a fair hearing and recognises that remote hearings can interfere with that right. Whether a hearing can be heard remotely or on the papers will be assessed on case-by-case basis by senior GOC staff, taking into account the view of the registrant (and their representatives if represented). If a case is deemed suitable, we will hold remote virtual hearings via teleconference or video-link, or on the papers. If either party considers that these methods are unsuitable then an application to adjourn should be made in accordance with rule 35.”</p>	<p>We have amended the statement to ensure it is clear that we are currently scheduling hearings in accordance with our remote hearings protocol. We have amended some of the wording in line with the AOP’s suggestion, although decisions will be made by the Scheduling Officer rather than senior GOC staff.</p>
<p>Adding a requirement on the GOC to ensure that registrants have effectively received the communication.</p>	<p>We have amended the statement to confirm that we will draft a policy on electronic service on applying the provisions of The General Optical Council (Committee Constitution, Registration and Fitness to Practise) (Coronavirus) (Amendment) Rules 2020 (‘2020 Amendment Rules’). As part of this we will hold discussions</p>

Comment	GOC view
	<p>with the optical representative organisations and will consider this point in further detail.</p> <p>The policy will incorporate service of notices in all regulatory functions. When completed, reference to the service of notices will be removed from this statement as it will become routine practice.</p>

57. Those who did not agree with the content of the statement were concerned that the registrant may not receive a fair hearing and that hearings should only be held remotely where suitable.
58. This statement was originally introduced on 23 March 2020 to ensure that we could comply with Government advice to work from home wherever possible and to mitigate the risk to personal data by large letters being left on doorsteps.
59. Since the consultation has ended and as we move out of the restrictive lockdown measures we have been in, we have reviewed the statement and decided that we no longer need to continue to serve all notices electronically under the Fitness to Practise Rules. As of 22 April 2021, we have moved to a position where we will only serve notices electronically where we have consent from the registrant in writing to do so and been provided with an email address for communications to be sent to. We have updated the statement to reflect this position.

Phase(s) in which statement applies

60. The vast majority of respondents agreed with our view that the statement should continue to apply in all phases of the pandemic, although the AOP did not agree. Themes from those that did not agree can be summarised as:
- a more flexible approach being needed, with some hearings being held in person and support for those unable to use technology; and
 - something being lost in remote hearings e.g. nuances, communication barriers and privacy concerns.
61. While we recognise the concerns above, we think that the approach outlined in the statement is reasonable in the circumstances of the pandemic and should continue to apply for the time being. In addition, our [Remote Hearings Protocol](#) clearly sets out how we will give the opportunity to object to a hearing being

held remotely and how we will consider this. We will also be communicating further about electronic service of documents in a policy to apply the 2020 Amendment Rules that came into effect during the consultation.

Impact of statement

62. Around half of respondents felt there had been a positive impact or no impact on optometrists and dispensing opticians, businesses, and patients and the public, with themes as follows:
 - removed delays;
 - registrants may be more comfortable in their own homes;
 - allows observation of the process and makes it more transparent;
 - minimised risk for vulnerable patients; and
 - avoids unnecessary travel and costs.
63. Themes among those who felt there had been a negative impact included:
 - may unfairly discriminate against those without access to technology;
 - may impact on mental well-being of registrants who may not be as well-supported in person; and
 - remote hearings not being adequate e.g. concerns around communication and privacy.
64. We note comments that further research is required to assess the impact of remote hearings and are considering how we can address this, particularly with unrepresented registrants.
65. We also note concerns from some respondents that a hearing could go ahead without a registrant knowing because they had not received the email. We already have processes in place to provide assurance that the registrant is able to receive communication via the email address used and the Fitness to Practise Committee's responsibility is to ensure that they are satisfied that all reasonable efforts have been made to notify the registrant of the hearing in accordance with our Fitness to Practise Rules 2013. We are in the process of producing a policy on electronic service to support this.

Impact of emergency legislative powers to allow Fitness to Practise notices to be served by email, clarify the term 'venue' and enable the Hearing Manager to postpone/adjourn hearings

66. Almost two thirds of respondents thought these powers would have a positive impact, although the AOP felt the impact would be negative. Positive impacts can be summarised as:
 - email reduces costs, saves time and increases efficiency; and
 - could be detrimental to postpone hearings.

67. Negative impacts were felt to be:
- difficulty for some registrants in accessing electronic documents;
 - easy to miss emails; and
 - lack of privacy with some emails e.g. work emails or shared by family.
68. There were comments that the GOC should be prepared to use alternative methods of service where appropriate and should have explicit consent to serve notices by email. As outlined in paragraph 59 above, we have reviewed our position and have updated the statement to reflect our decision only to serve notices by email where we have consent to do so. Our policy on electronic service will also address these concerns.

Further powers to start substantive hearings with three Fitness to Practise Committee members

69. Responses were divided regarding whether the GOC should have further powers to start substantive hearings with three members rather than five, with over a third in agreement, a third disagreeing and just over a quarter not being sure. The AOP, Federation of Ophthalmic and Dispensing Opticians (FODO) and Optometry Scotland were not in support. Comments in support can be summarised as follows:
- agreement provided there is appropriate training and standards are upheld (e.g. no reduction in attention to detail and fair processes);
 - may help to reduce costs and easier to organise;
 - alignment with other regulators; and
 - may be necessary as a temporary measure.
70. Respondents who disagreed we should have these powers felt that:
- it may result in unfair outcomes or impact on the quality of decision-making;
 - committees may be less diverse and experienced;
 - inconsistency with previous hearings; and
 - no need to reduce committee size with social distancing and/or remote hearings.

Impact of starting substantive hearings with three Fitness to Practise Committee members

71. Only around a fifth of respondents felt there would be a positive impact of starting substantive hearings with three Fitness to Practise Committee members, with cost and efficiency being the main impacts.
72. Around two fifths of respondents felt there would be a negative impact with the same points being raised as in paragraph 70 around inconsistency and reduction in fairness and diversity/experience.

73. After the consultation started, emergency legislation came into place giving us these powers until October 2021. We recognise that the consultation has not shown significant support for use of these powers. We do not intend to use these powers without further consultation, as we do not believe it is currently necessary to do so.

Section 2.5: Content and impact of GOC statement on Continuing Education and Training (CET) during COVID-19 emergency (GOC/COVID/06)

74. An analysis of the responses to the questions on this statement are set out in section 4.5 of Enventure's report.

Content of statement

75. Overall, there was good support for the content of this statement which applied to the calendar year 2020, with appreciation for the flexibility that it gave to registrants.

76. Those who did not agree with the content of the statement felt that there had been no real need to remove the six-point expectation, as it had been easy for registrants to access online CET, with many completing more during the pandemic. Some felt that the decision had been made too early.

Impact of statement

77. A significant majority of respondents felt there had been a positive impact or no impact on optometrists and dispensing opticians, businesses, and patients and the public, with themes as follows:

- helpful for those experiencing difficulties, particularly those with caring responsibilities or those living in remote areas;
- helpful for those who had few opportunities to learn; and
- ensured availability of clinic time for patients.

78. Around half of respondents felt there the statement had had a positive impact or no impact on CET providers, with around a quarter feeling that there had been a negative impact.

79. Themes among those who felt the statement had had a negative impact centred around the following:

- it was unnecessary and could lead to registrants avoiding development;
- more difficult for CET providers to plan; and
- could lead to a reduction in standards.

2019-21 CET cycle

80. In the consultation we outlined our view that the 2019-21 CET cycle offers sufficient flexibility for registrants to complete their overall CET requirements and explained that we did not intend to reduce the requirements or remove the six point expectation for the year 2021. We asked respondents if they agreed with our intentions.

81. A strong majority of respondents agreed with our approach. Opinion was divided between the optical representative organisations, with the AOP and ABDO supportive of our approach, while FODO disagreed and The College of Optometrists were unsure. Our regulatory body, the Professional Standards Authority, encouraged us to think as early as possible about any flexibility we might offer.
82. Themes among those who agreed included:
- the cycle offers sufficient flexibility; and
 - target is easily achievable and it is important for skills to be maintained.
83. Themes among those who disagreed included:
- reducing/suspending the points expectation will reduce stress;
 - registrants learn from interacting with peers which has been suspended during the pandemic; and
 - registrants have undertaken learning and development over the last year through working throughout the pandemic, which will not count towards their CET points.
84. Having considered these comments, we are of the view CET cycle offers sufficient flexibility for registrants to meet their CET. However, we will continue to engage with registrants and optical representative organisations about this and to monitor CET completion rates, particularly in comparison to completion rates in the last CET cycle.

Section 2.6: Content and impact of GOC statement on optometrists, dispensing opticians and students working in different settings during COVID-19 emergency (GOC/COVID/07)

85. An analysis of the responses to the questions on this statement are set out in section 4.6 of Enventure’s report.

Content of statement

86. Overall, there was support for the content of this statement. We considered specific comments on the content of the statement outlined in the table below and have updated the statement accordingly (annex 5).

Table 4: Summary of comments proposing amendments to content of statement

Comment	GOC view
Please explicitly state that the role of therapeutic optometrists will be expanded, especially in a non-hospital/community setting to ensure patients can access eye health care.	It would not be appropriate to amend the statement in this way as it is not our role to comment on the expansion of the role of a therapeutic prescribing optometrist.
Simplify paragraph 5 to say that when a registrant is working in a non-optical role, they must ensure they are appropriately trained, competent, indemnified and (where necessary) supervised.	We have not updated the paragraph exactly as suggested but have revised the wording of this paragraph to ensure that the role of the standards is clear.
Further develop the statement and provide greater clarity on scope of practice in the context of the COVID-19 pandemic and whether registrants would be deemed to be practising under their current registration. This statement may lead to a possible confusion on the responsibilities as a registrant for eye health care provision versus a non-eye health care role.	We have added reference to administration of vaccines, but we do not feel it is possible to provide greater clarity on the scope of practice as this will vary dependent on need and opportunity within the health service. If someone is registered with us, the GOC standards apply regardless of what tasks a registrant is performing and we expect our standards to be maintained at all times in the interests of patients and the public.
Include a link to the e-learning resource for the entire UK health and care workforce that has been developed by Health Education England.	Link added to the statement.

87. One concern about the statement was that registrants should not be forced to undertake another role. We do not have any remit over what roles registrants undertake – this is a contractual matter – but we are not obliging any registrant through this statement to work in a different setting or undertake another role.
88. There were also comments that eye health care should be prioritised where required. We have amended the statement to suggest that registrants will need to use their own judgement about whether to work in a different setting based on their own responsibilities in delivering emergency, urgent/essential or routine care in the optical setting and whether they have any spare capacity. We have also outlined our expectation that registrants would prioritise their role in eye health care.
89. This statement has links to the statement on redeployment of optometrists and dispensing opticians within pharmacy practice, which is addressed in section 2.10 of this report. Due to the comments made on that statement, we have decided to annex the redeployment statement to this statement on working in different settings, as we feel it is very relevant and an example of working in a different setting.

Phase(s) in which statement applies

90. A significant majority of respondents agreed with our view that the statement should continue to apply in all phases of the pandemic. Positive comments can be summarised as:
 - providing employment opportunities; and
 - promoting the profession.
91. The main theme from those that did not agree can be summarised as registrants still being needed in their roles in eye health care.
92. We recognise these concerns but the statement itself does not provide any obligation on registrants to work outside of their usual role/settings (as outlined above, this is a contractual matter). As this statement is fully consistent with our existing regulatory requirements we have decided that this statement should apply in all phases of the pandemic. The principles of the statement also apply beyond the pandemic.

Impact of statement

93. A significant proportion of respondents felt there had been a positive impact or no impact on optometrists and dispensing opticians, businesses, and patients and the public, with themes as follows:
 - opportunities to work with other professions, support others and expand skills;

- raising the profile of the profession;
- clarity on insurance status; and
- helpful for the NHS.

94. Themes among those who felt there had been a negative impact included:

- may create worry for registrants;
- may lead to confusion around responsibilities in non-eye health care roles; and
- loss of professionally qualified people for businesses.

95. We have not identified any further amendments to this statement on the basis of these comments about impact.

Permanent policy position

96. Only around half of respondents thought this statement should become a permanent GOC policy position, with The College of Optometrists and FODO disagreeing.

97. Those who were positive about the statement becoming a permanent GOC policy position felt that:

- it allows registrants to help other providers and raises the profile of the profession;
- reassurance may be welcomed by registrants; and
- some registrants (e.g. in Scotland) were being trained to provide vaccinations, which would be relevant beyond the pandemic.

98. Those that were not supportive of the statement becoming a permanent GOC policy position felt that:

- the GOC should not be guiding registrants or suggesting what they should do outside their scope of practice in normal times; and
- each pandemic requires its own response.

