

Consultation on COVID-19 statements: consultation analysis

Report

General Optical Council

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Appendix B – Other consultation feedback unrelated to survey questions

1. About this consultation

1.1 Background

- 1.1.1 The General Optical Council (GOC) is the regulator for the optical professions of optometry and dispensing optics in the UK, with the overarching statutory purpose to protect, promote and maintain the health and safety of the public.
- 1.1.2 To help support registrants to safely deliver patient care during the pandemic, the GOC published a series of statements aimed at removing unnecessary regulatory barriers, clarifying certain areas of practice and bolstering the guidance provided on the standards for optometrists, dispensing opticians, students and optical businesses.
- 1.1.3 Due to the need to implement the statements quickly, only a small number of key stakeholders were consulted prior to implementation. The GOC subsequently sought the views of registrants, patients, public and other key stakeholders to ensure the statements remain effective and determine how they should apply in different phases of the current or any future pandemic. There is also interest in whether some of the statements should become general regulatory policy independent of the COVID-19 pandemic, and whether changes in GOC legislation should be made.
- 1.1.4 The GOC has conducted a public consultation in regard to the COVID-19 statements, aiming to gather views on:
- The proposed framework for when the existing COVID-19 statements should apply in the future, linked to The College of Optometrists' red/amber/green classification system
 - The content and impact of the existing COVID-19 statements
 - Whether there are further areas of GOC regulations, legislation or guidance that need to change or be put in place to ensure more effective regulation in the future, either during a pandemic or as a result of the pandemic.
- 1.1.5 The GOC implemented an online survey to collect responses to the consultation and Enventure Research was commissioned to independently analyse the data collected. The findings of the consultation are presented in this report.

1.2 Methodology

- 1.2.1 A consultation questionnaire was designed by the GOC to ask questions relating to the statements and what their impact have been on optometrists, dispensing opticians, business registrants, patients and the public, and any other groups. It was designed to allow completion by a range of audiences, including both individual and organisational responses. For reference, a copy of the consultation questionnaire can be found in **Appendix A**.
- 1.2.2 The online survey was managed and promoted by the GOC and hosted online via the Citizen Space platform. The consultation ran for 12 weeks from 15 October to 7 January 2021. During this time, 72 responses were received.
- 1.2.3 The majority of responses were from individuals (80%) and 20% were from organisations. **Figure 1** shows that the majority of responses came from optometrists (51%), followed by dispensing opticians (18%).

Figure 1 – Respondent type

Base: All respondents (72)

Respondent type	Number	%
Optometrist	37	51%
Dispensing optician	13	18%
Professional/representative body	8	11%
Business registrant/employer	3	4%
Student dispensing optician	3	4%
Student optometrist	2	3%
Other	6	8%

1.2.4 Those who categorised themselves as ‘other’ specified their roles as:

- Therapeutic optometrist
- Contact lens optician
- IP (independent prescribing) optometrist
- Arm’s length body
- Pre-registration optometrist
- Optical advisor
- Opticians branch manager
- Regulator of healthcare regulators

1.2.5 Organisations that took part in the consultation that consented to being identified were:

- The Association of Optometrists (AOP)
- Association of British Dispensing Opticians (ABDO)
- The Association of Contact Lens Manufacturers (ACLM)
- BBR Optometry Ltd
- The College of Optometrists
- FODO, The Association for Eye Care Providers
- Optometry Scotland
- Professional Standards Authority

1.3 Reading this report

1.3.1 This report contains a number of tables and charts used to display consultation survey data. In some instances, the responses may not add up to 100% or the base size may differ between questions. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- A respondent may not have provided an answer to the question, as questionnaire routing allowed certain questions to only be asked to specific groups of respondents
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of less than 0.5% will be shown as 0%

1.3.2 Some consultation survey questions required respondents to indicate the impact of a statement on a scale of ‘very positive’ to ‘very negative’. As differences between responses within this type of

Likert scale are often subjective (for example, the difference between those who answered ‘very positive impact’ and ‘positive impact’), and due to the small sample size, these response options have been combined to create a total response. They are presented in charts and tables as total results (e.g. ‘total positive’ and ‘total negative’).

- 1.3.3 Where survey responses from optical representative organisations differed from the overall survey result, this is highlighted throughout the report to ensure the views of organisations representing large numbers of registrants are made clear.
- 1.3.4 A number of questions in the survey allowed respondents to provide free-text responses in order to explain their answers to closed (pre-coded, single choice) questions. These responses have been read through and summarised in bullet point format throughout this report where relevant to highlight the key themes that have emerged. Where relevant, example verbatim responses are presented to illustrate the points being made, where respondents gave their consent to their responses being published.
- 1.3.5 Where free-text responses have been received which are not directly relevant to the questions asked, these are presented in **Appendix B**. These will be considered by the GOC, who will investigate and communicate further any areas where they think it is appropriate to do so, particularly regarding the remit of its role as a healthcare regulator.
- 1.3.6 Throughout this report, those who took part in the online consultation survey are referred to as ‘respondents’.

2. Topline results

The tables below provide a summary of the topline results for all pre-coded consultation survey questions.

Figure 2 – Framework for COVID-19 statements

Question	Yes	No	Don't know
Do you agree that it is appropriate to align our COVID-19 statement framework with The College of Optometrists' red/amber/green classification system?	72%	24%	4%

Figure 3 – Content of COVID-19 statements

Question	Yes	No	Don't know
GOC/COVID/01 – Education provision and approach to quality assurance activity			
In the event of a similar emergency situation, should we apply the principles outlined in this statement again?	68%	11%	21%
GOC/COVID/02 – Supply of spectacles and contact lenses			
Do you agree with the content of this statement?	91%	9%	-
Do you agree with our view that this statement should only apply to the red and amber phases of the pandemic?	80%	19%	1%
GOC/COVID/03 – Contact lens aftercare			
Do you agree with the content of this statement?	88%	9%	3%
Do you agree with our view that this statement should continue to apply in all phases of the pandemic?	76%	19%	4%
GOC/COVID/05 – Our approach to fitness to practise for the service of documents and facilitating hearings			
Do you agree with the content of this statement?	77%	3%	20%
Do you agree with our view that this statement should continue to apply in all phases of the pandemic?	74%	5%	21%
Should the GOC have further powers to start substantive hearings with three Fitness to Practise Committee members (rather than five as we currently do)?	39%	34%	27%
GOC/COVID/06 – Continuing Education and Training			
Do you agree with the content of this statement?	70%	24%	6%
We are not intending to reduce the overall requirements for the cycle or remove the annual six-point expectation for the year 2021 as the CET scheme ensures patient safety and public protection. Do you agree?	73%	17%	9%
GOC/COVID/07 – Optometrists, dispensing opticians and students working in different settings			
Do you agree with the content of this statement?	73%	7%	20%
Do you agree with our view that this statement should continue to apply in all phases of the pandemic?	74%	5%	21%
Should this statement become a permanent GOC policy position independent of the COVID-19 emergency?	49%	18%	33%
GOC/COVID/08 – CET providers on CET provision			
Do you agree with the content of this statement?	92%	3%	5%
Do you agree with our view that this statement should continue to apply in all phases of the pandemic?	90%	5%	5%
Do you agree that we should continue to allow online CET provision until the end of the current CET cycle (31 December 2021)?	95%	2%	3%
GOC/COVID/09 – Verification of contact lens specifications			
Do you agree with the content of this statement?	78%	19%	3%
Do you agree with our view that this statement should only apply in only the red phase of the pandemic?	71%	24%	5%
GOC/COVID/11 – Infection prevention and control			
Do you agree with the content of this statement?	88%	8%	5%
Do you agree with our view that this statement should continue to apply in all phases of the pandemic?	95%	2%	3%

