

General Optical Council (GOC) Response: Professional Standards Authority's draft strategic plan for 2023-26

About the General Optical Council

We are the regulator for the optical professions in the UK. We currently register around 33,000 optometrists, dispensing opticians, student optometrists and dispensing opticians, and optical businesses.

We have four core functions:

- Setting standards for the performance and conduct of our registrants.
- Approving qualifications leading to registration.
- Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians.
- Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

Our response to the consultation

General comments

We welcome the opportunity to comment on the Professional Standards Authority's (PSA) draft strategic plan for 2023-26. We support the PSA's approach to consultation on the strategic plan and look forward to further meaningful consultation on the PSA's proposed workstreams and projects in the future. Our consultation response includes both general comments about the plan and the PSA's function, as well as comments in response to the questions in the consultation document.

We also welcome the PSA's decision to publish their strategic aims as part of a separate plan, rather than within its annual business plan, and to consult on the draft plan. This approach gives stakeholders the opportunity to comment on those aims and encourages transparency in the PSA's work. As a regulator subject to the PSA's oversight, it is particularly helpful for us to understand the PSA's plan of work for the next three years so that we can identify implications for our own work and ensure that we continue to meet the standards set by the PSA.

The general functions of the PSA are¹:

- (a) to promote the interests of users of health care, users of social care in England, users of social work services in England and other members of the public in relation to the performance of their functions by the bodies mentioned in subsection (in this group of sections referred to as “regulatory bodies”), and by their committees and officers,
- (b) to promote best practice in the performance of those functions,
- (c) to formulate principles relating to good professional self-regulation, and to encourage regulatory bodies to conform to them, and
- (d) to promote co-operation between regulatory bodies; and between them, or any of them, and other bodies performing corresponding functions.

It is currently unclear how some of the activities and objectives in the draft plan contribute to the PSA achieving those general functions or its mission. The plan would also benefit from greater clarity on the outcomes that the PSA is trying to achieve through its work. For example, we would like to see the outcome of ‘delivering significant improvements in indicators of equality, diversity and inclusion’ more clearly defined so that we can understand what the PSA is trying to achieve. We would also like to see more information on the risks of the proposed course of action to the PSA, health and social care regulators or other organisations. Whilst we understand that this is a strategy and that detail on implementation will follow, we believe that these are important gaps that need to be addressed. We encourage the PSA to make explicit in their plan how achieving the activities outlined in the PSA’s draft strategic plan will help them to achieve their general functions, the outcomes that they are trying to achieve and the risks of this work.

The PSA is funded in the main by the 10 regulatory bodies, including the GOC, with the funds taken from the fees paid by our registrants. It is vital that the PSA remains focussed on achieving its general functions, to promote the best interests of users and to promote best practice by regulators, through the most effective use of its resources. If it does not remain focussed on those functions, there is the possibility of strategic drift, a weakening of public protection, or of increasing costs to regulators, and hence to registrants. We encourage the PSA to provide more information about the costs of the activities in this plan, to promote transparency and ensure that the activities undertaken offer value for money for the entire health and social care system.

Response to specific consultation questions

1. How would you describe your organisation?

Health or care statutory regulator.

2. Please provide the name of your organisation (and it would also be helpful to know where it is based).

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¹ As laid out in the National Health Service Reform and Health Care Professions Act 2002 and amended by the Health and Social Care Act 2012.

We are a UK wide regulator but our office is in London.

3. Are you content for us to use your comments in any published reports? If so, are you happy for us to include your name and, if relevant, your organisation?

We are happy for you to use our comments in any published reports and for our organisation to be named in these reports.

4. Are there any factors we should consider in addition to those we have identified in the strategic plan that will affect the regulatory landscape in the next three years?

We believe that the factors identified in this section are an accurate summary of those that will affect the regulatory landscape. Given the extent of these challenges, there is an even greater need for the PSA to remain focussed on its general functions and achieve its mission to protect patients, service users and the public by improving the regulation and registration of health and social care professionals.

5. Which of the four themes in Safer Care for All do you think are most important for us to focus on?

The four themes in the Safer Care for All report (tackling inequalities; regulating for new risks; facing up to the workforce crisis; and accountability, fear and public safety) are all of importance in achieving safer care. These are themes that the entire health and social care system must look to address and do not sit solely with the PSA to resolve. We are therefore keen to hear more about how the PSA will collaborate within the system to address these issues, and the contribution expected from others, including healthcare regulators, in progressing these themes.