99. Having considered the comments, we are content that the principles of this statement apply beyond the pandemic. We have made amendments to the statement to clarify that eye health care should be prioritised. We do not feel that the statement guides or suggests to registrants what they should do outside normal settings, but rather outlines the principles that they should follow if they were to consider working outside their normal scope of practice. We will therefore consider whether to make this statement a permanent policy position at the end of the pandemic.

Section 2.7: Content and impact of GOC statement for Continuing Education and Training (CET) providers on CET provision during COVID-19 emergency (GOC/COVID/08)

100. An analysis of the responses to the questions on this statement are set out in section 4.7 of Enventure's report.

Content of statement

101. An overwhelming majority supported the content of this statement. There were no specific comments that requested us to consider amending the statement, although we have reviewed it and made a minor amendment (annex 6) to outline that our list of possible changes to CET delivery are not finite and that providers should contact us to explore options. We have also moved the list of approved software to a separate document so that we can more easily update it as and when we approve new software.

102. Themes from positive comments included:

- flexibility for providers in providing virtual CET, especially peer discussion; and
- improved communication for those in remote and rural settings or those with family commitments.

103. Negative comments felt that this statement should not be used as an excuse not to give teaching in person and that there were potential cost implications for those of the workforce that were self-employed. It is not clear to us how the statement could negatively impact on those who are self-employed, and in fact we would consider that it may be cheaper for those who are self-employed to attend CET remotely than in person as the cost of travel would not be included. We would also not want to put up any unnecessary regulatory barriers

Allowing CET provision until end of current cycle and phase(s) in which statement applies

104. The vast majority of respondents agreed with our view that the statement should continue to apply in all phases of the pandemic and there were no negative comments received. Positive comments can be summarised as:

- it should continue as long as there is a need to do so; and
- it should be applied beyond the pandemic and in the new CET cycle.

105. We agree with comments (e.g. from the AOP and The College of Optometrists) that the statement should apply beyond the pandemic and intend to implement this as part of the new CET cycle.

106. Almost all respondents agreed that the statement should continue to apply until the end of the current CET cycle (31 December 2021). Themes in support were:

- allows more registrants to access and benefit from CET, especially those in remote locations;
- helps registrants to maintain and develop their skills; and
- it is easy to use.

107. The only negative comment was around interaction with peers. Our view is that it is still possible to interact with peers using remote technology and that the pandemic has increased these kinds of interactions.

Impact of statement

108. The vast majority of respondents felt there had been a positive impact on optometrists and dispensing opticians, and a significant majority felt there had been a positive impact or no impact on businesses, and patients and the public, with themes as follows:

- makes CET more accessible, particularly interactive CET;
- easier to maintain and update knowledge and skills;
- opportunities provide for various learning styles;
- no need to travel which has time, financial and environmental benefits;
- reduces the risk of professional isolation and enabled more peer discussion;
- no loss of business hours for training; and
- easier to support registrants.

109. The only negative comment was around the potential loss of revenue for business registrants, which we assume has a connection with them also being a CET provider.

110. We noted the comment around allowing a wider range of online platforms. The statement already outlines that the list of online providers are only examples and that providers should contact us if they have alternatives they wish us to consider.

Section 2.8: Content and impact of GOC statement on verification of contact lens specifications during COVID-19 emergency (GOC/COVID/09)

111. An analysis of the responses to the questions on this statement are set out in section 4.8 of Enventure’s report.

Content of statement

112. Around four-fifths of respondents agreed with the content of this statement. However, the response from optical representative organisations was mixed, with the AOP, The College of Optometrists and FODO not agreeing. We considered specific comments on the content of the statement outlined in the table below and have updated the statement accordingly (annex 7).

Table 6: Summary of comments proposing amendments to content of statement

Comment	GOC view
Supplying contact lenses to a copy of the prescription or contact lens original packaging may be a viable option.	We agree that this is something for consideration, but do not think it would be appropriate to change our policy at this current time without further consultation – we intend to consider how legislation related to contact lenses in general needs to develop in future as part of our legislative reform project in 2021.
Retain the requirement for specifications to be verified, but waive verification in cases where the supplier has access to a copy of the original verification (e.g. a photograph or scan of the original) and has no reason to believe the copy has been tampered with.	We do not think it would be appropriate to change our policy at this current time without further consultation – we intend to consider how legislation related to contact lenses in general needs to develop in future as part of our legislative reform project in 2021.
Contact lens supply should be limited to prevent stockpiling and ensure appropriate aftercare.	We will amend the statement to refer to limiting the supply to prevent patients stockpiling lenses and ensure access to aftercare appointments in an appropriate time period. It would not be appropriate for us to specify a time limit for supply as this is a matter of professional judgement for the practitioner.
It may be helpful for the statement to reference any potential patient safety	We will amend the statement to include this information.

Comment	GOC view
risk of supplying an incorrect prescription of contact lenses.	

113. Positive comments on the statement can be summarised as that it was reasonable to allow flexibility in this area when routine care was suspended.

114. There were a significant number of negative comments around this statement which can be summarised as:

- could be open to abuse by online retailers/commercial businesses;
- contact lenses are not essential;
- devalues the examination of the eye;
- opens up liability;
- other methods can be used to supply patients with contact lenses remotely, without the need to suspend verification; and
- encourages registrants to break the Opticians Act.

115. We note comments around liability and would look to reassure registrants, through our [joint regulatory statement on how we will continue to regulate in light of novel coronavirus](#) that we support them in using their professional judgement to assess risk to deliver safe care informed by any relevant guidance, including our statements.

116. We also note The College of Optometrists' comments around other methods being available to supply patients with contact lenses remotely and therefore this statement being unnecessary. We feel that this statement is necessary because it will ensure that patients are able to obtain contact lenses through businesses operating within UK law (regardless of whether they are registered with the GOC), rather than being forced to resort to online businesses operating outside UK law where the same standards may not apply.

117. We also note the comment around encouraging registrants to break the Opticians Act. We feel that the easements of the legislation outlined in the statement were a proportionate measure to protect the public during the emergency period based on consideration of risk, particularly at a time when many optical practices were closed for all but emergency and urgent/essential care. We consider that our statement does not encourage registrants to act in a particular way, but rather allows a registrant to use their professional judgement to balance the risks to patients with providing them with contact lenses without verification of a specification.

Phase(s) in which statement applies

118. A significant majority of respondents agreed with our view that the statement should only apply in the red phase of the pandemic, although opinion was divided among the optical representative organisations, with ABDO arguing that the statement should not apply in any phase, and FODO that the statement should apply in the amber phase also.
119. Positive comments can be summarised as:
- registrants should be trusted to use their professional judgement;
 - copies of specifications should not need to be verified anyway; and
 - greater flexibility in the interests of patients, particularly vulnerable patients.
120. Negative comments were that:
- it raises concerns about online supply and risks patient safety;
 - multiples seem to be using this online in the amber phase;
 - verification is required for patient safety;
 - unlawful supply of contact lenses only benefits businesses; and
 - practices are now open and this statement is therefore no longer needed.
121. FODO felt that flexibility was still required during the amber phase, as their view was that practices may still close from time to time due to staff shortages.
122. We originally introduced this statement in April 2020 because of the difficulties in obtaining patient records to verify contact lens specifications, as at that point in time we were in the first 'lockdown' where routine eye care was suspended, many extremely clinical vulnerable patients were shielding, many optical practices were closed and staff either furloughed or redeployed elsewhere in the healthcare system.
123. On balance, having considered all of the views, we think that this statement should only apply in the red phase of the pandemic as most optical practices are now open and contactable (recognising that some may have to close for short periods) and patients are no longer shielding.

Impact of statement

124. A significant majority felt there had been a positive impact on optometrists and dispensing opticians, businesses, and patients and the public, with themes as follows:
- allowed clinical capacity/time to be optimised;
 - enabled registrants to act in patients' best interests;
 - protected patients from online non-registrant sellers and the risk of no aftercare; and

- avoided unnecessary travel and delays.

125. Themes among those who felt there had been a negative impact included:

- has caused some confusion potentially leading to different outcomes for patients;
- businesses could abuse these powers; and
- potential risk to patients' sight.

126. We have not identified any further amendments to this statement on the basis of these comments about impact.

Section 2.9: Content and impact of GOC statement on infection prevention and control during COVID-19 emergency (GOC/COVID/11)

127. An analysis of the responses to the questions on this statement are set out in section 4.9 of Enventure’s report.

Content of statement

128. The vast majority of respondents agreed with the content of this statement, although the AOP did not. We considered specific comments on the content of the statement outlined in the table below and have updated the statement accordingly (annex 8).

Table 7: Summary of comments proposing amendments to content of statement

Comment	GOC view
Define a minimum appointment length.	It is not appropriate for us to specify minimum appointment times. These can vary for a number of reasons (e.g. history of patient; size of premises) and is a matter of professional judgement. However, we will outline the employer’s responsibilities in ensuring appropriate length of appointment times based on patient need and professional judgement of optometrists / dispensing opticians as per our Standards for Optical Businesses . We will also communicate further on this point to encourage registrants to speak up about any issues locally and to report to fitness to practise if the matter has not been resolved locally.
Recommend that the statement should be expanded to spell out the risks if IPC measures are not implemented thoroughly, and to emphasise that employers’ responsibilities include ensuring that appointment times allow for appropriate IPC measures including cleaning and disinfection of premises.	We will amend the statement to set out the employer’s responsibilities in this regard.
Need to ensure adherence to the public health advice at the time (in	We will amend the statement to make it clear that registrants should always check for up to date advice. We have updated

Comment	GOC view
each nation) and that this is referenced.	some links and provided a link to our COVID-19 website page which links to guidance for the nations.

129. Negative comments around this statement can be summarised as follows:

- GOC must take a more robust approach towards responsibilities of employers e.g. ensuring sufficient appointment times;
- GOC cannot regulate this; and
- more clarification needed.

130. We note the comments around responsibilities of employers and have amended the statement to emphasis responsibilities around sufficient appointment times to allow for appropriate infection prevention and control. We would encourage anyone with concerns about patient safety in this area to raise these directly with the individual/business in the first instance, as this is likely to be the quickest form of resolution. If concerns remain after this has been attempted, we would advise referral to our fitness to practise department who will consider opening an investigation.

Phase(s) in which statement applies

131. Nearly all respondents agreed with our view that this statement should apply in all phases of the pandemic in order to keep patients and colleagues safe.

132. Negative comments included:

- more support is needed from registrants who are not getting it from their employers; and
- that the statement is not possible to enforce.

133. We think that this statement should continue to apply in all phases of the pandemic. We have outlined above the options for anyone who has concerns about infection prevention and control, and would encourage registrants who feel they need more support to get in touch with their optical representative organisation.

Impact of statement

134. A significant majority felt there had been a positive impact or no impact on optometrists and dispensing opticians, businesses, and patients and the public. The AOP felt there had been a negative impact on optometrists and dispensing opticians, and patients and the public, because they felt the statement had not done enough to reinforce employers' responsibilities. As outlined above, we have amended the statement in this regard.

135. Positive comments about the statement included enhancing clinical roles and increasing patient confidence.
136. Themes among those who felt there had been a negative impact included:
- PPE making the job more difficult or stressful and concerns about sufficient PPE being made available;
 - lack of time to comply with guidance;
 - policies/procedures varying by company;
 - did not do enough to reinforce employers' responsibilities;
 - too open to interpretation; and
 - statement produced relatively late.
137. We feel that many of the impacts outlined above were not due to the statement itself, but to the infection prevention and control measures required by the pandemic. We note the comment that the statement was produced relatively late in the pandemic and acknowledge that it would have been helpful for this to have been produced earlier.

Permanent policy position

138. There was very strong support for making the statement a permanent policy position to apply in the event of any future pandemics or emergencies to support our standards of practice. It was suggested that the content of the statement could be used to bolster our existing standards in this area (referred to in the statement itself). We will consider this in our planned review of our standards documents.
139. Some of the negative comments centred around availability of PPE, which is not within our remit to provide, but has greatly improved over the past year on a national level and through the work of optical sector professional and representative bodies. The issue around clarifying responsibilities was also raised again and we have clarified this within the statement.
140. We will consider how to make this a permanent policy position at the end of the pandemic and how these principles can be further incorporated into our standards of practice.

Section 2.10: Content and impact of joint GOC / General Pharmaceutical Council (GPhC) statement on redeployment of optometrists or dispensing opticians within pharmacy practice during COVID-19 emergency (GOC/COVID/12)

141. An analysis of the responses to the questions on this statement are set out in section 4.10 of Enventure’s report.

Content of statement

142. The vast majority of respondents agreed with the content of this statement, although FODO did not agree. The College of Optometrists agreed with the content of the statement but did not feel that it was necessary.

143. We considered specific comments on the content of the statement outlined in the table below and have decided to append this statement to the GOC statement on working in different settings (GOC/COVID/07) (annex 5) as we believe that the two statements are linked and that this statement is an example of working in a different setting.