Question	Yes	No	Don't know
We propose to make this statement a permanent GOC policy position to apply in the event of any future pandemics/emergencies to support our standards. Do you agree?	92%	3%	5%
GOC/COVID/12 – Joint GOC/GPhC statement on redeployment of optometrists or dispensing opticians within pharmacy practice			
Do you agree with the content of this statement?	74%	13%	13%
Do you agree with our view that this statement should continue to apply in all phases of the pandemic?	68%	23%	9%
GOC/COVID/13 – Use of technology			
Do you agree with the content of this statement?	90%	-	10%
Do you agree with our view that this statement should continue to apply in all phases of the pandemic?	86%	4%	11%
Should this statement become a permanent GOC policy position independent of the COVID-19 emergency to support our standards?	65%	7%	27%
GOC/COVID/14 – Registration notifications			
Do you agree with the content of this statement?	86%	7%	7%
Do you agree with our view that this statement should continue to apply in all phases of the pandemic?	84%	5%	11%

Figure 4 – Impact of COVID-19 statements

Question	Positive	No impact	Negative	Don't know
GOC/COVID/01 – Education provision and approach to quality assurance activity				
What has been the impact of this statement on:				
a. Education providers	22%	8%	25%	45%
b. Students	17%	7%	43%	34%
c. Business registrants/employers	23%	20%	21%	36%
d. Patients and the public	19%	19%	29%	34%
e. Any other groups	13%	19%	14%	54%
GOC/COVID/02 – Supply of spectacles and contact lenses				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	75%	13%	7%	4%
b. Business registrants/employers	75%	8%	8%	9%
c. Patients and the public	80%	8%	8%	5%
d. Any other groups	17%	19%	4%	61%
GOC/COVID/03 – Contact lens aftercare				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	75%	9%	9%	6%
b. Business registrants/employers	76%	8%	5%	11%
c. Patients and the public	69%	13%	12%	7%
d. Any other groups	21%	19%	2%	58%
GOC/COVID/05 – Our approach to fitness to practise for the service of documents and facilitating hearings				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	32%	22%	7%	38%
b. Business registrants/employers	29%	24%	4%	43%
c. Patients and the public	31%	23%	2%	44%
d. Other participants in the fitness to practise process	25%	17%	2%	56%
What would be the impact of the GOC securing these powers?	64%	9%	11%	16%
What would be the impact of the GOC securing these powers to start substantive fitness to practise hearings with three committee members?	21%	11%	42%	26%
GOC/COVID/06 – Continuing Education and Training				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	69%	17%	7%	8%
b. Business registrants/employers	37%	37%	11%	16%
c. CET providers	37%	14%	23%	26%
d. Patients and the public	19%	49%	12%	21%

Question	Positive	No impact	Negative	Don't know
e. Any other groups	11%	27%	6%	56%
GOC/COVID/07 – Optometrists, dispensing opticians and students working in different settings				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	53%	8%	13%	26%
b. Business registrants/employers	33%	18%	8%	41%
c. Patients and the public	52%	8%	4%	36%
d. Any other groups	18%	14%	2%	65%
GOC/COVID/08 – CET providers on CET provision				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	86%	3%	2%	8%
b. Business registrants/employers	62%	12%	-	26%
c. CET providers	63%	5%	4%	28%
d. Patients and the public	45%	38%	-	18%
e. Any other groups	16%	30%	-	54%
GOC/COVID/09 – Verification of contact lens specifications				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	72%	5%	11%	12%
b. Business registrants/employers	66%	7%	8%	20%
c. Patients and the public	70%	2%	12%	16%
d. Any other groups	19%	30%	2%	48%
GOC/COVID/11 – Infection prevention and control				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	69%	3%	19%	9%
b. Business registrants/employers	51%	11%	16%	22%
c. Patients and the public	66%	9%	13%	12%
d. Any other groups	34%	16%	2%	48%
GOC/COVID/12 – Joint GOC/GPhC statement on redeployment of optometrists or dispensing opticians within pharmacy practice				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	51%	9%	15%	25%
b. Business registrants/employers	44%	8%	17%	31%
c. Patients and the public	50%	17%	8%	25%
d. Any other groups	27%	22%	2%	49%
GOC/COVID/13 – Use of technology				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	70%	11%	-	19%
b. Business registrants/employers	64%	6%	4%	26%
c. Patients and the public	60%	14%	2%	24%
d. Any other groups	22%	22%	-	56%
GOC/COVID/14 – Registration notifications				
What has been the impact of this statement on:				
a. Optometrists and dispensing opticians	57%	12%	6%	24%
b. Business registrants/employers	48%	15%	2%	35%
c. Patients and the public	20%	43%	2%	35%
d. Any other groups	18%	28%	-	55%
What would be the impact of the GOC securing these powers?	68%	5%	5%	21%

Figure 5 – Learning from the COVID-19 response

Question	Yes	No	Don't know
Are there any other areas that the sector requires specific guidance on or any legislative changes to support care during the COVID-19 pandemic or any future similar pandemics/emergencies?	46%	26%	28%
Do you feel our approach to supporting registrants during the COVID-19 pandemic has been effective?	42%	44%	14%

3. Framework for COVID-19 statements

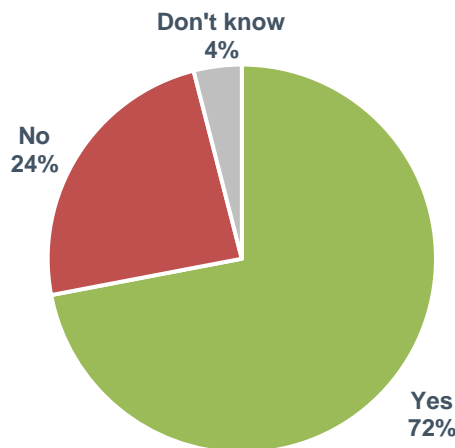
3.1.1 The GOC intends to use a framework that aligns with The College of Optometrists’ red/amber/green classification system, whereby they will clearly indicate for each individual COVID-19 statement when the statement will apply. These are as follows:

- Red: statement applies when an area is within the ‘red’ phase of The College of Optometrists’ classification system – this will only apply to a (national or local) lockdown¹ when only urgent or emergency and essential eye care may be delivered face to face, subject to local protocols
- Amber: statement applies when an area is within the ‘amber’ phase of The College of Optometrists’ classification system – this will only apply when an area is not in lockdown and when patients may be seen on a needs and symptoms led basis as determined by a clinician (whether asymptomatic patients can be seen will depend upon capacity and local protocols)
- Green: statement applies when an area is within the ‘green’ phase of The College of Optometrists’ classification system – this will only apply when practices return to all eye care on an open access basis.

3.1.2 As shown in **Figure 6**, just over seven in ten (72%) agreed that it is appropriate to align the COVID-19 statement framework with The College of Optometrists’ red/amber/green classification system, but a quarter (24%) disagreed.

3.1.3 It is interesting to note that ABDO did not agree that it is appropriate, in contrast to other optical representative organisation responses.

Figure 6 – Question 1: Do you agree that it is appropriate to align our COVID-19 statement framework with The College of Optometrists’ red/amber/green classification system?
Base: 72



3.1.4 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

¹ Since the consultation, the College has confirmed that the red phase applies only in a ‘full lockdown, when a government or health service suspends routine primary care’.