Members of our Council attended the Safer Care for All conference in November, which accompanied the launch of the report. We are keen to hear how the feedback from that conference will feed into the PSA's work in this area, particularly in relation to feedback on the role of the proposed Health and Social Care Commissioners, and what changes will be made to the strategic plan as a result.

6. Are there any recommendations and commitments in Safer Care for All that you think we should prioritise for action? Please indicate which you think are the top three priorities for us and others to work on in the immediate term.

Please see our comments on the Safer Care for All report under question 11.

7. Are there other activities not included in the draft Strategic Plan that you think the Authority should prioritise in the period 2023-26?

At present, the PSA advises the Privy Council about the quality of the processes that regulators, including the GOC, use to recommend candidates for appointment and re-appointment as chairs and members of their councils. These appointments are

made by the Privy Council, with the regulators responsible for running a suitable process to select candidates.

As the strategic plan identifies, the government will be delivering significant reforms of the legislative framework which underpins professional regulation. Those reforms will include changes to regulators' governance, an issue which is not directly addressed within the PSA's plan. We would like to see more detail about how the PSA will work with regulators to prepare for these reforms, including preparing for changes to governance, such as the possible creation of unitary boards.

8. Do you agree that our vision (safer care for all through high standards of competence and conduct in health and social care professionals) is appropriate for the work of the Authority? Please explain your response.

9. Do you agree that our mission (to protect patients, service users and the public by improving the regulation and registration of health and social care professionals) is appropriate for the work of the Authority? Please explain your response.

We believe that your vision and mission are appropriate for the work of the Authority. However, we consider that the plan does not make sufficiently clear how the work in the plan supports that vision and mission, particularly in relation to strategic aim 2 and 3.

10. Do you agree with our proposed Strategic Aim 1: To protect the public by delivering highly effective oversight of regulation and registration; and how we plan to deliver this aim and monitor progress? Please explain your response.

We agree with Strategic Aim 1 and note that this is a continuation of the PSA's first strategic objective from 2022- 2023. The oversight function carried out by the PSA of the statutory regulators, encompassing the performance reviews and section 29 appeals is a vital part of the system of public protection. We support the PSA's plans to evaluate performance reviews and make improvements to the process. It is important that this work is done in collaboration with the regulators and other stakeholders, to ensure that the process remains robust and fair. As the performance reviews will continue to take place whilst the government takes forward its regulatory reform agenda, the PSA must ensure that it does not add regulatory burden by making unnecessary changes to the performance review process at a time of significant regulatory change. The performance review process must remain flexible whilst also giving clarity to each regulator on the PSA's expectations.

11. Do you agree with our proposed Strategic Aim 2: To make regulation and registration better and fairer; and how we plan to deliver this aim and monitor progress? Please explain your response.

We agree with the aim of making regulation and registration better and fairer. However, we believe that this needs further work by the PSA to clarify the links between the aim, the outcomes and the measures of success. The first bullet under this aim covers the PSA's work on the development of effective regulation through reviewing standards, policy and research (amongst other activities). However, there

is no direct link between that bullet and the outcomes to be achieved by 2026. It is unclear why the measures of success in making regulation and registration better and fairer are: an increase in the number of accredited registers practitioners working in health and social care; there will be comprehensive coverage of appropriate safeguarding checks for those working in health and social care; and indicators of equality, diversity and inclusion will have significantly improved. There are other measures of success that could be adopted here, which link more clearly back to the PSA's general functions.

As the PSA recognised in their response to 'Regulating healthcare professionals, protecting the public', the planned legislative reforms could have a destabilising effect on all the regulators, including those which are currently considered to be mature and relatively high performing.² It is vital therefore, that the PSA remains focussed on those legislative changes and implications for the system of regulation.

The PSA's work on standards, research and policy advice sits under this aim. We would like to understand which themes or subject areas the PSA has identified as being priorities in this area, so that we can engage appropriately. We would also like to see more consideration given to how information gathered from other sources, such as the performance reviews or reviews of fitness to practise decisions, is fed into the standards, research and policy work.

There are two specific areas of work within this aim that we would like to comment on: Equality, Diversity and Inclusion (EDI) and the work on safeguarding checks. We welcome the PSA's commitment to reviewing its own processes to ensure it meets its own EDI commitments. We would be happy to share the work we have undertaken on EDI to support the PSA as it develops its approach.