Table 8: Summary of comments proposing amendments to content of statement

Comment	GOC view
This should be expanded to all settings and especially recognise the skill set of a therapeutic optometrist. The skill set of therapeutic vs non therapeutic optometrists should be differentiated.	See comment in paragraph 143 above regarding all settings. As outlined in section 2.6 (page 21), it would not be appropriate to amend the statement in this way as it is not our role to comment on the expansion of the role of a therapeutic prescribing optometrist.
Statement should be developed further with more substance and clarity added to cover situations such as the administration of vaccines, where there may be confusion on the responsibilities as a registrant for eye health care provision versus a non-eye health care role.	As outlined in section 2.6 (page 21), we have amended our statement on working in different settings to add reference to administration of vaccines, but we do not feel it is possible to provide greater clarity on the scope of practice as this will vary dependent on need and opportunity within the health service. If someone is registered with us, the GOC standards apply regardless of what tasks a registrant is performing and we expect our standards to be maintained at all times in the interests of patients and the public.

144. Negative comments around this statement can be summarised as:

- no need for the statement;
- redeployment guidance already exists so not clear why necessary for optometry;
- no time for registrants to deploy;
- contact lenses are not essential; and
- not clear why specific to pharmacy.

145. Having considered these comments, we think that this statement was helpful, particularly in clarifying indemnity arrangements and referring registrants to points of contact. The reason for producing a statement specifically on working in pharmacy practice was because this was where the pressures were understood to be at the beginning of the pandemic (as dentistry and optometry were only open for emergency and urgent/essential services) and we wanted to facilitate our registrants supporting this profession if they wished to do so. We have updated the working in different settings statement to make this clear. We think that whilst this statement might not be as relevant as it was earlier in the current COVID-19 pandemic, these draft principles will be helpful should anything change or for future pandemics.

Phase(s) in which statement applies

146. A significant majority of respondents agreed with our view that the statement should continue to apply in all phases of the pandemic, although FODO did not support this.

147. Comments not in support were that:

- it was only required in the red phase;
- it was only required in the red and amber phases; and
- the value of this guidance is not clear.

148. On balance, having considered all of the views, we think that this statement should continue to apply in all phases of the pandemic, as it is simply there for information and does not have to be used. We appreciate that it is more likely to be applied in the red phase, but we feel that the ability for people to work in different setting is there in all phases, and the statement outlines the principles for if this were to happen. As mentioned above, this statement is now appended to the working in different settings statement which has been updated to give further information about the context.

Impact of statement

149. A majority felt there had been a positive impact on optometrists and dispensing opticians, businesses, and patients and the public, although The College of

Optometrists felt there had been a negative impact on optometrists and dispensing opticians. Positive themes were as follows:

- improved prospects for those out of work; and
- efforts to support public healthcare were a good thing.

150. Themes among those who felt there had been a negative impact included:

- may lead to confusion regarding responsibilities;
- may reduce staffing levels;
- perception that pharmacy more important than optometry; and
- statement published after pressures had eased.

151. We have not identified any further amendments to the statement on the basis of these comments about impact.

Section 2.11: Content and impact of GOC statement on use of technology during COVID-19 emergency (GOC/COVID/13)

152. An analysis of the responses to the questions on this statement are set out in section 4.11 of Enventure's report.

Content of statement

153. Nearly all respondents agreed with the content of this statement.

154. We considered a specific comment on the content of the statement outlined in the table below and have updated the statement accordingly (annex 9).

Table 9: Summary of comments proposing amendments to content of statement

Comment	GOC view
Consideration for GDPR [general data protection regulations] needs to be included.	We will amend the statement to add reference to data protection legislation.

155. One comment noted that we do not have a role in regulating technology. However, another comment indicated concern that the use of technology was allowing for sub-standard practice and called for the GOC to regulate more in this area. As a regulator of healthcare professionals, we do not regulate technology itself, but we regulate the use of technology by our registrants to ensure safe and effective care for patients, hence this statement building on our existing [standards of practice](#).

Phase(s) in which statement applies

156. The vast majority of respondents agreed with our view that the statement should continue to apply in all phases of the pandemic.

157. Comments in support were that:

- it should continue to apply while there is still a public health risk; and
- it is important that advancements in use of technology are recognised and maintained.

158. Negative views centred around:

- the statement should only apply in the red and amber phases;
- optical practices are open so there is no need for remote consultations; and
- the GOC does not have a role in regulating technology.

159. On balance, having considered all of the views, we think that this statement should continue to apply in all phases of the pandemic, as it is simply a clarification of existing legislation and expectations and does not apply to any

one particular phase. We appreciate that the use of *remote* technology is more likely to be applied in the red and amber phases, but as with all healthcare professions, the use of this technology in routine care is likely to remain to some degree after the pandemic. We also intend the statement to be wider than just remote technology and it is helpful in outlining GOC legislation and expectations of how our registrants should incorporate rapidly developing technology into their practice in the future.

Impact of statement

160. A majority felt there had been a positive impact on optometrists and dispensing opticians, businesses, patients and the public. Positive themes were as follows:

- ability to provide care for patients during the pandemic;
- skills and knowledge have increased;
- better relationships with secondary care;
- reassurance for businesses wanting to invest in technology;
- positive perception of the profession; and
- accessibility for patients.

161. Other more neutral comments included a belief that after the pandemic, technology should be used to supplement patient care rather than replacing routine eye care.

162. We have not identified any further amendments to the statement on the basis of these comments about impact.

Permanent policy position

163. Around two-thirds of respondents felt that this statement should become a permanent policy position independent of the pandemic to support GOC standards, although this was not supported by the AOP or ABDO.

164. Positive comments included:

- more accessibility for patients; and
- reassurance that the GOC will support registrants in use of technology.

165. Negative comments included:

- further discussion with professional bodies required;
- potential abuse by employers – more regulation and guidance required;
- could be incorporated into GOC standards rather than being a standalone statement;
- a new statement should be issued taking into account learning from the pandemic.

166. Having considered these comments, we think this statement should apply beyond the pandemic. We will therefore consider whether to make this statement a permanent policy position at the end of the pandemic.
167. We recognise that the pandemic has accelerated the use of remote care in all healthcare professions and that this may become a more regular part of healthcare delivery. We note the AOP's request for new guidance on the use of remote consultations after the pandemic, as they feel that the [joint regulatory statement on remote consultations and prescribing](#) only applies to healthcare professionals with prescribing responsibilities. While we appreciate that the joint regulatory statement was drafted with a specific purpose in mind (i.e. the prescribing of medicines), our view is that it is applicable to remote consultation in general as well as prescribing of medical devices such as spectacles and contact lenses. We will look at how best to communicate this in future and will also look at how we can provide more generic guidance for remote consultation.
168. We will consider whether we should produce any further guidance in this area, or whether we would incorporate it into our standards of practice. If we did produce guidance or standards in this area, we think it could also include issues raised by The College of Optometrists, such as ensuring sufficient connection and onscreen resolution to be able to clearly see and hear the patient and appropriate time with the patient, as well as issues raised by others such as data protection.
169. We note The College of Optometrists is seeking reassurance that we will support the principle that optometrists should have sufficient time to safely deliver eye care and exercise professional judgement for patient benefit during remote consultations. This is already in our [Standards of Practice for Optometrists and Dispensing Opticians](#) (standards 1.1 and 7.1) and [Standards for Optical Businesses](#) (standards 1.1.6 and 3.1.4) – these standards apply to remote care as well as to face to face care.

Section 2.12: Content and impact of GOC statement on service of registration notices during the COVID-19 emergency (GOC/COVID/14)

170. An analysis of the responses to the questions on this statement are set out in section 4.12 of Enventure’s report.

Content of statement

171. The vast majority of respondents agreed with the content of this statement, although the AOP did not.

172. We considered specific comments on the content of the statement outlined in the table below and have updated the statement accordingly (annex 10).

Table 10: Summary of comments proposing amendments to content of statement

Comment	GOC view
It remains our view that it is not reasonable for a regulator to issue a statement which gives a misleading impression of the legal basis for its actions.	We consider that the legal basis was clear from paragraph 3 of our original statement, which set out the legislative requirements on service of notices.
The GOC told us that they fully recognise “that some registrants may be disadvantaged by the service of statutory notices by email, and we will be sensitive to any personal or practical difficulties caused by, for example, health, accessibility or technological issues. In addition to serving removal notices by recorded delivery and telephoning those registrants to ensure that they are aware of the situation, we will serve all statutory notices by post where this is requested. The public consultation will provide further opportunity for us to understand and address the impact on registrants”. We therefore recommend that these commitments be incorporated into a revised version of the statement.	We agree that it is important to document our processes publicly to provide further reassurance. We have agreed to create a separate policy on electronic service of notices to implement the 2020 Amendment Rules as referred to in section 2.4 (page 14). As part of this we will hold discussions with the optical representative organisations and will consider this point in further detail. The policy will incorporate service of notices in respect of the Fitness to Practise Rules and Registration Rules.
We suggest adding a requirement to ensure that registrants have effectively received the communication.	We will consider this as part of our policy on electronic service.

Comment	GOC view
The GOC should seek confirmation of receipt from registrants.	We will consider this as part of our policy on electronic service.

173. A comment in support noted that it allowed more flexible means of sending important documentation.

174. Comments against felt that some registrants might be unfairly disadvantaged.

175. More neutral comments suggested that:

- the GOC must receive confirmation of receipt;
- notices should only be served electronically where there is express permission to do so; and
- the GOC needs to be clear about the legal powers underpinning this statement.

176. As outlined above, we have now been given powers through the 2020 Amendment Rules to serve by email any notice, notification or other document required by the GOC's Registration Rules and Fitness to Practise Rules if the registrant has given consent for that to happen and has provided an email address for communications. We therefore intend to produce a policy statement on applying the provisions of these rules, which we will consult on further with the optical representative bodies.

Phase(s) in which statement applies

177. The vast majority of respondents agreed with our view that the statement should continue to apply in all phases of the pandemic, although the AOP did not agree.

178. There were very few comments received in response to this question, the main one being from the AOP that the statement should be re-drafted to include suitable safeguards for those disadvantaged by electronic service.

179. As we move out of the restrictive lockdown measures we have been in, we have reviewed the need to continue with the processes we agreed in March 2020 for service of registration notices. As of 22 April 2021, we will only serve notices under our Registration Rules by email where the registrant has:

- consented to this in writing; and
- provided an email address for communications to be sent to.

180. We have therefore decided to withdraw this statement as it is no longer necessary. As outlined above, we will be drafting a separate policy on

electronic service which will address the concerns raised about the existing statement and implement the provisions of the 2020 Amendment Rules.

Impact of statement

181. A significant majority of respondents felt there had been a positive impact or no impact on optometrists and dispensing opticians, businesses, and patients and the public. Positive themes were as follows:

- ensures timely receipt of information; and
- easier access for registrants.

182. Negative comments were that some registrants find it more difficult to access digital documentation, with the AOP noting that some of their members had faced significant detriment because of the lack of specific consent and were particularly concerned about unrepresented registrants in the course of proceedings.

183. More neutral comments included:

- positive impact from reducing social contact;
- ensuring follow up if there had been no confirmation of receipt; and
- the GOC should seek explicit consent and communicate clearly about the purpose of collecting an email address from registrants.

184. We have not identified any areas where we feel that the statement should be updated further on the basis of these comments about impact.

Impact of underpinning the statement with emergency legal powers

185. As part of the consultation, we explained that we had been in discussions with the Department of Health and Social Care to underpin this statement with emergency legal powers to enable registration notices to be issued by email if the registrant has provided an email address. We asked respondents what they thought the impact of the GOC receiving these powers would be.

186. A significant majority felt there would be a positive impact in the GOC securing these powers. Positive comments included:

- modernisation;
- sensitive information could be emailed securely;
- enable quicker responses;
- more environmentally friendly; and
- reduces costs.

187. Negative comments included:

- the GOC should make more effort, not less; and

- emails could be missed.

188. More neutral comments included:

- treating registrants fairly where disadvantaged by electronic communication and being prepared to use other means of communication where necessary; and
- making it clear to registrants that email will be used as the primary form of communication.

189. During the consultation period, the 2020 Amendment Rules came into effect and the provisions related to electronic service of documents are permanent. We will consider the comments received in this section when drafting our policy on electronic service.

Section 3: Learning from the COVID-19 response

190. An analysis of the responses to the questions on learning are set out in section 5 of Enventure's report.

Guidance or legislative changes

191. Just under half of respondents felt that there were areas where the sector required specific guidance or legislative change to support care during the pandemic or any future pandemics/emergencies.