Positive

- Broadly agree with some reservations/sensible in principle
- Support the aim to provide clarity
- Having a single classification system allows more consistency
- Should be easier to view current red/amber/green status

“In principle the framework is a sensible way of highlighting that some statements only apply in certain phases of the pandemic.”

AOP

“...since this consultation was published, the College has reviewed and updated the definitions for red and amber, to help our members understand how they relate to each UK nation’s tiers/levels. In order to enter The College’s Red phase, a nation’s government or health system should specify a restriction of routine primary care services.”

The College of Optometrists

“Yes, the College’s RAG system makes sense and is widely consulted. The GOC’s aligning with it will avoid confusion. That said, with UK governments, the NHS in England, Scotland and Wales and the health system in Northern Ireland regularly changing their definitions of national and local lockdowns, the terminology used in the College RAG model needs to be interpreted with care. It is in fact likely now, given experience and instructions from the NHS to date, that primary eye care settings will remain in the amber phase until the population is sufficiently protected through vaccination programmes to enable us to return to the green phase.”

FODO

“We agree in principle... If a traffic light system is to be used, it would need to be more flexible to allow for regional/local changes in both the current situation and also provide guidance as to how the profession deal with such changes.”

Optometry Scotland

Negative

- Advice ambiguous/open to interpretation
- May be confusing for patients
- GOC should review how clearly the classifications systems for the statements link to the government tier system
- Red/amber/green classification out of date – all eye health care now permitted regardless of tier; additional classification may be needed
- Red/amber/green classification good but doesn’t accurately reflect current UK lockdown situation
- Classification system needs to be more flexible to allow for regional/local changes
- More discretion needed to see patients on case by case basis
- Red/amber/green classification system is now obsolete as all eye health care has been permitted
- Need to follow the guidance – red phase should apply during lockdown but currently in amber; patients should not be encouraged to come in for routine appointments; puts patients and practitioners at risk
- College framework based on other healthcare professions within the NHS – should be specific to optometry
- No mention of dispensing opticians

“...despite the fluctuating situation throughout the UK on tiers, and these differing throughout too, all eye health care has been permitted to be delivered by each Government therefore the CoO red/amber/green classification system is obsolete.”

ABDO

“Given events of this week I do not feel that the College of Optometrists traffic light system accurately reflects the current situation the UK relating to lockdown. However I do agree that a traffic light system is good.”

Dispensing optician

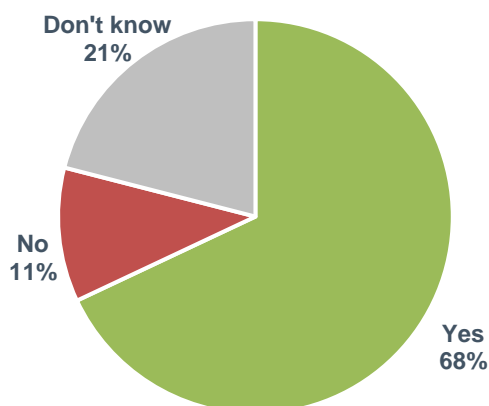
4. Content and impact of COVID-19 statements

4.1 GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency (GOC/COVID/01)

- 4.1.1 Just over two thirds (68%) agreed that in the event of a similar emergency situation (like the pandemic) the GOC should apply the principles outlined in the statement GOC/COVID/01 again and 11% did not agree. One in five (21%) said they did not know. This is shown in **Figure 7**.

Figure 7 – Question 2: In the event of a similar emergency situation, should we apply the principles outlined in this statement again?

Base: 66



- 4.1.2 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Principles are sensible
- GOC showed flexibility, which has worked well
- Guidance good but needs to be implemented effectively/followed correctly

Negative

- Guidance/decisions have been too slow; should be more proactive than reactionary
- Statement too long – few people will read it
- Has made no real difference/had no impact on education
- Prioritisation of policy/rules over individuals and how they are affected

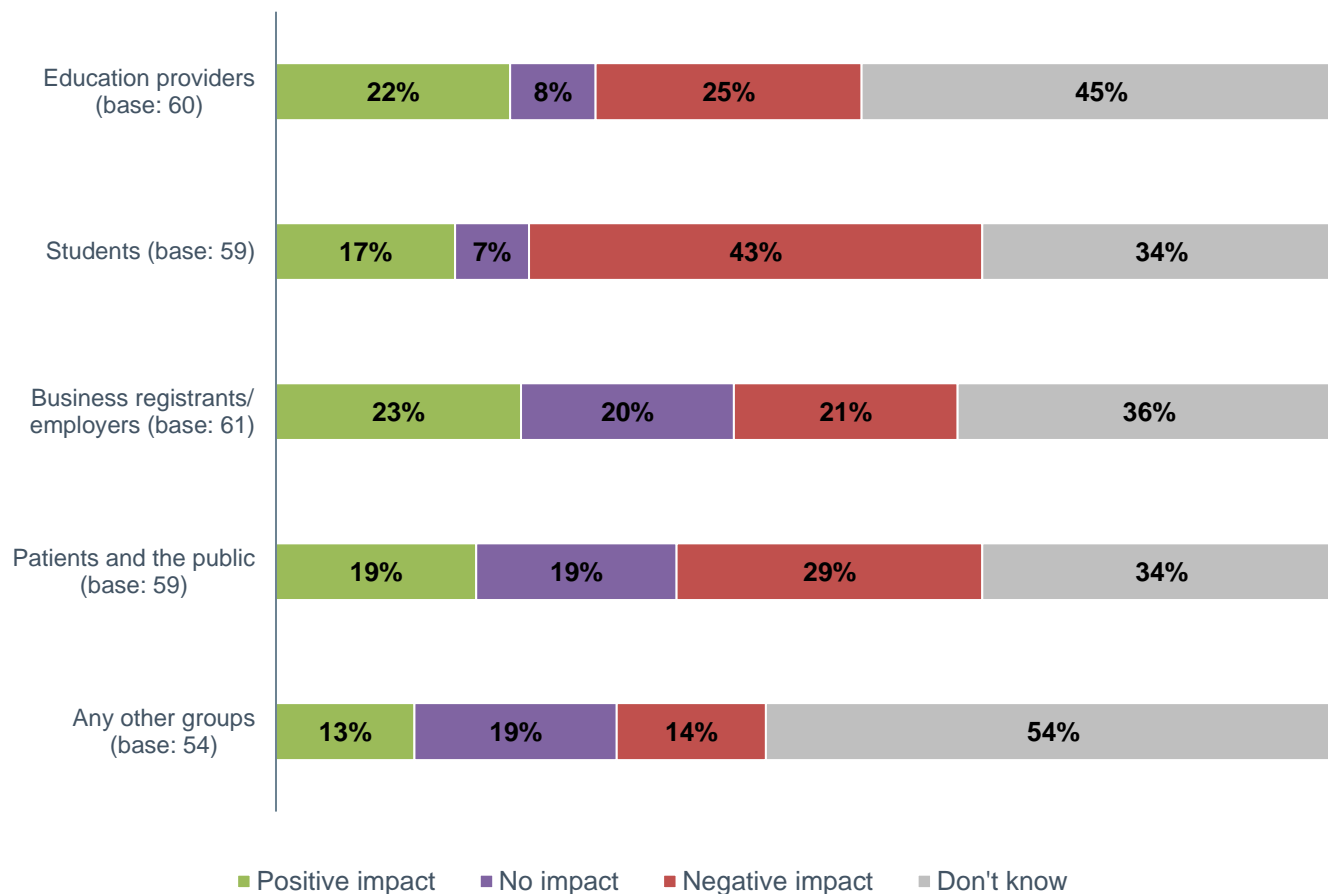
Neutral

- More clarity may be needed
- Unsure/hasn't applied personally during the pandemic

- 4.1.3 Respondents were asked what the impact of the statement had been on education providers, students, business registrants/employers, patients and the public, and any other groups. As can be seen in **Figure 8**, larger proportions of respondents thought that the statement had a negative impact than positive impact on students (43% compared with 17%) and patients and the public (29% compared with 19%). However, opinion was more equally split between positive and negative impacts for education providers, business registrants and any other groups.