We note that the PSA intends in 2023-2024 to 'Consider how safeguarding checks are used across regulators and accredited registers to ensure appropriate protection for patients and service users'. We do not currently require applicants to the register to provide a Disclosure and Barring Service check before they apply to join our register. However, we ask applicants to declare on application, renewal or restoration, that they are a fit person to practise, or give information about health conditions, or criminal or disciplinary investigations, which may affect their registration. If the PSA required regulators to undertake safeguarding checks, such as a DBS check, on each of their registrants, this would have significant cost and resource implications for all the regulators. We will therefore engage with the PSA on this important area of work.

This aim replaces the current strategic objective 2 for 2022-23, which states 'ensure an effective and coherent approach to protecting the public from harm by promoting and facilitating cooperation and collaboration between regulators'. Whilst collaboration features in this aim and in strategic aim 3, we would like to see more explicit reference to collaboration in this aim, to ensure the PSA is meeting one of its general functions, which is 'to promote co-operation between regulatory bodies; and

² [authority-response-to-consultation-on-regulating-healthcare-professionals-protecting-the-public.pdf](https://www.professionalstandards.org.uk/authority-response-to-consultation-on-regulating-healthcare-professionals-protecting-the-public.pdf) ([professionalstandards.org.uk](https://www.professionalstandards.org.uk))

between them, or any of them, and other bodies performing corresponding functions.'

12. Do you agree with our proposed Strategic Aim 3: To promote and support safer care for all; and how we plan to deliver this aim and monitor progress? Please explain your response.

We support the PSA's aim to promote and support safer care for all but we are unclear how that aim links to the work identified, nor why the PSA believes that it is their role to take this work forward. Promoting and supporting safer care is an outcome of the rest of the PSA's work and something that the entire health and social care system should work towards. However, we do not agree that the PSA should focus on working with others to establish the roles of Health and Social Care Commissioners. We believe that this represents a significant move away from the PSA's general functions and are concerned at the use of our registrants' money to support this work.

In 2023-24, the PSA indicates that it will review the remit of the Patient Safety Commissioner for England and the introduction of a similar role in Scotland and make recommendations in relation to the scope and delivery of these roles; as well as make the case for similar roles in Wales and Northern Ireland. We seek clarity from the PSA about why they are taking this work forward, whether this is at the request of the Department of Health and Social Care, and whether they believe it is an appropriate use of their resources. We are also keen to understand how these roles will work with the Health and Social Care Commissioners, to prevent overlap and duplication in work.

13. How do you think the role of the Authority should evolve in the future, particularly in the context of the reform of professional regulation in health and social care?

The PSA should ensure that any evolution of its role in the future remains consistent with its general functions, vision and mission.

14. Please set out any impacts that the proposals set out in the draft Strategic Plan would be likely to have on you and/or your organisation, or considerations that we should take into account when assessing the impact of the proposals.

As explained in our opening remarks, the PSA is largely funded by the registration fees paid by our, and other regulator's, registrants. We note that the strategic plan includes commitments from the PSA to providing value for money by reviewing expenditure, identifying improvements and maximising the benefits of its work. Whilst we welcome this commitment, any expansion in the role of the PSA, for example in relation to the Patient Safety Commissioners, could have implications for the PSA's budget and lead to an increase in the levy on regulators. It is vital therefore that the PSA remains focused on its general functions.

In addition to the points above about the possible impact of some proposals on the GOC, we highlight that any changes to the performance review process can have

implications for all regulators. The performance review process must remain flexible whilst also giving clarity to each regulator on the PSA's expectations. Each regulator is best placed to tailor its regulatory systems to the professions it regulates and the risk they pose. This is vital due to the different contexts in which healthcare is delivered and by whom, which results in varying risk profiles for the professions. The approach that one regulator takes may not be suitable or effective for another, so it is important that we have flexibility to be able to put emphasis on different areas of practice or different regulatory levers, to make effective use of the income we collect.

15. Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals based on the following characteristics as defined under the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Other (please specify)

If you have responded 'yes' to any of the above, please explain why and what could be done to change this

We welcome the commitment to EDI in the strategy. We do not believe that any aspects of the proposals in this strategy could result in differential treatment for any groups or individuals.