192. There was a call for improved guidance in the following areas and we have commented on these suggestions below:

- provision of remote care (including beyond the pandemic) – as outlined in section 2.11 we are considering this further;
- minimum appointment lengths and allowing appropriate time for cleaning/disinfecting – we do not feel it is appropriate to define minimum testing times as outlined in section 2.9, but we have updated our statement on infection prevention and control to outline the employer's responsibilities in ensuring appropriate length of appointment times;
- clarifications about the difference between amber and green phases – as outlined in section 2.1, we have worked with The College of Optometrists to agree some revised definitions for the red, amber and green stages;
- seeing patients who are mask exempt – we do not feel it would be appropriate for the regulator to produce clinical guidance but have flagged the gap with the optical sector, NHS England and commissioning bodies in other nations;
- clarify the definition of 'replication' to prevent unbridled substitution – we have agreed to look at the contact lens legislation as part of our legislative reform programme;
- guidance for dispensing opticians – our statements apply to all of our registrants;
- guidance for students – the general principles of our statements would apply to students working in practice settings. We will look to improve our communications in the future to be tailored to students and have a plan in place to do so going forward. We will consider the feedback from this consultation to inform that; and
- to reassure optometrists that they will be supported in decision making for patients managed through remote consultations – we feel that we have already done this through our [joint regulatory statement on how we will continue to regulate in light of novel coronavirus](#) but we will look to make this more prominent on our new website (expected to launch in April 2021) to provide further reassurance.

193. The other areas outlined in Enventure's report included the following areas and we have commented on how we will address this:

- consistent approach needed/must be followed by all employers (needs to be less open to interpretation) – as part of our consultation analysis we have reviewed all of our statements to see where information about responsibilities can be improved. If our guidance is not being followed, registrants should raise this directly with employers in the first instance, seeking advice from optical representative bodies for support as appropriate. The fitness to practise process is available for where there are ongoing patient safety concerns;
- mandatory social distancing and mask wearing – it would not be within our remit to produce guidance in this area as this is a matter for governments and the national health service to advise based on expert evidence;
- role of therapeutic optometrists needs to be highlighted/supported to ensure patients have better access to eye health services – along with the optical sector, we continue to advise government, the NHS and healthcare sector of the standards, qualifications and skills that our registrants have in order to register, but do not have a determining how those skills are commissioned;
- allow more use of professional judgement in difficult/emergency situations (not only during pandemic) – our standards of practice are already a framework for the use of professional judgement in all situations, which is part of being a healthcare professional;
- legislative change for the list of medicines exemptions applying to GOC registrants (would appreciate GOC's influence in this area) – we have raised this previously with the Department of Health and Social Care and Medicines and Healthcare products Regulatory Agency (MHRA) and we understand that there has been some progress in this area since the consultation; and
- legislative change needed to enable the commissioning of COVID specific services (recognise this is outside the scope of the GOC's remit) – as mentioned in the feedback, this is outside the scope of our remit but may be useful for other optical sector bodies to consider.

Approach to supporting registrants

194. Respondents were asked if our approach to supporting registrants during the pandemic had been effective. Of those that answered 'yes' or 'no', opinion was evenly divided.

195. Positive responses included:

- information being prompt, well-designed and easy to understand and we should seek to change legislation where necessary;

- support for a clear classification system; and
- recognition that statements were developed at short notice with limited opportunity for consultation.

196. We note the Professional Standards Authority's suggestion that we should incorporate these into more general regulatory policy, seeking changes to our legislation where necessary. We sought some of these changes through emergency legislation with the Department of Health and Social Care, but those that related to primary legislation were not able to be included. We will consider this further as part of our legislative reform project.

197. Themes among those providing negative comments were as follows:

- information had been confusing and was too open to interpretation;
- clearer communication was required;
- information could have been more accessible and regularly updated;
- guidance had been provided too slowly and had been too reactive;
- more support was needed, especially for locums and self-employed registrants;
- further consultation with registrants was required – seemed heavily influenced by multiples;
- we should have challenged poor practice by businesses; and
- we should have produced our own guidance rather than relying on The College of Optometrists' guidance.

198. We have noted comments about the speed of our responses and our communications, and will reflect on these and use them to improve our communications in the future. Part of the reason for consulting on these statements and considering whether they could apply in any future pandemic is so that we can act more quickly in a similar situation.

199. We also noted the comment around versions of the statements on our website and will look to produce an archive of previous versions of statements on our new website.

200. We note the comment that our statements appeared heavily influenced by our business registrants, particularly large 'multiples'. Our statements were drafted in response to all questions that we received during the pandemic, including from our business registrants as well as optometrists, dispensing opticians and optical students. We constantly reviewed whether further guidance or updates of our frequently asked questions (FAQs) were required. Decisions on publishing statements were only made after consultation with key stakeholders in the optical sector and healthcare commissioners as outlined in the introduction, and were all approved by our Council.

Draft impact assessment

201. Respondents were given the opportunity to comment on our draft impact assessment that we published alongside the consultation. Few comments specifically related to the impact assessment and of these, there were no further suggestions for change.
202. We have reviewed our draft impact assessment on the basis of comments received during this consultation, and have updated it for publication as a final impact assessment.

GOC/COVID/01

Date of statement: 7 May 2020 (updated 9 September 2020 and 28 May 2021)

GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency

This statement will apply in the **red, amber and green** phases of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).

Purpose of statement

1. Along with all other healthcare regulators, we have signed a [joint regulatory statement](#) which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance. We will take account of this in fulfilling our regulatory functions along with this statement.
2. GOC-approved education providers (across all parts of any route to GOC registration) may find this statement of interest, although students, placement providers and others engaged in optical education may also be interested in understanding how we have responded to questions from education providers about changes to education delivery, and what changes we are making to our quality assurance of GOC-approved education during this COVID-19 emergency.
3. We ask that providers regularly and openly communicate with their students about any changes to their programmes.
4. This statement combines and updates the previous statements numbered GOC/COVID/01 and GOC/COVID/04.

Patient, student and staff safety

5. The health and safety of patients is our first priority. Students, staff and others must manage their own health, and the health of their families, colleagues and community. That means acting in accordance with Government instructions and self-isolating if required to do so.
6. Education providers, employers and contracting bodies should take all necessary steps to make sure that those who are learning or working in clinical environments are suitably equipped (for example, with protective clothing) and have the right information to minimise the risk of transmission.
7. Government guidance for healthcare professionals and organisations can be found here: <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>. Government guidance for universities and

students can be found here: <https://www.gov.uk/coronavirus/education-and-childcare>. Support and guidance for the academic community from the Quality Assurance Agency for Higher Education can be found here: <https://www.qaa.ac.uk/news-events/support-and-guidance-covid-19#>.

Changes to education delivery

8. All GOC-approved qualifications must be delivered in line with GOC education standards as outlined in our [approval and quality assurance handbooks](#).
9. The ongoing changing situation will continue to bring challenges for education providers in supporting students and staff to adapt to different and/or remote teaching and assessment methods, whilst also maintaining GOC standards and following government guidelines.
10. We will be flexible and pragmatic in our approach during the COVID-19 emergency and recognise that education providers will be working with their institutions, regulatory bodies, national qualification organisations and professional associations in considering what changes might be needed to ensure continued provision of GOC-approved qualifications.
11. During this challenging period, we have asked education providers to:
 - prioritise the teaching and assessment of final year students;
 - work with partners to make appropriate contingency arrangements; and
 - ensure the GOC is regularly updated with all intended and actual changes to delivery.
12. We welcome the extensive collaboration between the education providers (including awarding bodies) to develop safe and considered solutions during the current emergency.

Notification of events and changes

13. As education providers make changes to their provision to ensure the safety of staff, students and patients, we have asked providers to document and notify us of any temporary changes to the teaching and assessment of approved qualifications, and report any events [as per our usual guidance](#).
14. We developed a 'notification of temporary changes' form for providers to use to tell us about changes they are making to their provision, and we continue to ask providers to submit these to education@optical.org
15. Providers are reminded that as long as the standards outlined in our approval and quality assurance handbooks are met, providers need only *notify* us of changes made. If changes to provision mean GOC standards may not be met, providers are asked to alert us at the earliest opportunity. Depending on the level of risk posed by the proposed changes, we will make separate arrangements with the provider to formally consider and, if appropriate, consult on and/or *approve* changes on a temporary/time-limited basis.

16. Further information about our process is provided below.

Phase one: New notification

17. A provider submits their 'notification of temporary changes' form to tell us about changes they are making or intending to make to their provision. Following receipt, each notification is triaged by one of our Quality Assurance Officers. This triage consists of an assessment of the risk of the proposed change and its mitigation, and a summary as to whether any further information is required. Triage outcomes can be to: note (no further action), refuse, refer to GOC Education Visitor Panel, seek further information, or approve.
18. The triage form and associated information is reviewed by the Education team and the outcome is agreed in accordance with our decision-making framework (which, in most circumstances, is by the Head of Education).
19. **Terminology used in our outcome emails:** If a change requires GOC approval and this has been granted, we will state this clearly in the outcome email (using the terminology 'approve'). In most circumstances, we will simply confirm that we are content that the proposals are reasonable and we require no further information (i.e. the change is *noted*).
20. We aim to confirm or approve all notified changes submitted via the notification form within two weeks of receipt of all necessary documentation. More complex notifications may take longer. Occasionally a notification for a temporary change will require Education Visitor Panel review. If this is the case, we will let providers know which of their temporary change proposals we are referring to the Panel and when we hope to provide them with the outcome of this review.
21. A temporary change proposal which seeks to modify a requirement listed in one of our approval and quality assurance handbooks, such as a change to our numerical requirements for patient episodes, will take us longer to consider. This is because changes to our handbook requirements is a decision reserved to Council, and in 'normal times' is a decision which is preceded by consultation. Should we receive a request to modify a handbook requirement, we will expect to be provided with sufficient evidence to inform our decision and may need to consult on any such variation. If the variation is approved, we will communicate this decision to all providers. For more information about the changes made to date, please see paragraph 36.

Phase two: Follow up questions

22. If we have asked for further information from a provider, the response will be handled in the same way as above.
23. We have limited our requests for further information from providers to those areas which are most critical - very much recognising the speed at which providers are having to implement proposed changes.

24. It is the responsibility of each provider to decide what temporary changes they wish to put in place and the information they give us about their proposed changes, in accordance with our guidance and COVID-19 statements.
25. For the purposes of transparency and to provide confidence in the consistency of our approach, we provide below examples of temporary changes we have been notified about and our *general* response. We respond separately to each individual provider about the information they give us, and our consideration of this information turns on its own facts, meaning that we have not issued blanket approvals/acknowledgment, and in some instances, we may have sought from providers additional information regarding any of these areas.
26. If students require more information about the changes that their provider is implementing in response to COVID-19, students should approach their education providers directly.

Common area 1: Moving to online delivery of teaching and assessments

27. Many providers have notified us that they have moved all teaching and associated resources to an online format and provided us with information about how they are continuing to teach for the remainder of the academic year via a suitable online platform. We have *noted* these temporary changes for those providers who put these arrangements in place.
28. Some providers have moved their assessments online and provided us with information about how they are changing the assessment type, using a suitable online platform, and the additional measures they are putting in place to facilitate the security, equity and fairness of assessments from a student perspective to ensure no disadvantage, and to ensure standards / pass criteria are maintained. In our requests for further information, we have sought to establish that the governance and quality assurance of these temporary changes is sufficiently robust and that the assessments are appropriate and comparable, with particular focus on any changes to assessments that measure students' achievement of the core competencies.

Common area 2: No detriment, no disadvantage, safety net policies or equivalent ('ND policies')

29. Many providers have notified us that their institution has implemented an ND policy, some of which state that courses subject to Professional, Statutory and Regulatory Bodies' (PSRBs) approval may not be eligible to use this policy, which can be of concern to students.
30. We would like to reassure providers – and students – that, from those we have seen, we have *noted* that providers' ND policies have been reasonable and appropriate for our approved qualifications and, despite the differences, maintain a sufficient level of consistency and parity. Below is further detail regarding how we have considered each provider's ND policy:

- We expect the provider's approach to be sufficiently robust as to ensure that students are not issued a higher grade than their achievement so far has demonstrated and do not progress inappropriately onto the College of Optometrists' ('the College') Scheme for Registration (SfR) or through the Association of British Dispensing Opticians (ABDO) Examinations' route to registration (as applicable).
- Although providers' ND policies are broadly similar, there are differences in approaches between providers which we need to consider, particularly around the impact of that policy on the calculation of pass marks for that provider's approved qualification.
- Our main focus in considering the impact of providers' ND policies is at the award of the approved qualification for the lowest passing student, and in particular, the calculation of optometry students' degree results at the 2:2 or third class boundary, given progression into the College's SfR is restricted to students who receive a 2:2 degree or above.
- Of those providers who have reported that they are implementing an ND policy, we have sought confirmation that they have considered and taken mitigating action to ensure the pass criteria for the award of a 2:2 degree is secure.
- If students require more information about the impact of their provider's ND policy, students should approach their education providers directly.