4.1.4 In contrast to the largest proportion of stakeholder responses, FODO said the impact on education providers had been positive and The College of Optometrists said the impact had been negative.

Figure 8 – Question 3: What has been the impact of this statement on a) education providers, b) students, c) business registrants/employers, d) patients and the public, and e) any other groups?
 Base: Various (shown in chart)



4.1.5 Respondents were asked to provide details of any impacts and include examples or evidence where possible. Free-text responses are summarised in the bullet points below.

Positive

- *Education providers*
 - Whilst it is difficult for education providers to adapt to new way of working whilst students are undergoing training, the statement does support education providers in adapting to changing environments
 - Reassuring for providers
- *Students*
 - Flexibilities have enabled more students to continue with their education and vocational training and register as qualified practitioners
 - Students have accepted the changes to the scheme for registration without any difficulties/issues
- *Business registrants/employers*
 - Flexibilities have been reassuring/provided a level of confidence and framework within which to work
 - Statement has reassured employers in offering and managing vocational training placements and meant not losing a generation of graduates
- *Patients and the public*
 - Patients expect/are pleased to see safety measures provided

- Has allowed the public to continue with their optical provision of choice
- Allowing training to continue ensures patients will continue to have access to the next generation of highly qualified GOC registrants
- *Other comments*
 - Statement helpful in confirming that the GOC would take a pragmatic approach to issues generated by the pandemic

“The flexibilities, including in the College of Optometrists Scheme for Registration, have greatly reassured both providers and students and enabled more students to continue with their education and vocational training and register as qualified practitioners. This statement has also reassured employers in offering and managing vocational training placements and meant not losing a generation of graduates. This in turn has benefited patients who have continued to have access to the next generation of highly qualified GOC registrants.”

FODO

Negative

- *Education providers*
 - University colleagues are unhappy
 - Statement does not provide timescales for replying to education providers if changes are being made and emailed to GOC
- *Students*
 - Online teaching does not reflect the fees students are paying
 - Online education not the same as face to face consultations and interactions with other professionals
 - Students disadvantaged by lack of communication, training and face to face interactions
 - Disparities in examination process for pre-reg students – going forward need to ensure there is no regional disadvantage
- *Business registrants/employers*
 - Employers affected by the delay in the pre-registration year – delays in qualification impacts practices who were relying on qualification dates
- *Patients and the public*
 - Potential impact on standards of optometrists and dispensing opticians produced
- *Other comments*
 - Changes necessary but impact negative

“...Students will have been disadvantaged during this period, particularly with the lack of communication training and face-to-face interactions. With there being a reduction in the number of practical sessions they have been able to undertake, this will also make the SfR more difficult. The statement advises that the shortfall in training will be made up for in the SfR, so provided this is the case, the students should not be disadvantaged overall. There has been a significant delay for those currently undertaking their pre-registration year with disparities in the examination process for Scottish students compared to those in England, leading to unfair delays in practical assessments. Going forward, it is imperative that students are not disadvantaged regionally...”

Optometry Scotland

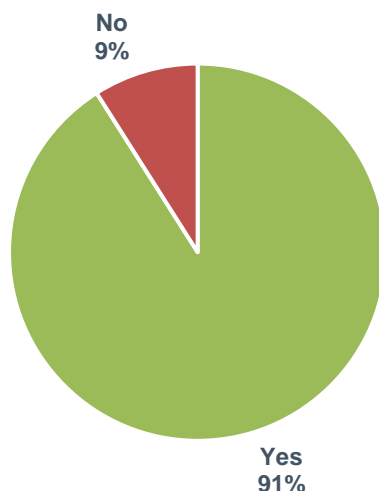
4.2 GOC statement on supply of spectacles and contact lenses during COVID-19 emergency (GOC/COVID/02)

4.2.1 As shown in **Figure 9**, nine in ten respondents (91%) said they agreed with the content of statement GOC/COVID/02.

4.2.2 ABDO and ACLM did not agree with the content of the statement, in contrast to the majority of other optical representative organisation responses.

Figure 9 – Question 4: Do you agree with the content of this statement?

Base: 69



4.2.3 Respondents were able to explain their answer. Free-text responses are summarised in the bullet points below.

Positive

- Sensible/practical as minimised unnecessary journeys and sight tests
- Optometrists should be allowed and supported to use professional judgement beyond COVID-19 circumstances

“The risks of a patient attending practice and spreading/contracting Covid-19 should be balanced against the risk of supplying spectacles and contact lenses with an expired prescription; and optometrists should use their professional clinical judgement in doing so.”

The College of Optometrists

Negative

- Potentially open to abuse, particularly online
- The supply of contact lenses should be limited to allow for aftercare to happen rather than just extending the life of the original prescription
- More guidance should be provided – difficult for optometrists to know what the correct thing to do is
 - Leaves too many gaps – potential risk of fitness to practise cases
- Original guidance encouraged registrants to break the Opticians Act regarding the verification, sale and supply of contact lenses
 - Unlawful sale of contact lenses in business not patient interests

“...Now the situation in relation to the provision of health care has stabilised and those shielding have been advised that they can access health care safely, we no longer see the need for these statement to be in place as the red phase is no longer relevant now that optical practices have increased IPC, using PPE and some have set days for shielding groups to be seen...”

ABDO

“An open-ended extension following the expiry date is open to abuse, particularly online where the rules are more difficult to monitor and enforce, so the extension should be proportional to the original specification validity period. ...Where an extension is granted the general requirements of the law concerning specifications should be re-stated to remind the patient of their responsibilities, and the need to return as soon as possible to their optician.”

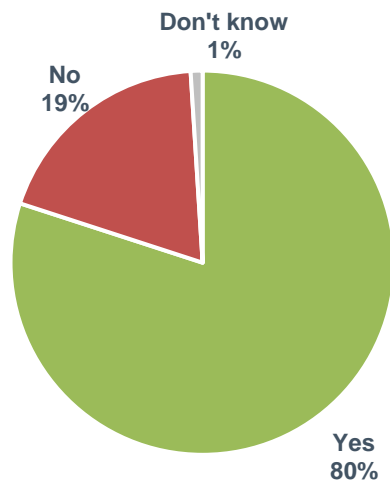
ACLM

4.2.4 When asked if they agreed with the GOC’s view that the statement GOC/COVID/02 should only apply to the red and amber phases of the pandemic, four in five (80%) said they did and 19% did not. This is shown in **Figure 10**.

4.2.5 ABDO did not agree that the statement should only apply to the red and amber phases of the pandemic, contrasting with other optical representative organisation responses. The implication from Optometry Scotland was that it should apply in all phases of the pandemic.

Figure 10 – Question 5: Do you agree with our view that this statement should only apply to the red and amber phases of the pandemic?

