

Consultation response

NHS England, Special Schools Eye Care Service

September 2023

About the General Optical Council

The GOC is 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 a business as optometrists or dispensing opticians.
- Investigating and acting where registrants' fitness to practise, or train, or ability to carry on a business may be impaired.

Background

The Special Schools Eye Care Service offers children with special educational needs and disabilities regular full vision and eye health assessments within their school, delivered by optometrists, orthoptists, and dispensing opticians.

In June 2023 the Department of Health and Social Care (DHSC) and NHS England issued a joint statement to confirm that sight testing in special schools would be expanded into all special school settings from April 2024. This followed a proof-of-concept currently running in 83 schools which began in May 2021 and is due to end in March 2024. NHS England's engagement document contains proposals for how the future model can be amended to build upon the beneficial and positive aspects of the proof of concept.

We welcome the decision to rollout the proof-of-concept to all special schools. The evaluation report demonstrates how the service has helped to address unmet need among a vulnerable patient group. This is because children with additional needs are 28 times more likely to have an eye condition but fewer than half have ever had a sight test.

While outside the scope of this engagement document, we note evidence that children generally are an underserved group when accessing sight tests.¹ There are likely to be many factors behind this, but we are focused on ensuring that regulation plays its part in dismantling barriers to access.

The GOC has participated in ministerial roundtable discussions that have informed the development of these proposals. Our response focuses on elements of the proposals that have regulatory dimensions.

Regulatory aspects of proposals

Education and training

Under the proposals the future model will require optometrists, orthoptists and dispensing opticians to hold a current qualification and be registered with and approved by the appropriate regulatory bodies. Also, that the qualification ensures competency in core areas including working with children and young people and vulnerable people. NHS England does not propose to maintain the requirement for specified additional provider training to be undertaken.

The GOC is the appropriate regulatory body for optometrists and dispensing opticians. Anyone, including commissioners, can check whether an individual or business is registered with us using our online public register. About half of optical businesses carrying out restricted activities under the Opticians Act, such as the sight test, are registered with the GOC.² Please note the Health & Care Professions Council is the appropriate regulatory body for orthoptists.

The education and training requirements for registrants have evolved over time so various generations of eye care professionals will have a different core grounding in treating children and people in vulnerable circumstances. Further detail is set out below, but under both the 'old' and 'new' systems our requirements are designed to equip registrants to carry out sight tests for children and support patients in a range of vulnerable circumstances.

¹ Salma Wilson, Irene Ctori, Rakhee Shah, Miriam L. Conway, Sophie J. Willis, Catherine Suttle, An investigation of barriers and enablers to community eye care for children in England: A qualitative descriptive study, *Ophthalmic and Physiological Optics*, 10.1111/opo.13109, 43, 4, (710-724), (2023). In addition, in March 2023, GOC commented on a post on LinkedIn raising concerns about optical professionals refusing to carry out sight tests for very young children (those under 3) and telling parents to come back to the practice when the child was older or could read their letters (see page 310 of our Public Council papers [20230322-public-council-meeting-meeting-papers.pdf \(optical.org\)](#)).

² Whether or not businesses must or may register with us depends on a complex set of factors. Our position is that all businesses carrying out restricted activities should be required to register with us, and we hope that planned legislative reforms will deliver on this objective. Government has yet to confirm when GOC's legislation will be changed.

Newly qualified registrants today will have undertaken qualifications meeting requirements in either the [Dispensing Handbook 2011](#) (dispensing opticians) or the [Optometry Handbook 2015](#) (optometrists). In 2022 we updated our [education and training requirements for GOC-approved qualifications](#). These requirements specify outcomes describing the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC. The first universities to adapt their qualifications to the new requirements started to accept first-year students onto both optometry and dispensing optics courses in September 2023.

Elements of competence in the Dispensing Handbook 2011 include an understanding of paediatric refractive prescribing and management decisions and the ability to advise on and measure for the most appropriate paediatric frames. Further, performance criteria relating to the professional conduct unit of competency include being able to manage all patients including those who have additional clinical or social needs. Finally, the requirements for practical elements of training include some paediatric dispensing experience.

Performance criteria for optometrists under the Optometry Handbook 2015 include “assesses children’s visual function using appropriate techniques” and “understands the special examination needs of patients with learning and other disabilities”. As part of the practical element of their training students should gain specialist clinic experience, such as paediatric/special needs clinics, while the spectacle dispensing practical requirements include some experience of dispensing for children and low vision patients.

Under our new education and training requirements, relevant outcomes include elements relating to children, persons with disabilities, and other vulnerable people. As part of the practical training element, qualifications must provide experience of working with patients (such as patients with disabilities, children, their carers, etc) and this experience must increase in volume and complexity as a student progresses through a programme.

While GOC approved qualifications provide the core grounding needed to competently perform sight tests on children with additional needs, clearly the confidence and experience of individual registrants will vary. We have provided links to the relevant documents so that NHS England can determine whether these are sufficient for the purposes of the Special Schools Eye Care Service, or specified, additional provider training needs to be undertaken.