Common area 3: Trailing of GOC Stage 1 core competencies and patient episodes into the College's SfR

31. We agreed the concepts set out in the joint statement between the Optometry Schools Council (OSC) and the College (18 March 2020), whereby students with any deficits in their patient episode numbers and/or clinical competencies will be supported by their university and the College to demonstrate fulfilment of these requirements during the early stages of their pre-registration placement.
32. This is to ensure that students who are awarded an approved qualification (optometry degree) at 2:2 or above can progress onto the College's SfR, and once the outstanding competencies and patient episodes are satisfactorily achieved during the early stages of their pre-registration placement, will be issued their certificate of clinical competence (1).
33. We received further information from the College regarding the mechanisms and support that will be in place for these students to safely progress their education and training, achieve their certificate of clinical competence (1) and continue on the SfR. These transitional arrangements have been developed by the College in partnership with the OSC.
34. We received the finalised proposal and are satisfied that the proposed systems and mechanisms are sufficiently robust to ensure a safe and appropriate

transition into the SfR for students to trail competencies and/or patient episodes, resulting in their full completion, and have *approved* this arrangement.

35. We are aware that some providers do not normally issue a separate certificate of clinical competence (1) in addition to their degree certificate. We are satisfied that annotated certificates will suffice in accordance with the OSC and College's transitional arrangements to ensure clear student progression information is recorded, to maintain public safety.

Changes which seek exemption or modification to our education standards

36. Due to the different COVID-landscape within which clinical experience still needs to be delivered, we recognise that rapid changes are required in order to respond to the significant challenges in the sector and to enable education providers to deliver high quality education and training.
37. The continuing impact of COVID-19 on education and training, as well as the optical workforce, is wide and of uncertain duration. Whilst many education providers have successfully moved to online/remote teaching delivery and assessment, deferring or trailing some of the GOC requirements (particularly core competencies and patient episodes), these were only intended to be temporary changes until 'normality' returned. It is clear however, that the sector will have to make further and potentially longer-term changes in order to deliver education and training which adequately prepares students for practice and meets our standards.
38. From 23 July to 6 August 2020, we ran a short consultation on proposed temporary changes to our 'Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry' ('Optometry Handbook') and Supervision policy in light of the COVID-19 pandemic.
39. We received a total of 71 responses and after careful consideration of the feedback, we approved a number of temporary changes which will protect patients, students and the public, and enable clinical experience to be delivered in a safe and practical way in light of the limitations that the pandemic has put on clinical practice.
40. A summary of the approved changes is below:
 - **Stage 1 patient experience:** We have amended and further defined the minimum number of patient episodes that students must achieve to obtain 'an appropriate breadth of patient experience' and we have broadened the types of experience that can be counted for this, including observation with formal reflection. This approach will enable clinical experience to be delivered in a safe and practical way and contribute to preparing students for the new world of practice brought about by the pandemic.

- **Certificate of Clinical Competence (GOC stage 1):** For students who graduated in summer 2018, we granted an extension to the Stage 1 Certificate of Clinical Competence (which students receive upon successful completion of their undergraduate studies) until 31 December 2020. We will work towards permanently removing this GOC requirement in its entirety so that any decisions regarding the currency of learning form part of a provider's enrolment/admissions policy (such as the enrolment policy for the College's SfR).
 - **Stage 2 patient experience:** We have reduced the total number of GOC stage 2 patient episodes that students must achieve by 10% and removed the categorised patient episode numbers. The provider must instead ensure that the student achieves an appropriate breadth of experience and set and justify its level of any minimum experience in specific areas of practice.
 - **Supervision policy:** We will permit non-GOC fully-qualified registrants to supervise students, if they meet our supervision criteria, are regulated, only supervise tasks that are within their professional scope of practice, and the education providers ensure that all other supervision requirements are met, including clarity about any role in patient episode or core competency 'sign off' that these supervisors may have.
41. These temporary changes to our Optometry Handbook education standards and requirements are applicable as follows:
- Temporary changes affecting undergraduate education are applicable from 1 September 2020 for the 2020/21 academic year only. (For the avoidance of doubt, this includes the trailing of competencies/patient episodes into the Scheme for Registration's 2021 enrolment.)
 - Temporary changes affecting the College's SfR or other registrable qualifications are applicable to this year's (Autumn 2020) incoming cohort of students/trainees only. Due to the nature of the Scheme for Registration, these changes will apply to students/trainees enrolling onto the Scheme for Registration between 1 September 2020 and 30 May 2021.
42. Should any provider wish to make changes, they must complete the normal notification process. That is, the provider must submit a proposal to demonstrate that their planned changes will be in line with the temporary requirements.
43. As the pandemic continues, we envisage that the temporary changes will need to be extended to accommodate future cohorts. In making this decision, we will consider the evidence available regarding the impact of these changes and the status of the pandemic. We are currently working with the sector bodies to obtain the data required to make this decision.

Changes to GOC quality assurance activity

44. We conduct quality assurance activities, including conducting visits to education providers, to seek assurance that our standards are met.
45. We are sensitive to the fact that education providers are working in a fast-moving landscape and in very challenging circumstances, with limits on non-essential travel, closures of buildings and clinics, suspension of clinical placement provision, high workloads in delivering temporary changes and potential staff shortages.
46. During this emergency our approach to quality assurance will be flexible and pragmatic.

Quality assurance visits

47. Having received positive feedback regarding our remote quality assurance visits, it is envisaged that remote visits will continue for the foreseeable future. The process is under constant scrutiny and review, to ensure that it is appropriate and fit for purpose.
48. For those visits where remote quality assurance is not a viable option and we make a decision to postpone the visit, we will set a review date when we will reconsider, with the provider, what quality assurance activity may safely take place and any interim information that we require.

GOC conditions and recommendations

49. As part of our approval and quality assurance activities, we set conditions which identify any unmet GOC requirements and providers are expected to demonstrate that the requirement is set by the stipulated deadline.
50. Whilst we are continuing to process these as normal, where a condition's deadline has not been met we intend to be reasonable and proportionate in our response. For conditions which require immediate action – i.e. those which would cause significant issues if not completed on time, for example, if outstanding teaching materials required need to be written – we will work closely with the education provider seeking to agree a reasonable way forward and provide regulatory support as appropriate.

Annual monitoring and reporting (AMR)

51. We will use the 2020/21 AMR to monitor the methods used by providers to track students' completion of trailing core competencies, patient episodes or assessment items.

Combined quality assurance handbook

52. We have decided to delay publishing our combined quality assurance handbook for the time being, recognising that at the moment, colleagues' workloads in higher education and practice are under extraordinary levels of pressure. We would like to thank the sector for their contributions to drafting

and commenting upon the combined quality assurance handbook and commit to publishing the handbook once the COVID-19 emergency has receded.

GOC/COVID/02

Date of statement: 19 March 2020 (updated 1 May 2020 and 28 May 2021)

General Optical Council (GOC) statement on supply of spectacles and contact lenses during COVID-19 emergency

1. This statement will only apply in the **red** phase of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).
2. Registrants should use their professional judgement to decide whether their actions are appropriate in individual circumstances. We expect registrants to balance the risks of providing spectacles and contact lenses on an out-of-date prescription/specification, against seeing a patient in person, and be able to justify their actions.
3. We hope to reassure our registrants that when they act in good conscience, for the public benefit, exercising professional judgement in all of the circumstances that apply, we will support them.
4. In addition, we have signed a [joint regulatory statement](#) which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance. We will take account of this in fulfilling our regulatory functions.

Purpose of statement

5. The purpose of this statement is to set out the legal position in respect of the supply of spectacles and contact lenses, and the factors that we expect registrants to take into account when supplying these optical appliances during the COVID-19 pandemic.
6. Registrants may also wish to review GOC/COVID/03: GOC statement on contact lens aftercare during COVID-19 emergency when considering this statement.

Issuing spectacles

7. There are no legal restrictions on the supply of spectacles by or under the supervision of GOC registered optometrists and dispensing opticians, including for users aged under 16 or registered sight-impaired / severely sight-impaired (section 27 of Opticians Act 1989). If there is no clinical need for a patient to attend an optical practice, optical businesses should be considering posting or delivering spectacles to the patient.
8. If there is a clinical need during the red phase of the COVID-19 emergency period, business registrants, optometrists and dispensing opticians should

consider the risk of requiring a patient to attend an optical practice and potentially contracting or spreading coronavirus compared to any clinical risk of supplying spectacles, and use their professional judgement to decide on the best course of action.

Issuing contact lenses

9. In order to supply contact lenses, the patient must have an in-date contact lens specification which has been issued following a contact lens fitting/check. The contact lens fitting itself can only begin if the patient has had a sight test and been issued with a prescription in the last two years and before any re-examination date specified in the prescription (section 25(1A)(b) of the Opticians Act). There is no requirement for how long a contact lens specification should last, but good practice in the profession suggests no more than two years. If the contact lens specification has expired, this would ordinarily result in GOC registrants and/or businesses withholding supply of contact lenses to patients until they have attended the optical practice for a sight test and/or a contact lens fitting/check.
10. If the contact lens specification is current and there is no clinical need to attend an optical practice, optical businesses should be considering posting or delivering contact lenses to the patient.
11. If there is a clinical need, or the specification has expired, then during the red phase of the COVID-19 emergency period, business registrants, optometrists and contact lens opticians should consider the risk of requiring a patient to attend an optical practice and potentially contracting or spreading coronavirus compared to any clinical risk of supplying contact lenses on an expired specification, and use their professional judgement to decide on the best course of action.

Exercising professional judgement

12. In making this judgement, registrants should consider:
 - patient vulnerability and public health advice at the time in question (some individuals may be self-isolating/shielding and unable to attend, public transport may not be readily available, and some domiciliary visits may no longer be possible for instance);
 - relevant clinical advice including from optical professional bodies;
 - how long it has been since the last sight test or contact lens fitting/check;
 - the length of the original contact lens specification;
 - limiting the supply of lenses in order to prevent the patient stockpiling lenses and encourage access to aftercare within a reasonable timeframe;
 - the nature of any specific clinical risks; and

- how quickly the business could see the patient following the emergency period in order to minimise any risk.

Recording your decisions

13. Registrants should make a note of their decisions, and the reasons for their decisions, including for the duration of any supply of contact lenses and aftercare plans. The note should be made directly in the patient records, or where this is not possible, the patient records should be updated at the earliest available opportunity.

GOC/COVID/03

Date of statement: 23 March 2020 (updated 1 May 2020 and 28 May 2021)

General Optical Council (GOC) statement on contact lens aftercare during COVID-19 emergency

1. This statement will apply in the **red, amber** and **green** phases of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).
2. Registrants should use their professional judgement to decide whether their actions are appropriate in individual circumstances. We expect registrants to balance the risks of providing contact lens aftercare remotely, against seeing a patient in person, and be able to justify their actions.
3. We hope to reassure our registrants that when they act in good conscience, for the public benefit, exercising professional judgement in all of the circumstances that apply, we will support them.
4. In addition, we have signed a [joint regulatory statement](#) which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance. We will take account of this in fulfilling our regulatory functions.

Purpose of statement

5. The purpose of this statement is to set out the legal position regarding contact lens aftercare and the factors that we expect registrants to take into account when deciding how to deliver it during the COVID-19 emergency.
6. This statement does not include assessing the fit of contact lenses, sometimes referred to as a contact lens fitting, check or check-up¹, which is covered by GOC/COVID/02: GOC statement on supply of spectacles and contact lenses during COVID-19 emergency.

Legislative requirements

7. Under section 27(3B) of the Opticians Act 1989, the seller of an optical appliance (or zero powered contact lens) must make arrangements for the patient to receive such aftercare as may be reasonable. Aftercare is not defined in the legislation, but The College of Optometrists and the Association of British Dispensing Opticians (ABDO) have produced guidance on aftercare (see reference to 'relevant clinical advice' in the next paragraph).

¹ <https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/contact-lens-check-ups/#open:253>

Exercising professional judgement

8. Neither the GOC nor legislation limits the way in which aftercare might be provided. A registrant must exercise professional judgement as to what level of aftercare to provide and how to provide it, which could include remote means such as telephone or video-conference. Optometrists, dispensing opticians, student registrants and business registrants should take account of:
- joint regulatory guidance on remote consultation and prescribing²;
 - patient vulnerability and public health advice at the time in question (some individuals may be self-isolating/shielding and unable to attend, public transport may not be readily available, and some domiciliary visits may no longer be possible for instance);
 - relevant clinical advice including from optical professional bodies such as The College of Optometrists^{3 4 5} and ABDO⁶;
 - how long it has been since the last contact lens check;
 - the nature of any specific clinical risks;
 - how quickly the business could see the patient following the emergency period in order to minimise any risk;
 - the patient's ability to access remote care; and
 - the suitability of any technology used for remote consultation is sufficient to be able to clearly see and hear the patient (e.g. sufficient connection and screen resolution).