Base: 69



4.2.6 Respondents were able to explain their answer. Free-text responses are summarised in the bullet points below.

Positive

- Optometrists should be allowed and supported to use professional judgement beyond COVID-19 circumstances
 - Allows more flexibility
 - Safety of contact lenses has vastly improved in recent years – materials safer to wear for longer with fewer complications
- May be the way forward – GOC can’t justify going back to old rules if there are no adverse events
- Restrictions on contact lens supply doesn’t give any guarantees on public safety – patients will increasingly buy contact lenses online from companies who cannot offer appropriate contact lenses or aftercare

“This more ‘clinically led’ decision making should continue in green phase a long as no adverse events have arisen from its implementation. I have become more of a decision maker rather than ticking unnecessary boxes at every appointment.”

Contact lens optician

“In our view the statement should clearly apply during the red phase, and should not apply in the green phase. We have considered whether it is necessary for the statement to apply at all times during the amber

phase, which is wide in scope – covering anything short of all eye care being provided on an open access basis. The GOC rationale for that is that some patients will be shielding. Some AOP members have suggested that given the wide scope of the amber phase, the statement should only apply in exceptional circumstances...”

AOP

“Having a restriction on CL supply does not give any guarantees on public safety as increasingly the patient will simply buy lenses online from a company who cannot offer appropriate contact lenses or aftercare. Once the patient has moved online from a non registered seller the drop out of the Eyecare system and seldom return, this creates ocular health risk to the patient.”

Optical business registrant/employer

Negative

- Up to date clinical examination and prescription are possible during the green phase
- Should apply during red phase only
- Should not be applied outside of pandemic situations – expired prescriptions are not fit for purpose and potentially harmful
- Should only apply during the amber phase if justified by exceptional circumstances
 - Amber phase is ambiguous/wide in scope
 - Allowing during amber phase may encourage practitioners to refuse to examine patients, risking patient and public safety
- Focus on professional judgement, which is open to interpretation
- Statement only helpful during the red phase when routine eyecare is not available
- Red phase no longer relevant – eye care can now be accessed/provided safely
 - Concern about impact of red phase on eye health of public and patients
- Guidance should not be considered in its current form at all

“I feel this should only happen whilst in red. Ideally it probably should be amber also however, amber is very ambiguous - the majority of practices I know are working as in green and using this particular legislation to effectively be lazy.”

Dispensing optician

“the red phase in March/April, when this statement was required, is no longer the case and therefore no need to be extended.”

ABDO

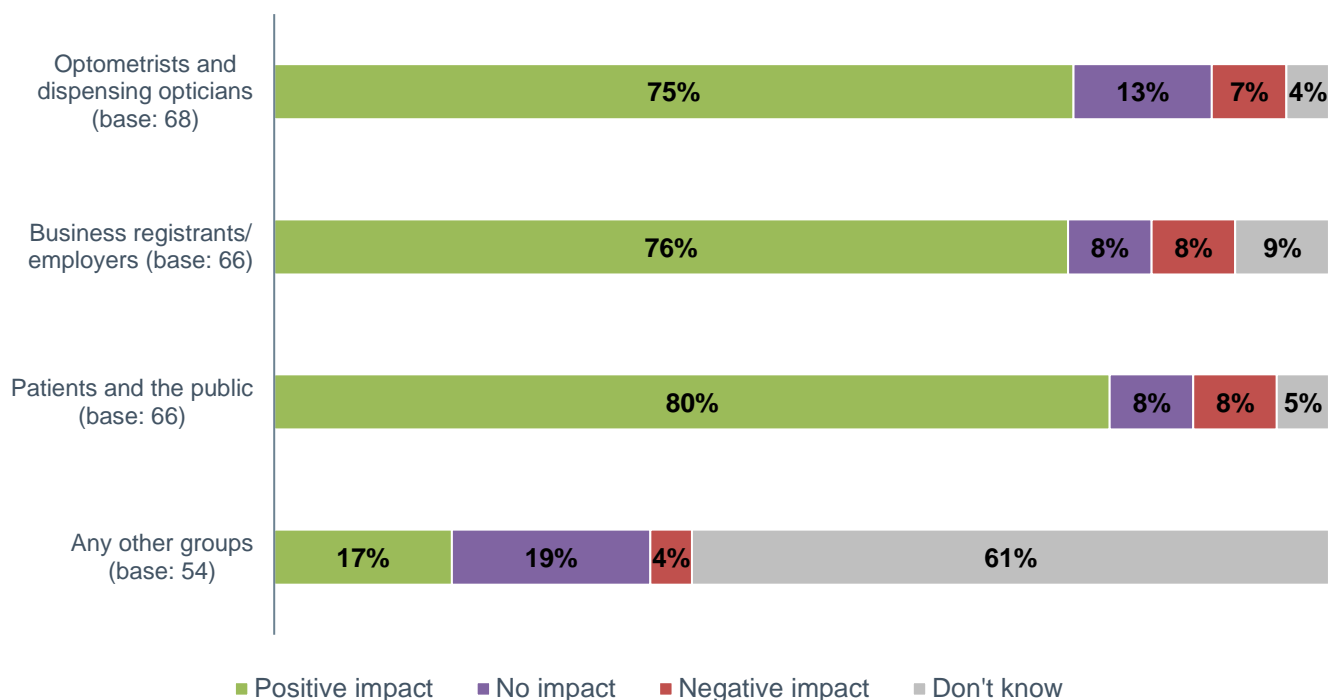
“It is our opinion that registrants are able to exert their own professional judgement at all times. This allows them to always act within the best interests of the patient and could allow spectacles and contact lenses to be supplied out with the normal guidance. However, we believe this should be carried out and documented on an individual basis taking into account the patients’ ocular health, their specific requirements at the time and indeed the current public health advice.”

Optometry Scotland

4.2.7 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups. As shown in **Figure 11**, the majority of respondents thought the statement had a positive impact on optometrists and dispensing opticians (75%), business registrants/employers (76%), and patients and the public (80%).

Figure 11 – Question 6: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) patients and the public, and d) any other groups?

Base: Various (shown in chart)



4.2.8 Respondents were asked to provide details of any impacts and include examples or evidence where possible. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Welcome announcement during the pandemic
 - Allows/encourages use of professional judgement in best interest of patients
 - Boosted morale – acknowledges that optometrists and dispensing opticians are highly skilled, autonomous health professionals who can be trusted to make the right decisions
 - Allows professionals to feel confident they can provide care to those who need it without putting them at risk
 - Optometrists still able to deliver key messages and safety advice to patients
- *Business registrants/employers*
 - Able to offer services remotely/continue selling products – avoids patients seeking alternatives online, ensures continuity of income
 - Made it easier to dispense spectacles and contact lenses
- *Patients and the public*
 - Enhanced patient experience/communication with practices
 - Ensured patient safety at heart of decision making
 - Ensured that patients could continue contact lens wear
 - Patients happy/grateful to be able to receive contact lenses without an appointment
 - Gives the patient choice

- Allows vulnerable patients to continue with lens/spectacle supply without putting themselves at risk
- Helpful for supporting/appreciated by key workers

“It has a positive impact where patients who are shielding can continue with their lens supply or spectacles...”

Optometrist

“Published guidance recommends that optometrists should remind their patients of the steps to take to minimise the risk of complications (including potentially switching to daily disposables and reducing/stopping overnight wear) while emphasising normal contact lens care behaviours (washing/drying hands, contact lens cleaning and disinfection, avoidance of water exposure to the contact lenses). Thus, optometrists were still able to deliver these key messages and advice to patients safely and effectively through remote consultations.”