Finally, our approach to continuing professional development (CPD) ensures that professionals maintain their competence throughout their careers. The CPD scheme requires registrants to achieve a minimum number of points over a three-year cycle covering four domains mapped to our standards of

conduct. We note that under the proposals professionals will need to evidence completion of the Oliver McGowan training in learning disability and autism as this is now mandatory for NHS providers.

Safeguarding and DBS checks

Under the proposals clinical staff should complete appropriate safeguarding training, be able to identify a safeguarding lead to contact where safeguarding concerns arise and be Disclosure and Barring Service (DBS) checked.

In England and Wales, the Channel Islands and the Isle of Man individuals cannot apply for a standard or enhanced DBS check; recruiting organisations or agencies must apply on their behalf. This is then sent to DBS through a Registered Body (an organisation that is registered with DBS to submit Standard, Enhanced and Enhanced with Barred Lists DBS checks.)

We do not currently require applicants to the register to provide a DBS check. However, we do 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. Our approach on DBS checks mirrors that of all other healthcare regulators except for the General Osteopathic Council.

Notwithstanding whether the registrant is engaged as a locum, employee or contractor, the assessment as to whether a registrant is required to undertake a DBS check, and what kind, is currently made by the business engaging the registrant's services. Employers, as part of their recruitment processes will usually undertake an assessment to identify whether a DBS check is required, and what kind of check, in accordance with GOC standards, which set out several requirements with respect to the safeguarding of children, young people and vulnerable adults, and not bringing the profession into disrepute.

Council considered advice from its Registration Committee at its June 2023 meeting.³ This reflected on the findings of the Independent Review of the disclosure and barring regime (otherwise referred to as the Bailey Review) published in April 2023 and work by the Professional Standards Authority (PSA). Council decided to continue with its existing approach and consider the issue again once government and PSA policy direction are known.

We are aware that an 'Enhanced with Barred Lists DBS check' is already required if a registrant wishes to deliver services under NHS England's National Performers List. Therefore, we would not anticipate our current approach to DBS checks to materially impact on this proposal.

³ See paper starting at page 71 [public-council-meeting-28-june-2023-meeting-papers.pdf](https://www.goc.org.uk/public-council-meeting-28-june-2023-meeting-papers.pdf) (optical.org).

Securing parental/carer consent to sight testing

While the proof-of-concept used an opt-out model, the current proposals would require the active consent of the parent/carer to in-school testing and offer the opportunity for them to attend the sight test.

The GOC takes no view on which approach is preferable, which is a matter for government, but we are keen to ensure alignment with our standards of conduct and suggest this is explicitly referenced in the official documentation.

The key elements of our [standards for individual registrants](#) on consent include that for consent to be valid it must be given voluntarily, by the patient or someone authorised to act on the patient's behalf; by a person with the capacity to consent; and by an appropriately informed person. The standards remind registrants to be aware of their legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. We have also published [supplementary guidance](#) to support our standards, including the differences between types of consent. Patients can give explicit consent, or, in some circumstances, provide implied consent, and both are equally valid. Professional judgement to decide what type of consent is required, considering the individual patient's needs, expressed expectations and circumstances, as well as the associated risks.

Our [standards for business registrants](#) reinforce that the role of the business is crucial to help individual healthcare professionals in seeking and obtaining valid consent from patients. We expect business registrants to promote the need for valid consent from patients; make information available to staff regarding the differences in obtaining valid consent in children, young people and vulnerable adults, and any legislation affecting the provision of consent in the nations of the UK in which they work; support staff in making an assessment of patient capacity where they are unsure, and encourage staff to document any advice they receive on making such an assessment; and recognise that implied consent may be given in relation to information-sharing with other healthcare professionals involved in a patient's care.

Selection of glasses

Under the proposals, providers will be expected to hold a selection of frames, suitable to the needs and preferences of children and young people attending special schools and their parents/carers, at a range of price points. To encourage the development of relationships, and for parents/carers to receive appropriate clinical advice which may impact upon the selection of frames, parents/carers will be invited to any appointment where a choice of frames is to be discussed. However, since it is unlikely that providers of this service will be able to offer the same level of choice as high street providers, if a child or young person or their parents/carers are not able to select an acceptable

frame from the range available, they will be offered a GOS3 voucher to enable them to select frames from a high street setting of their choice.

We recognise the different interests NHS England is seeking to balance but consider that clearly offering free choice would best deliver public protection. Most children and parents/carers will select frames from providers providing the in-school sight test service since this offers a convenient one-stop shop. Therefore, it should not be necessary for government to design arrangements that confer an additional commercial advantage on these providers. Further, it would help with fair market behaviour if the sale of frames was not necessary to cross-subsidise the cost to providers of performing the sight test.

The principle that patients do not need to purchase frames from the provider issuing the prescription is well-established in law. NHS England should avoid any deviation from this principle. We caution that any inadvertent ambiguity about the rights of patients to exercise free, unfettered choice risks unwanted disputes and could needlessly undermine public trust in the service.