Recording your decisions

9. Registrants should make a note of their aftercare plan, including the reasons for their decisions. The note should be made directly in the patient records, or where this is not possible, the patient records should be updated at the earliest available opportunity.

² <https://standards.optical.org/supporting-guidance/remote-consultations-and-prescribing/>

³ <https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/contact-lens-supply/aftercare/>

⁴ <https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html>

⁵ <https://www.college-optometrists.org/guidance/covid-19-coronavirus-guidance-information/covid-19-college-guidance/primary-eye-care-covid-19-pandemic-guidance.html#ContactLenses> (see paragraphs 4.4-4.5 and 4.18-4.21 in particular)

⁶ <https://www.abdo.org.uk/regulation-and-policy/advice-and-guidelines/clinical/contact-lenses/>

GOC/COVID/05

Date of statement: 26 March 2020 (updated 1 May 2020, 1 June 2020 and 28 May 2021)

General Optical Council (GOC) statement on our approach in fitness to practise for the service of documents and facilitating hearings during the COVID-19 emergency

This statement will apply in the **red**, **amber** and **green** phases of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).

Purpose of statement

1. As the UK regulator for the optical sector, we are committed to protecting the public, maintaining high ethical standards and taking all concerns raised with us seriously. During these extraordinary times, we are committed to taking a proportionate and fair approach when investigating and acting on concerns about the fitness to practise of those whom we regulate.
2. In this statement we set out how we will approach investigations and hearings, and any adaptations to our processes under the Fitness to Practise Rules 2013 ('the FtP Rules') (as amended by The General Optical Council (Committee Constitution, Registration and Fitness to Practise) (Coronavirus) (Amendment) Rules 2020) ('2020 Amendment Rules') as we move out of more restrictive lockdown measures.
3. In taking the steps set out below, we are putting our overarching objective – the protection of the public – at the forefront of our efforts to continue maintaining our functions during this period. We also recognise that it is important to registrants, and to all other parties involved in our fitness to practise proceedings, that we continue to progress cases as swiftly as we can.

Service of notifications and notices (fitness to practise proceedings)

4. Rule 61 of the FtP Rules created requirements in respect of the service on registrants of notifications and notices relating to our fitness to practise process. Section 23A of the Act enabled the making of rules for electronic service where the person consents in writing. The 2020 Amendment Rules amended the FtP Rules to permit service by email if that person has provided an email address for communications.
5. We will serve all notices in accordance with the amended FtP Rules and are currently finalising the details of an electronic service policy which will set out the safeguards that we will implement.

6. We will only serve notices, notifications and documents under our FtP Rules by email where the registrant has:
 - consented to this in writing; and
 - provided an email address for communications to be sent to.
7. Where a registrant does not give consent, or withdraws consent at a later date, we will serve notices, notifications and documents in hard copy (usually by recorded delivery post) in accordance with the requirements of section 23A(1) of the Act.
8. Even where a registrant has already consented to electronic service, we will arrange for a notice, notification or documents to be provided in hard copy if the registrant requests this at any time.
9. We ask all registrants to ensure that their contact details are up to date on their MyGOC account. To ensure confidentiality, and in compliance with our data protection obligations, we ask registrants to ensure that they have registered a personal email address with us.
10. This process will apply to all notifications and notices relating to new or existing fitness to practise proceedings. If a registrant has no access to equipment for viewing Fitness to Practise Committee hearing documents electronically, or where equipment is unsuitable (e.g. a mobile phone screen), we will provide the registrant with a paper copy of the hearing bundle.

Holding substantive and non-substantive hearings (fitness to practise proceedings)

11. We are currently scheduling hearings in accordance with our [Remote Hearings Protocol](#). Whether an event is suitable to be heard remotely, physically in person or on the papers will be assessed on a case-by-case basis by the Scheduling Officer, taking into account the view of the registrant (and their representatives if represented).
12. If it is agreed that the event is suitable, we will hold remote hearings via video-link, teleconference or on the papers ('on the papers' refers to cases that may be suitable for concluding and progressing without the need for the attendance of parties).
13. Temporary amendments to our FtP Rules by the 2020 Amendment Rules allow decisions to adjourn proceedings to be taken by the Hearings Manager¹. We will use this power in situations where both parties agree. Where there is disagreement between the parties, the Fitness to Practise Committee will continue to make decisions in line with rules 35-37. We will produce guidance to support this function.

¹ This function is encompassed within the role of the Head of Hearings.

14. Remote hearings will include the following attendees: committee members, legal adviser, hearings officer, GOC presenting officer, registrant, registrant representative(s) (if applicable), transcriber, clinical adviser (if applicable) and witnesses (if applicable).
15. Those hearings held on the papers will be conducted in compliance with our [Guidance for hearings on the papers](#).
16. Rule 25(1) of the FtP Rules require that substantive hearings must be held in public. To support this, we will provide a link to our remote public hearings in order that interested parties can attend. The link will be sent out following a request to the hearings team (via hearings@optical.org).
17. Attendance at the meeting is subject to the attendee agreeing to our [pre-admittance guidance note to observers](#) and the link will only be sent when we receive confirmation that this has been read and accepted. Attendance is subject to a maximum of 25 participants including parties to the event. There may be occasions when the Fitness to Practise Committee need to deliberate in private and a separate link will be enabled for this to occur. Occasionally, the committee may consider it appropriate, in accordance with rule 25(2), that the entire hearing should be in private. All determinations will continue to be made public on our website ([Hearings section](#)).
18. Rule 60 of the FtP Rules requires that a verbatim record is taken of every hearing before the Fitness to Practise Committee and this will be retained for remote hearings. It will remain open for any member of the public to request a transcript of proceedings in accordance with our guidelines.

GOC/COVID/07

Date of statement: 14 April 2020 (updated 1 May 2020 and 28 May 2021)

General Optical Council (GOC) statement on optometrists, dispensing opticians and students working in different settings during the COVID-19 emergency

1. This statement will apply in the **red**, **amber** and **green** phases of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).
2. We acknowledge that this statement is more likely to apply in the red phase when routine primary care is suspended, but the ability to work in different settings is available to registrants at any point during the pandemic where they wish to do so.

Purpose of statement

3. The purpose of this statement is to outline expectations on our registrants when working in different settings.

Calls to work in different settings

4. The NHS and other employers may ask optometrists, dispensing opticians or students to be ready to support the wider COVID-19 response by using their professional skills and experience in different settings in either paid or volunteer roles, back-filling other roles in the health and care sector to fill workforce gaps. This could include:
 - clinical roles in eye healthcare e.g. acting as an optometrist or dispensing optician in a different setting such as a hospital;
 - clinical roles outside of eye healthcare e.g. administration of vaccines; carrying out clinical tasks in a pharmacy; or
 - non-clinical roles e.g. carrying out non-clinical tasks, such as porter duties or delivering food or medicines.
5. We are aware that the NHS has produced [guidance](#) on the wider roles that optometrists and dispensing opticians could support and as a regulator, we want to support registrants who wish to respond to calls from the NHS and others, while ensuring that patient safety is maintained.
6. Registrants will need to use their own judgement in deciding whether it would be appropriate for them to work in a different setting, based on their own responsibilities, contractual or otherwise, in delivering essential, urgent/emergency, or routine care in the optical setting and whether they have

any spare capacity. We would expect registrants to prioritise their role in eye health care above other areas of work.

Standards and competence

7. When an optometrist, dispensing optician or student is providing support to the wider NHS or healthcare system, the same professional [standards](#) apply as in any other situation: registrants are professionally accountable and personally responsible for their practice and for what they do or do not do, no matter what direction or guidance they are given by an employer or colleague. This means they must always be able to justify their decisions and actions. The test is whether the registrant is appropriately trained, competent, indemnified and (where necessary) supervised for the tasks that they are being asked to undertake.
8. Registrants should also ensure that their own health does not put themselves or their patients at risk by following Government advice on COVID-19.
9. There are many tasks in the wider health service which could be performed by optometrists, dispensing opticians or students drawing on their existing professional skills and experience. Our registrants should satisfy themselves that they are competent to perform the tasks being asked of them or have been / will be given the necessary training, supervision and personal protective equipment (PPE) for them to do so, working within any legal restrictions on practice. An employer or the NHS should direct a registrant to appropriate training and/or advice on any legal restrictions on practice where this is necessary. Registrants may wish to access free e-learning resources for the entire UK health and care workforce from Health Education England¹.
10. When determining which wider roles registrants are able to perform, either paid or as a volunteer, their current scope of practice is a useful starting point. However, it should not in itself constrain optometrists, dispensing opticians and students from supporting the wider COVID-19 response. We expect registrants to use their professional judgement in deciding whether to perform a task which is an extension of their usual scope of practice or outside of the usual scope of practice of the profession.

Indemnity cover

11. Registrants need appropriate professional indemnity cover for their clinical scope of practice. It is likely that a registrant's professional indemnity will only apply where they are carrying out their usual role of an optometrist or dispensing optician.
12. If registrants are redeployed into non-eye healthcare roles they may no longer be working as an optometrist or a dispensing optician and therefore should not

¹ <https://www.hee.nhs.uk/news-blogs-events/news/free-open-access-covid-19-e-learning-programme-entire-uk-health-care-workforce>

identify as such. Where healthcare professionals are working for the NHS, the Coronavirus Act 2020 may provide indemnity cover for liabilities incurred by healthcare professionals while working beyond the scope of existing cover. Where professionals are not working for the NHS, their employer may provide separate cover.

13. For some non-clinical roles, indemnity insurance may not be required at all.
14. In all cases, registrants should ensure that they check with their insurance provider, NHS authority or other employer, that coverage is in place by one route or another. Guidance is available from the optical professional bodies ^{2 3 4 5}.

Joint working with pharmacy

15. At the beginning of the pandemic, we produced a joint statement with the General Pharmaceutical Council to facilitate joint working. Pharmacy was where the pressures were understood to be at the time of the first 'lockdown' (as dentistry and optometry were only open for essential and urgent/emergency services) and we wanted to facilitate our registrants supporting this profession if they wished to do so. The joint statement is available in the annex.

² https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html?utm_source=social-media&utm_medium=graphics&utm_campaign=COVID-19

³ <https://www.abdo.org.uk/coronavirus/>

⁴ <https://www.aop.org.uk/coronavirus-updates>

⁵ <https://www.fodo.com/>

Annex

Redeployment of optometrists or dispensing opticians within pharmacy practice during COVID-19 pandemic

Regulatory statement issued by the General Optical Council (GOC) and General Pharmaceutical Council (GPhC)¹ on 29 July 2020 (previous ref GOC/COVID/12)

Optometrists and dispensing opticians are trained healthcare professionals registered and regulated by the GOC.

Pharmacists and pharmacy technicians are trained healthcare professionals registered and regulated by the GPhC.

This statement describes how optical professionals might be utilised to support the delivery of pharmacy services, to relieve pressures on the pharmacy workforce due to the COVID-19 emergency and to provide a platform for future interdisciplinary interaction and support, post COVID-19. This statement, through a series of questions and answers, explores how this support might work.

1. What is the NHS guidance on the redeployment of optical professions in pharmacy?

NHS England has published guidance on 'Deploying the clinical and non-clinical optical workforce to support the NHS clinical delivery plan for COVID-19' (please see www.england.nhs.uk/coronavirus/publication/deploying-the-clinical-and-non-clinical-optical-workforce-to-support-the-nhs-clinical-delivery-plan-for-covid-19/). This guidance outlines the potential for the redeployment of optical professions to support pharmacy practice in either volunteer or paid roles.

We are not aware of similar documents produced by the NHS in Scotland or Wales.

¹ GPhC is the regulator for pharmacists, pharmacy technicians and pharmacy premises in England, Wales and Scotland.

2. I am an optometrist or dispensing optician – what redeployment opportunities are there within pharmacy practice?

The need for an additional workforce to assist within pharmacy practice varies across the UK. The need for redeployment is best ascertained at a local level, through arrangements between the following organisations:

- in England, local pharmaceutical committees (LPCs) and local optical committees (LOCs);
- in Wales, Community Pharmacy Wales and Optometry Wales; and
- in Scotland, Community Pharmacy Scotland and Optometry Scotland.

Specific national arrangements are outlined below.

In England, optometrists and dispensing opticians may register their interest in supporting their local pharmacists in either paid or volunteer roles through their LOC: <https://www.loc-online.co.uk/>

In Wales, optometrists and dispensing opticians can volunteer by contacting the COVID-19 mailbox at COVID-19.Pharmacy.Prescribing@gov.wales They will need to be checked through the Disclosing and Barring Scheme (DBS) in order to be eligible.

In Scotland, optometrists and dispensing opticians may register their interest in supporting their local pharmacists in either paid or volunteer roles by contacting: contact@optometriscotland.org.uk

3. What type of roles (either volunteer or paid) could optometrists and dispensing opticians perform within pharmacy practice?