The College of Optometrists

“...this easement during the pandemic has been in the public interest. It has also boosted morale by acknowledging that optometrists and dispensing opticians are highly-skilled, autonomous health professionals who can be entrusted to make the right decisions with each patient...”

FODO

Negative

- *Optometrists and dispensing opticians*
 - Too much responsibility to make clinical decisions with a lack of information – requires honesty from patients
 - Prevents the GOC from protecting patients from registrants breaking the Opticians Act due to the GOC guidance
- *Business registrants/employers*
 - Businesses have seen reduced takings
 - Allowed some to avoid their responsibilities
- *Patients and the public*
 - Concerns about lack of contact lens aftercare and patient eye health – clinical changes may not be detected by remote consultation
 - Could potentially increase costs for patients if they buy products on an expired prescription then experience problems and have to buy additional products
 - Ad hoc system developing with varying levels of patients care – puts the public at risk

“I have grave concerns for the public if remote telephone consultations continue after the amber phase as I have already seen examples of clinical changes to patients anterior eye that could not be identified by remote consultation alone i.e no symptoms. Currently an ad hoc system is developing with varying levels of patient care across the UK. There is no way that businesses can identify these facts and therefore the public are at risk going forward into next year.”

Optometrist

Neutral

- *Optometrists and dispensing opticians*
 - GOC must support registrants exercising professional judgement
- *Patients and the public*
 - Likely safe for patients to purchase replacement lenses on an expired prescription but under normal circumstances still better to have another test/health check
 - Important that it does not continue beyond the pandemic as routine tests can still pick up problems

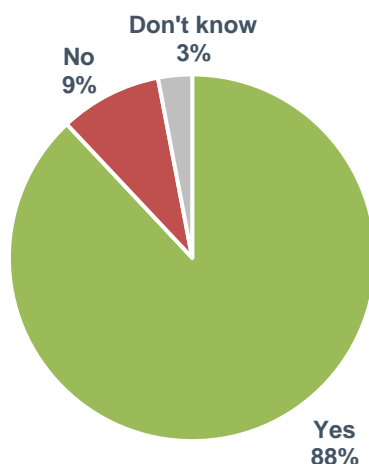
4.3 GOC statement on contact lens aftercare during COVID-19 emergency (GOC/COVID/03)

4.3.1 As shown in **Figure 12**, the majority of respondents (88%) agreed with the content of the statement GOC/COVID/03.

4.3.2 Optical representative organisation responses were varied, with ABDO, ACLM and the AOP disagreeing with the content of the statement.

Figure 12 – Question 7: Do you agree with the content of this statement?

Base: 68



4.3.3 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Helpful in providing remote aftercare for patients
- Common sense – requires professional judgement
- Remote contact lens aftercare welcomed by practitioners and the public – ensured that patients were seeking advice when required, continuing to wear lenses safely and communicating with their practitioner
- Remote appointments may be used to triage patients who can be brought in if necessary

“It explains what the current legal framework already allows in terms of aftercare delivery.”

The College of Optometrists

“Remote contact lens aftercares were greatly welcomed by both practitioners and the public. This helped to ensure patients were seeking advice when required, continuing to wear their lenses safely and communicating with their practitioner. Although not a replacement for face-to-face appointments, patients, in the comfort and safety of their own home, were communicating about their current visual requirements and comfort of their lenses.”

Optometry Scotland

Negative

- Remote consultations are not acceptable/do not provide the required level of care
- Remote aftercare consultations should only be a short-term alternative – contact lens patients are at risk of developing serious issues and require regular checks, face to face appointments best method of delivering contact lens aftercare
- Opens up liability to optometrists and contact lens opticians
- Helps employers more than optometrists – enables more income

- May become more difficult to encourage contact lens patients back into practice in future – many prefer remote appointments
- No enforcement of aftercare, particularly with online sales – needs to be enforced for all contact lens supply, impact on patient safety

“ABDO agreed to this statement during March/April to enable clinicians to delay contact lens aftercare appointments or provide remote consultations as a short term alternative due to the pandemic. In the interest of patient safety all aftercare should return to face to face to allow a full internal eye check to be delivered.”

ABDO

“It has become commonplace for online suppliers to simply say 'return to your high street optician' for aftercare. This is not in line with either the spirit or letter of the current statement.

People who buy contact lenses online may well not have a high street optician, and may quite likely be ignorant of the specifics of lens care, so their safety is being compromised.

Aftercare not only needs defining, but it should also be mandatory for suppliers to bring the definition to the attention of the buyer.

What measures does the GOC have in place to check that online suppliers are recording details of the aftercare arrangements?

Without regular checks there is a risk of patient harm. How does the GOC imagine a patient without a high street optician will have their record 'updated at the earliest available opportunity?'

This again is a failure of the procedures to protect the public from harm.”

ACLM

“We agree with the statement that registrants should use professional judgement and refer to relevant guidance including public health advice, and record their aftercare plan. However, we do not think it is safe for registrants to rely on remote rather than face to face aftercare consultations for an extended period...

We therefore think the statement should be expanded to highlight this risk, and to underline the need for both individual registrants and registered optical businesses to manage the risk appropriately. We also think it would be helpful if the statement included a recommended maximum interval of no more than two years between face to face consultations for contact lens aftercare during pandemic conditions, subject to the use of professional judgement to balance all relevant factors.”

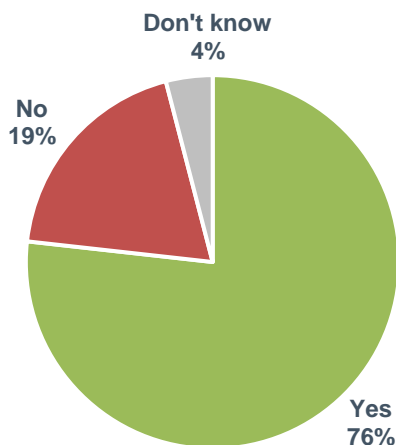
AOP

4.3.4 As shown in **Figure 13**, three quarters (76%) agreed with the GOC view that the statement GOC/COVID/03 should apply in all phases of the pandemic and 19% did not agree.

4.3.5 The AOP and ABDO did not agree with the GOC's view that the statement should apply in all phases of the pandemic.

Figure 13 – Question 8: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

Base: 67



4.3.6 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Optometrists should be allowed and supported to use professional judgement beyond COVID-19 circumstances

“Yes, but the aftercare requirements of the outdated Opticians Act are not fit for purpose, so the idea of enforcing the exercise of professional judgement is meaningless.”

ACLM

Negative

- Should apply in red and amber phases only – open to abuse; contact lenses are medical devices and need to be supplied safely
- Unlikely to be relevant in green phase – shouldn't be any major issues around public health guidance, shielding, etc.
- Remote assessments unsafe as risk of missed pathology, face to face contact lens appointments required
- Not necessary for contact lenses to be available to the public during the pandemic if spectacles can be used
- Opens up liability to optometrists and contact lens opticians
- Helps employers more than optometrists – enables more income
- Public at risk due to ad hoc system developing with varying levels of patient care across the UK/different businesses

“The statement is unlikely to be relevant in the green phase, when there shouldn't be any major issues around public health guidance, shielding etc. Given our concerns about the current version of the statement as set out in Q7, we do not think the statement should apply in the green phase.”

AOP

“Not necessary and increases risk to patient safety.”