Optometrists and dispensing opticians are ideally placed to assist pharmacy practice in the following support roles (either volunteer or paid):

- Delivering medicines
- Stock control
- Medicines Counter Assistant (assisting on the medicines counter)

- Dispensary Assistant (assisting in the dispensary)
- Healthcare Assistant

Some of these roles may require additional training, which can be completed through online training courses, some of which are GPhC-approved. The pharmacy practice will be able to advise. Some pharmacy practices will also require an up to date criminal records check (or equivalent).

4. What skills can optical professionals bring to pharmacy practice?

Alongside their professional competencies and accountability as a regulated healthcare professional, optometrists and dispensing opticians have directly transferrable skills which may be of use in a pharmacy setting. These include:

- Being able to communicate with a diverse range of patients
- Record keeping and maintaining patient confidentiality
- Safeguarding, including children and vulnerable adults
- Awareness of need to raise and escalate concerns about patient safety
- Patient consultation skills
- Familiarity with health and safety regulations, hygiene and infection control procedures
- Skilled at working in multi-disciplinary teams and undertaking supervision of delegated tasks
- Knowledge of basic pathology and physiology
- Knowledge of basic pharmacology and the risk of drug interactions
- Knowledge of drug administration and storage

Optometrists and dispensing opticians are regulated professionals subject to professional standards of practice: [Standards of Practice for Optometrists and Dispensing Opticians](#)

Some optometrists are also independent prescribers, able to prescribe drugs in relation to the eye and eye conditions and adhere to the non-medical prescribing framework.

5. What training is available to support redeployment?

GPhC-accredited online training for pharmacy support roles is available to optometrists and dispensing opticians. The main training providers in the UK are as follows:

- National Pharmacy Association: www.npa.co.uk
- Buttercups: www.buttercupstraining.co.uk
- CIG: www.cighealthcare.co.uk
- MediaPharm: <https://www.mediapharm.co.uk/>
- Scientia Skills: www.scientiaskills.co.uk/

In addition, Buttercups Training has launched two free online courses - 'Pandemic Training for Additional Staff to Support Pharmacy Services' and 'Training for Additional Delivery Drivers to Support Pharmacy Services During the Pandemic' which can be accessed here: www.buttercupstraining.co.uk/covid-19-updates

The optical professional bodies may also be able to assist: College of Optometrists²; ABDO³; FODO⁴ and AOP⁵.

6. What about professional indemnity insurance?

Registrants need appropriate professional indemnity cover for their clinical scope of practice. It is likely that a registrant's professional indemnity will only apply where they are carrying out their usual role of an optometrist or dispensing optician. If registrants are redeployed into non-eye healthcare roles they may no longer be working as an optometrist or a dispensing optician and therefore should not identify as such.

Where healthcare professionals are working for the NHS, the Coronavirus Act 2020 may provide indemnity cover for liabilities incurred by healthcare professionals while working beyond the scope of existing cover. Where professionals are not working for the NHS, their employer may provide separate cover.

² www.college-optometrists.org

³ www.abdo.org.uk/coronavirus

⁴ www.aop.org.uk/coronavirus-updates

⁵ www.fodo.com

For some non-clinical roles, indemnity insurance may not be required at all.

In all cases, registrants should ensure that they check with their insurance provider, NHS authority or other employer, that coverage is in place by one route or another. Guidance is available from the optical professional bodies.

GOC/COVID/08

Date of statement: 15 April 2020 (updated 1 May 2020, 8 and 12 October 2020 and 28 May 2021)

GOC statement for Continuing Education and Training (CET) providers on CET provision during the COVID-19 emergency

1. This statement will apply in the **red**, **amber** and **green** phases of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).
2. It is important for our registrants to maintain and develop their knowledge, skills and performance, even during this emergency. This is particularly the case if they are required to carry out activities that they do not normally undertake. While registrants are encouraged to work up to the limits of their competence, refresher training may be needed and CET providers will play an important role.

Purpose of statement

3. The purpose of this statement is to set out additional flexibilities to allow CET providers to continue to provide CET during the COVID-19 pandemic.

Patient, registrant and staff safety

4. The health of patients, and patient safety is our first priority. CET providers must also ensure the safety of their own staff and registrants engaged in CET activities. During the COVID-19 emergency period, CET providers in most circumstances should either deliver CET via remote learning methods or postpone any planned in-person events in accordance with Government guidance on social distancing measures: <https://www.gov.uk/coronavirus>
5. As social distancing measures are eased, CET providers may be able to deliver CET in different ways but should always follow Government advice and put the safety and interests of patients, staff and registrants first.

Changes to CET delivery

6. All GOC-approved CET must be delivered in line with the standards outlined in our [CET Principles and Requirements document v4](#).
7. The GOC will be flexible and pragmatic in its approach during the COVID-19 emergency and recognises that CET providers will be working with their institutions, regulatory bodies, national qualification organisations and professional associations in considering what changes might be needed to ensure continued provision of CET.

8. The current situation will bring significant challenges for CET providers in supporting registrants and staff to adapt to different and/or remote learning and assessment methods, whilst also maintaining GOC standards.
9. To support the reduction in risk and allow more remote delivery of CET to take place, the GOC will make temporary changes to the CET requirements for certain modalities outlined below.
10. If providers would like to apply any other changes that are not described in this statement, please contact us and we will be happy to consider them.

Changes to requirements for lectures and peer discussion involving ten registrants or less

11. Many events due to take place in the next few months will have already engaged speakers and topics. We therefore propose that both lectures and peer discussion of ten registrants or less may be delivered using remote webinar and video-conferencing facilities. Examples of software that the GOC has already approved are provided [here](#).
12. The software used must allow accurate tracking of registrant participation (sometimes referred to as registrant analytics). Software that does not allow for accurate tracking of registrant participation is **not** suitable for webinar delivery. For online peer discussion, some platforms allow the sharing of a screen for delivery, but not automatic tracking of registrant participation. It is therefore necessary for providers to put a system in place to track participation. This is likely to be through recording.
13. If you wish to use any other webinar or video-conferencing software that has not already been approved, please contact our CET department for advice.

Changes to requirements for provider-led online peer discussion for more than ten registrants

14. Only platforms that allow both audio and video capability of registrants may be used for an online peer discussion for more than ten registrants in one session to allow for virtual break-out rooms with tracking of registrant participation. See paragraph 18 regarding confidentiality for further information.
15. CET providers are currently required to provide a trained facilitator for each table of ten participants in peer discussion. This is still the preferred quality model for peer discussion. However, during this emergency period, providers can use an alternate model for facilitating, whereby each table has a nominated 'table lead' to facilitate discussion, while one trained expert facilitator can support up to four tables/sessions by moving between each to ensure that the table lead is supported.

Changes to role definition of lead for discussion workshops, visual recognition tests etc

16. Modalities where an attendee is used as a lead for a discussion group rather than a facilitator will need to, as per facilitators, identify the registrant within the CET application prior to delivery. The registrant will need to have an understanding of online etiquette and agree to feed back the group's discussion to the provider. This registrant will still be eligible for the full number of points offered for the event.

Full list of CET modalities that may be used or altered for online digital delivery

17. The table below contains a list of the current CET modalities suitable for remote delivery and ones that may be altered for that purpose.

Modality	Currently an option for online/digital delivery	Potential for online/digital delivery	Comments
Discussion workshop	No	Yes	Using software (or equivalent) mentioned in this statement. Ratios amended to 1-10 maximum. Leads would need to be defined in line with guidance in this statement.
Peer discussion	Yes	Yes	Using software (or equivalent) mentioned in this statement. Ratios amended to 1-10 maximum. Alternative facilitator model available whereby each table has a 'table lead' to facilitate discussion, supported by a 'roving' expert, trained facilitator supporting a maximum of four tables/sessions.
Online peer discussion	Yes	Yes	Using software (or equivalent) mentioned in this statement. Ratios amended to 1-10 maximum.
Visual recognition and discussion	No	Yes	Cases would need to be sent out to delegates with a set time for video discussion using software (or equivalent) mentioned in this statement. Leads would need to be defined in line with guidance outlined in this statement.

Modality	Currently an option for online/digital delivery	Potential for online/digital delivery	Comments
Lecture with discussion workshop	No	Yes	Using software (or equivalent) mentioned in this statement. Could be performed as an online lecture with breakouts. Leads would need to be defined in line with guidance in this statement.
Online lecture with group discussion	Yes	Yes	
Demonstration and discussion workshop	No	Yes	Demonstration could be recording of skill etc. Leads would need to be defined in line with guidance outlined in this statement.
Lecture (online or in person)	Yes	Yes	

Confidentiality

18. Whichever software is used, providers should satisfy themselves that the platform has appropriate security arrangements in place. Providers should exercise caution to ensure that no confidential information or real-life cases are shared.

Approval

19. If you already have approval for a CET activity, there is no need to seek further approval in order to deliver remotely as outlined in this statement. Once you deliver the CET and upload your declaration, simply state that it was delivered remotely in line with the GOC statement GOC/COVID/07. For any new CET that you wish to have approved while this statement is in place, either select a remote delivery modality or explain in the application that you intend to deliver remotely during this period and the technology you will use.

Record keeping

20. Where CET is delivered remotely, there needs to be some record of the activity to demonstrate registrant participation. Examples of this have been provided earlier in the statement.

GOC/COVID/09

Date of statement: 16 April 2020 (updated 1 May 2020 and 28 May 2021)

General Optical Council (GOC) statement on verification of contact lens specifications during COVID-19 emergency

1. This statement will only apply in the **red** phase of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).
2. Registrants should use their professional judgement to decide whether their actions are appropriate in individual circumstances. We expect registrants to balance the risks of providing contact lenses without verifying the specification against the patient not being provided with contact lenses, and be able to justify their actions.
3. We hope to reassure our registrants that when they act in good conscience, for the public benefit, exercising professional judgement in all of the circumstances that apply, we will support them.
4. In addition, we have signed a [joint regulatory statement](#) which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance. We will take account of this in fulfilling our regulatory functions.

Purpose of statement

5. The purpose of this statement is to relax enforcement of the legislation around verification of contact lens specifications to ensure that prescription contact lenses can continue to be supplied to patients remotely during the red phase of the COVID-19 emergency period where optical practices may be closed and it may be difficult to verify contact lens specifications.
6. The easements in this statement help to ensure that patients do not run out of contact lenses or re-use lenses where it is inappropriate to do so. This will also ensure that patients are able to obtain contact lenses through businesses operating within UK law (regardless of whether they are registered with the GOC), rather than being forced to resort to online businesses operating outside UK law where the same standards may not apply.

Legal requirements

7. In order to be supplied with contact lenses, the patient must have an in-date contact lens specification which has been issued following a contact lens fitting/check. Where the sale is being made under the general direction (rather than supervision) of a registrant, and an original of the contact lens

specification is not provided, section 27(3)(ii) of the Opticians Act 1989 requires the specification information or a copy of the specification to be verified with the person who provided the original specification.

8. It should be noted that prescription contact lenses can be supplied without verification of a contact lens specification where:
 - the sale is being made by, or under the supervision of, a registered optometrist, registered dispensing optician or registered medical practitioner; or
 - the supplier is in possession of the original contact lens specification.
9. Zero powered contact lenses cannot be supplied under general direction. They can only be supplied by, or under the supervision of, a registered optometrist, registered dispensing optician or registered medical practitioner.

Exercising professional judgement during the COVID-19 emergency

10. During the COVID-19 emergency period, registrants overseeing the supply of contact lenses under general direction should arrange for reasonable attempts to be made to contact the person who provided the original specification in order to verify it (where they do not have the original specification). If these attempts are not successful (e.g. because the practice is closed or the individual is not working), they should use their professional judgement to decide on the best course of action, which may include providing contact lenses without verifying the specification.
11. In making this judgement, registrants should take account of:
 - the ability to contact the person who provided the original contact lens specification in a timely manner;
 - the ability to access the patient's contact lens records in a timely manner e.g. the practice of the person who provided the original specification may be open and able to provide confirmation, even if that individual is not available;
 - public health advice at the time in question e.g. advice about who should stay at home, the vulnerability of the patient, and how much longer the emergency period is likely to last;
 - the urgency of the order balanced against the risks to the patient of supplying without verifying the contact lens specification, particularly the risk of supplying lenses to an inaccurate specification;
 - relevant clinical advice, including advice from the optical professional bodies specific to the COVID-19 emergency period;

- any previous clinical knowledge of or orders from the patient (e.g. if a contact lens specification has previously been verified that is similar to the current one); and
 - the nature of any specific clinical risks, if known.
12. Where a registrant makes a decision to supply contact lenses without verifying the specification they must:
- carefully consider limiting the quantity of contact lenses supplied (in order to prevent the patient stockpiling lenses and encourage access to aftercare within a reasonable timeframe);
 - inform the patient that the specification has not been verified in accordance with legislative requirements; and
 - provide the patient with appropriate aftercare advice.

Recording your decisions

13. Registrants must make a note of their decisions, and the reasons for their decisions, including the duration of any supply of contact lenses and general advice to patients about safe supply, wear and aftercare. The note should be made directly in the patient records, or where this is not possible, the patient records should be updated at the earliest available opportunity.

GOC/COVID/11

Date of statement: 6 July 2020 (updated 28 May 2021)

General Optical Council (GOC) statement on infection prevention and control during COVID-19 pandemic

1. This statement will apply in the **red**, **amber** and **green** phases of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).
2. We hope to reassure our registrants that when they act in good conscience, for the public benefit, exercising professional judgement in all of the circumstances that apply, we will support them.
3. In addition, we have signed a [joint regulatory statement](#) which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 pandemic in line with Government and public health guidance. We will take account of this in fulfilling our regulatory functions.

Purpose of statement

4. The purpose of this statement is to set out the importance of maintaining appropriate infection prevention and control (IPC) measures according to the phase of the pandemic. This could include best practice hand and respiratory hygiene, social distancing, cleaning and decontamination, and the use of appropriate personal protective equipment (PPE).
5. We recognise that from time to time there may be issues with the timely delivery and provision of appropriate PPE in some areas and that registrants may be concerned in cases where they are unable to access appropriate PPE when caring for patients.

External advice

6. The Government has issued [guidance on IPC](#), including specific guidance on PPE in primary care settings, as well as guidance for businesses to work safely¹. This is supported by guidance and advice from the NHS, and specific guidance from the professional bodies (including The College of Optometrists² and the Association of British Dispensing Opticians (ABDO)³). We have

¹ England: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

Northern Ireland: <https://www.nibusinessinfo.co.uk/content/coronavirus-workplace-safety-guidance-and-priority-sector-list-published>

Scotland: <https://www.gov.scot/publications/coronavirus-covid-19-returning-to-work/>

Wales: <https://gov.wales/keep-wales-safe-work>

² <https://www.college-optometrists.org/the-college/media-hub/news-listing/primary-eyecare-covid-19-guidance-amber-phase.html>

³ <https://www.abdo.org.uk/coronavirus/>

provided links but registrants should always check that they are viewing the most up to date guidance. Links for where to go for guidance in each of the nations are available on our [website](#).

Standards

7. Our standards set out the key principles that registrants must follow to keep themselves, those they lead or manage, and those they care for safe. The standards are as follows:
 - business registrants: [Standards for Optical Businesses](#) – standards particularly relevant to this statement are standard 1.1 (patients can expect to be safe in your care), standard 1.2 (patient care is delivered in a suitable environment) and standard 3.1 (your staff are able to exercise their professional judgement);
 - optometrists and dispensing opticians: [Standards of Practice for Optometrists and Dispensing Opticians](#) – standards particularly relevant to this statement are standard 11 (protect and safeguard patients, colleagues and others from harm) and standard 12 (ensure a safe environment for your patients); and
 - student registrants: [Standards for Optical Students](#) – standards particularly relevant to this statement are standard 10 (protect and safeguard patients, colleagues and others from harm) and standard 11 (ensure a safe environment for your patients).
8. We also set education standards regarding appropriate placement provision within our accreditation and quality assurance handbooks⁴.

Responsibilities of registrants in exercising professional judgement

9. The COVID-19 pandemic requires a systems response, with individual and business registrants working together to develop and ensure compliance with IPC measures to minimise risk of virus transmission while providing eye care safely.
10. For the benefit of patients and the public we would expect all optical businesses and other practices, such as university clinics, to meet the requirements set out in this statement, regardless of whether or not they are currently registered with us.

Business registrants

11. Standard 1.2 of [Standards for Optical Businesses](#) requires that business registrants ensure patient care is delivered in a suitable environment, which includes references to infection control and care requirements, and preparedness to deal with an emergency situation. Business registrants must therefore ensure compliance with IPC procedures in line with Government

⁴ https://www.optical.org/en/Education/Approving_courses/index.cfm

guidance and keep their patients and staff safe. Further information about the standard can be found on our website:

<https://standards.optical.org/standards/patient-care-is-delivered-in-a-suitable-environment/>

12. It is the responsibility of employers to ensure appropriate IPC systems are in place including:
 - compliance with self-isolation guidance, social distancing, best practice hand and respiratory hygiene;
 - compliance with cleaning and disinfection advice, including ensuring that appointment times are sufficient for this to take place; and
 - the provision of appropriate PPE and ensuring that employees are trained in how to use it correctly (particular attention should be given to the guidance around whether PPE is intended for single or sessional use).
13. Where it is not possible for the employer to ensure appropriate IPC systems are in place, optometrists, dispensing opticians and student registrants should not be expected to see a patient. Employers may wish to consider working with staff to find alternative solutions, for example, introducing new IPC procedures or modifying existing procedures to aid compliance.

Individual registrants

14. It is the responsibility of optometrists, dispensing opticians and student registrants to comply with local IPC systems, which includes determining the appropriate PPE to use when seeing patients and how to use it correctly, as well as adhering to cleaning and disinfection and other protocols to reduce the risk of virus transmission. Registrants should always have regard to this guidance when in the practice, not just when with patients and members of the public.
15. Where there is a risk of non-compliance with IPC guidance, registrants should not see the patient and should use their professional judgement in deciding on the best course of action. They may wish to consider:
 - alerting their employer⁵, supervisor or placement provider to the lack of compliance with IPC (e.g. not having access to appropriate PPE or not using it correctly, not having access to, or sufficient time to use, appropriate IPC materials, or not having the ability to socially distance) and agree the actions to be taken;
 - whether treatment can be delayed or provided differently (e.g. remotely); and

⁵ Registrants will need to consider which member of staff in their employer is most appropriate to speak to.

- referring or signposting the patient⁶ to another practice that does have access to appropriate PPE, IPC materials or the ability to socially distance.
16. Enhanced IPC procedure, including use of PPE, may have negative outcomes for certain types of patients who may not be able to clearly understand communications, or may be alarmed by changes in approach or the change of environment or the registrant wearing PPE. Types of patients this might affect include those who have difficulties with communications skills, hearing-impaired patients who lip-read, and younger patients or those with mental health difficulties. These may contribute to difficulties in completing the consultation satisfactorily. Registrants should adapt their communications and engagement with patients and their carers accordingly to mitigate some of these issues.

Recording decisions

17. As per usual practice, optometrists, dispensing opticians and student registrants must make a note of issues or decisions related to IPC if relevant. The note should be made directly in the patient records where this is a patient specific decision. Where this is not possible, the patient records should be updated at the earliest available opportunity.
18. Decisions by business registrants relating to risk assessments, standard practice or operating procedures should be appropriately documented in an auditable format.

⁶ Standard 12.4.3 of the *Standards of Practice for Optometrists and Dispensing Opticians*

GOC/COVID/13

Date of statement: 28 August 2020 (updated 28 May 2021)

General Optical Council (GOC) statement on use of technology during COVID-19 emergency

1. This statement will apply in the **red**, **amber** and **green** phases of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).
2. Registrants should use their professional judgement to decide whether their actions are appropriate in individual circumstances. We expect registrants to consider the risks of providing care through the use of technology and be able to justify their actions.
3. We hope to reassure our registrants that when they act in good conscience, for the public benefit, exercising professional judgement in all of the circumstances that apply, we will support them.
4. In addition, we have signed a [joint regulatory statement](#) which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance. We will take account of this in fulfilling our regulatory functions.

Purpose of statement

5. The purpose of this statement is to set out the principles to be applied by registrants when considering the use of technology to support patient care.

Legislation

6. The Opticians Act 1989 does not restrict the type of equipment, products or technology that can be used by registrants.

Standards

7. Our standards set out the key principles that registrants must follow to keep themselves, those they lead or manage, and those they care for, safe. The standards are as follows:
 - optometrists and dispensing opticians: [Standards of Practice for Optometrists and Dispensing Opticians](#) – standards particularly relevant are:
 - standard 5 (keep your knowledge and skills up to date – see 5.1 and 5.3);
 - standard 7 (conduct appropriate assessments, examinations, treatments and referrals);

- standard 12 (ensure a safe environment for your patients); and
- student registrants: [Standards for Optical Students](#) – standards particularly relevant are:
 - standard 6 (conduct appropriate assessments, examinations, treatments and referrals under supervision);
 - standard 11 (ensure a safe environment for your patients); and
- business registrants: [Standards for Optical Businesses](#) – standards particularly relevant are:
 - 1.1.6: ensures that when introducing technological interventions, including artificial intelligence (AI) and machine learning, they do not compromise patient care, and that professional standards continue to be met;
 - 1.2.4: only provides, promotes and utilises equipment, medications and medical devices (including software and other technologies) that are fit for their intended use, hygienic and in a good state of repair;
 - 1.2.5: ensures that staff utilising equipment, medications and medical devices (including software and other technologies) have undergone appropriate training in their use;
 - 1.2.11: ensures that unauthorised access to equipment, medications and medical devices (including software and other technologies) and restricted areas of the premises is prevented; and
 - 1.3.5: provides patients or carers with the information they need to be able to safely use, administer or look after medications or medical devices (including software and other technologies) that they have been prescribed or directed to use in order to manage their eye conditions.

Exercising professional judgement

8. During the COVID-19 emergency, some registrants may want to use equipment or technology that they have not used before, in order to support social distancing in the practice or to offer care remotely when they are not able to see a patient in person. They may also want to use these to help them to make a decision about whether it is necessary to see a patient in person.
9. The landscape for regulating technology is complex. We do not have a direct role in the regulation of equipment, products or technology that is used by our registrants, and it is for our registrants to apply their professional judgment to determine when its use is appropriate. Outside of the provisions in the Opticians Act and Standards framework, both of which are mentioned above, we would not normally express a view about registrants' use of technology unless there was a specific patient safety issue.

10. A registrant must exercise professional judgement as to what equipment, products or technology to use to help them to assess a patient's needs. In exercising their professional judgement, registrants should take account of:
- relevant clinical advice;
 - advice from the optical professional bodies;
 - advice from other relevant regulators, such as the MHRA;
 - their own due diligence regarding the product's licensing, safety, efficacy and provenance;
 - their ability to use the technology in line with our standards;
 - consideration of relevant legislation such as the Data Protection Act 2018;
 - ensuring that any technology used for remote consultation is sufficient to be able to clearly see and hear the patient (e.g. sufficient connection and screen resolution);
 - joint regulatory guidance on remote consultation and prescribing:
<https://standards.optical.org/supporting-guidance/remote-consultations-and-prescribing/>;
 - public health advice at the time in question (some individuals may be self-isolating and unable to attend, public transport may not be available, and some domiciliary visits may no longer be possible for instance);
 - patient vulnerability (Government definition available here:
<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july>); and
 - the nature of any specific clinical risks.

Recording your decisions

11. Registrants should make a note of their decisions, including the reasons for their decisions. The note should be made directly in the patient records, or where this is not possible, the patient records should be updated at the earliest available opportunity.

GOC/COVID/14

Date of statement: 7 September 2020 (updated 28 May 2021)

General Optical Council (GOC) statement on service of registration notices during the COVID-19 emergency

This statement will apply in the **red**, **amber** and **green** phases of the COVID-19 pandemic, as defined by [The College of Optometrists' red-amber-green classification system](#).

Purpose of statement

1. The purpose of this statement is to set out how we will serve notices under the GOC Registration Rules 2005 ('Registration Rules') during the COVID-19 emergency.
2. In taking the steps set out below, we are putting our overarching objective under section 2A of the Opticians Act 1989 ('the Act') – the protection of the public – at the forefront of our efforts to continue maintaining our functions during this challenging period.

Service of registration notices

3. Rules 19-20 of the Registration Rules created requirements in respect of the service on registrants of notices relating to entry to, and removal from, the GOC's Register. Section 23A of the Act enabled the making of rules for electronic service where the person consents in writing. The General Optical Council (Committee Constitution, Registration and Fitness to Practise) (Coronavirus) (Amendment) Rules 2020 amended the Registration Rules to permit service by email if that person has provided an email address for communications.
4. We will serve all notices in accordance with the amended Registration Rules and are currently finalising the details of an electronic service policy which will set out the safeguards that we will implement.
5. We will only serve notices, notifications and documents under our Registration Rules by email where the registrant has:
 - consented to this in writing; and
 - provided an email address for communications to be sent to.
6. Service is to the email address that the registrant has provided to us for the purpose of communication. We therefore ask all registrants to ensure that their contact details are up to date on their MyGOC account.

7. Where a registrant does not give consent to electronic service of statutory notices, or withdraws consent at a later date, we will serve notices in hard copy (usually by recorded delivery post) in accordance with the requirements of section 23A(1) of the Act.
8. Even where a registrant has already consented to electronic service, we will also arrange for a notice to be provided in hard copy if the registrant requests this at any time.