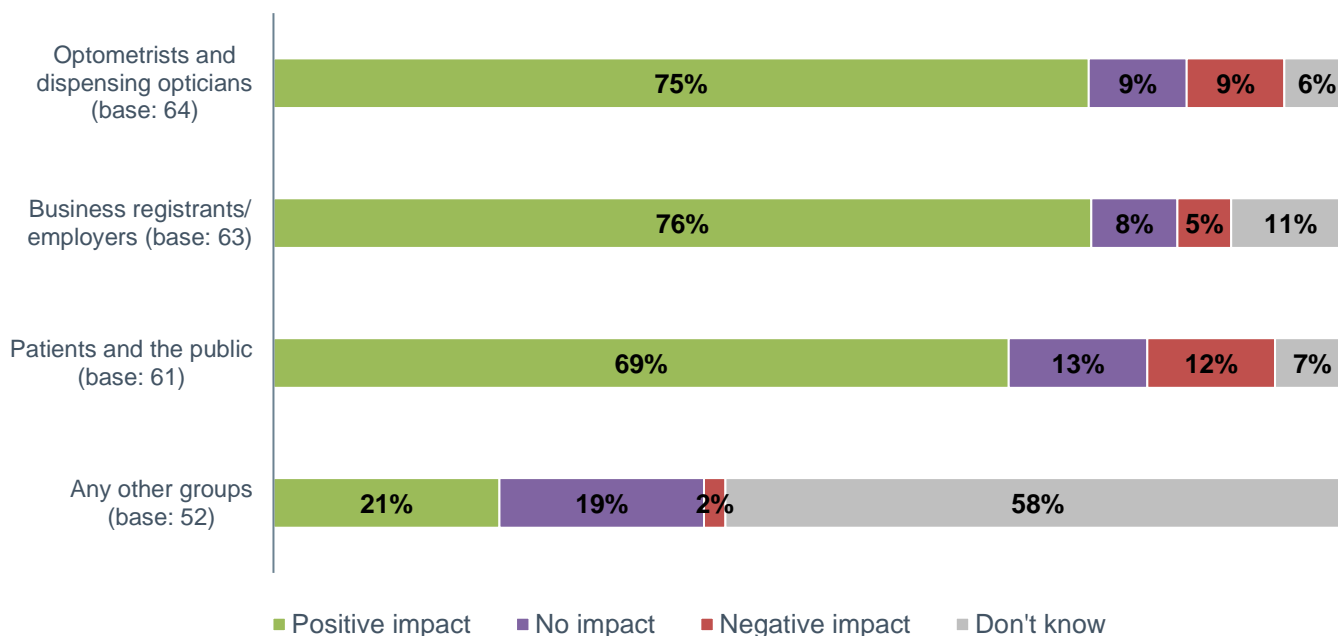
ABDO

4.3.7 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups. As shown in **Figure 14**, the majority of respondents thought the statement had a positive impact on optometrists and dispensing opticians (75%), business registrants/employers (76%), and patients and the public (69%).

4.3.8 It is interesting to note that FODO said there had been no impact on business registrants/employers.

Figure 14 – Question 9: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) patients and the public, and d) any other groups?

Base: Various (shown in chart)



4.3.9 Respondents were asked to provide details of any impacts and include examples or evidence where possible. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Positive impact
 - Useful – provided clarity to registrants about what is allowed
 - Allowed/encouraged professionals to exercise professional judgement in the best interest of patients – increased autonomy
 - Flexibility is helpful – enables registrants to deliver more routine aftercare than would have been possible under traditional models
- *Business registrants/employees*
 - Transformed practice
 - Less likely to lose patients to online suppliers
 - Able to continue to sell products as appropriate, allowed steady income stream
 - Patients purchasing more/greater revenue
- *Patients and the public*
 - Positive patient feedback

- Gives patients choice
- Patients have been supported by the profession/have access to professionals
- Allowed vulnerable patients to continue with lens/spectacle supply without putting themselves at risk
- Allows for effective triage into a physical examination where required
- *Any other groups*
 - Maintained an income for contact lens manufacturers
- *Other comments*
 - Should continue in all phases of the pandemic and beyond

“I have performed hundreds of phone consultations now. Possibly over 1000 patients love it. If necessary I can then ask the Px to come in for ah aftercare if the bed becomes apparent during the conversation. If this happens, I have still conducted 90% of the aftercare on the phone meaning that my time spent with the patient in practice is vastly reduced. It is a win on both sides. I feel that it has transformed my ability to care for my patients and it is a far better way to prevent losing my patients to online suppliers.”

Contact lens optician

“...Patient feedback around this statement has been fantastic and it allows for effective triage into a physical examination where required. This easement in particular highlighted to the registrant, to act in the best interest of the patient, allowing them increased professional autonomy and giving the patient the choice is key to modern day healthcare practice...”

Optical business registrant/employer

Negative

- *Optometrists and dispensing opticians*
 - Additional stress/worry – concern about having to justify decision making
 - GOC must support registrants exercising professional judgement
 - Good to do virtual appointments or extend aftercare but if this continues longer than necessary could damage the reputation of the profession
- *Business registrants/employees*
 - Backlogs in aftercare consultations
- *Patients and the public*
 - Reduced/lapsed aftercare can mean pathology is missed – risk to patient/public safety

“I have seen negative impacts upon patients that I have seen because of the lapse of in person aftercare. For example dry eye, corneal scars reduction in va's unknown to the patient.”

Optometrist

Neutral

- *Other comments*
 - When the pandemic is over use of technology should not be used as a tool to replace routine eyecare but to supplement it for the benefit of patients on an individual needs basis
 - Evidence needed on outcomes, rapid access in emergencies without attending A&E, risk and patient satisfaction – will help the sector genuinely respond to patient need
 - Must be used in line with the Opticians Act and GOC Standards

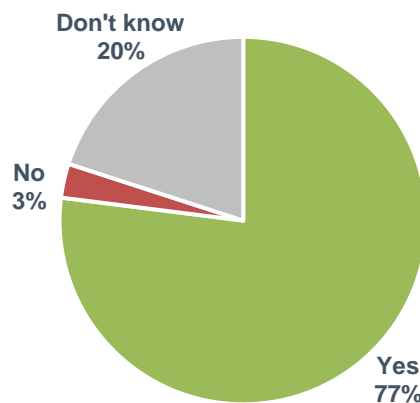
4.4 GOC statement on our approach in fitness to practise for the service of documents and facilitating hearings during the COVID-19 emergency (GOC/COVID/05)

4.4.1 As shown in **Figure 15**, just over three quarters (77%) agreed with the content of the statement GOC/COVID/05. A further 20% did not know and only 3% said they disagreed.

4.4.2 In contrast with the majority of stakeholders, the AOP did not agree with the content of the statement.

Figure 15 – Question 10: Do you agree with the content of this statement?

Base: 60



4.4.3 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Support the statement because it allows for the continuation of fitness to practise process
- There was no other choice
- Broadly support the GOC's intention to formalise the powers needed to support this approach on an ongoing basis through changes to their legislation; agree with the majority of changes proposed (some caution about the reduction in size of fitness to practise committees)

"...we support the actions taken to facilitate the continuation of processes during the most acute phases of the Covid-19 emergency. We welcomed the GOC's decision to develop and consult on the clear protocol for the holding of remote hearings in Summer 2020. As we commented at the time, a key element of seeking to continue with proceedings in this way is providing clear guidance and information to registrants, complainants and witnesses in advance of a hearing and additionally clarify availability of any adjustments that can be made to support participation as appropriate..."

Professional Standards Authority

Negative

- Remote hearings can interfere with registrants' right to a fair hearing – should only be held remotely when suitable

Neutral

- A key element of continuing with processes remotely is providing clear guidance and information to all participants in advance of hearings, and to clarify any adjustments that can be made to support participation as appropriate
- GOC should monitor the impact of these changes, particularly if it aims to retain these longer term
- Suggest adding a requirement to ensure registrants have effectively received the communication – at the very least, a read receipt

“Timely communication is vital for optometrists to help avoid distress/resolve issues. However, we suggest adding a requirement on the GOC to ensure that registrants have effectively received the communication. Although emails should be reliable, this is not always the case.”

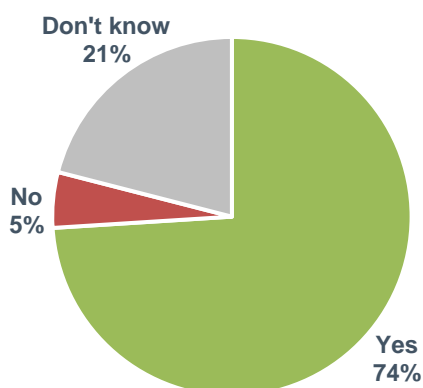
The College of Optometrists

4.4.4 Three quarters of respondents (74%) said they agreed with the GOC’s view that the statement GOC/COVID/05 should continue to apply in all phases of the pandemic. By contrast, just 5% did not agree and 21% did not know. This is shown in **Figure 16**.

4.4.5 The AOP did not agree with the GOC’s view that the statement should continue to apply in all phases of the pandemic.

Figure 16 – Question 11: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

Base: 58



4.4.6 Respondents were asked to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Support as allows for the continuation of fitness to practise
- Some benefits to remote hearings – registrants may feel more comfortable in own home, fewer costs, fewer delays
- Should remain in place as long as the threat of the virus remains high
- Should be considered beyond the pandemic to avoid unnecessary travel and cost

“It should remain in place as long as the threat of the virus is high in public health terms and be considered in future cases to avoid unnecessary travel e.g. witnesses from remote and rural areas. Travel should be considered on case-by-case basis.”

Optometry Scotland

Negative

- More flexible approach needed which recognises the need for face to face hearings in some cases and provides support for registrants unable to use technology
- Remote hearings not always an adequate substitute – nuance lost, communication barriers, privacy concerns
- Remote hearings generally unsatisfactory/fail to allow complete assessment of individuals involved

“If the statement is going to apply to all phases, it needs to set out a more flexible approach which recognises the need for face to face hearings in some cases, as well as support for registrants who aren’t comfortable with using electronic notifications.”

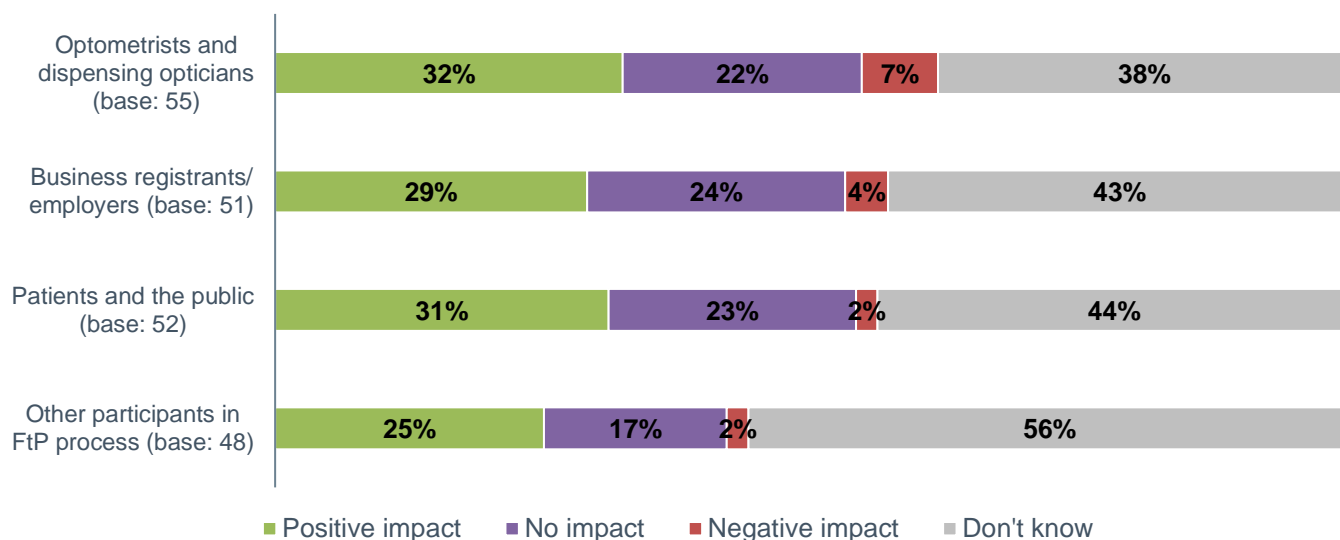
AOP

4.4.7 Respondents were asked what the impact had been of the statement on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups. As shown in **Figure 17**, large proportions of respondents said they did not know about the impact of the statement on optometrists and dispensing opticians (38%), business registrants/employers (43%), patients and the public (44%), and other participants in the fitness to practise process (56%). However, in each case the proportion who thought the impact of the statement was positive was larger than the proportion who thought it was negative for each group.

4.4.8 It is interesting to note that the AOP said the impact of the statement on optometrists and dispensing opticians had been negative.

Figure 17 – Question 12: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) patients and the public, and d) other participants in the fitness to practise process?

Base: Various (shown in chart)



4.4.9 Respondents were asked to provide details of any impacts and include examples or evidence where possible. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Positive impact – removes delays, more transparent process, registrants may be more comfortable in their own home, fewer costs
- *Business registrants/employers*
 - Allows observation of the process which may affect one of their employees
- *Patients and the public*

- Makes the fitness to practise process more transparent – allows the public to view from home
- *Other comments*
 - Easier for people to observe and take part in the process

“Optometrists and dispensing opticians: Positive impact. Ensures process is not put on hold. Though this does allow registrants to observe the process arguably making it more transparent. It also allows prospective panel members and expert witnesses to observe the process...”

Patients and the public: Positive Impact. There could be an argument that this makes the FTP process more transparent as it allows the public to view from home avoiding the need to travel to London to observe.”

Optometry Scotland

Negative

- *Optometrists and dispensing opticians*
 - Remote hearings not always an adequate substitute – nuance lost, communication barriers, privacy concerns
 - May impact mental wellbeing of participants i.e. feeling isolated, lacking support
 - May unfairly discriminate against those without access to internet/email
- *Other comments*
 - Has not speeded up the process
 - Allows more flexible methods of sending important documentation but is dependent on access to internet/email – may unfairly discriminate against some
 - There are still security issues to be fully assessed and addressed if remote hearings to become a permanent feature

“This allows more flexible methods of sending important documentation, but this is dependent on optometrists’ access to internet/email, which may unfairly discriminate against those who do not have access to it.”

The College of Optometrists

Neutral

- *Other comments*
 - More flexible approach needed which recognises the need for face to face hearings in some cases and provides support for registrants unable to use technology
 - Best solution may be to offer both options to registrants
 - Further research needed to assess the impact of these measures e.g. effects of remote hearings on participants

“What is an acceptable risk in a crisis and when systems are new may not be acceptable when arrangements are standardised and more widely known about. These would include covert recording of hearings, off-screen prompting/coercion of witnesses or registrants.”

FODO

4.4.10 The GOC has been in discussion with the Department of Health and Social Care to underpin this statement with emergency legal powers that:

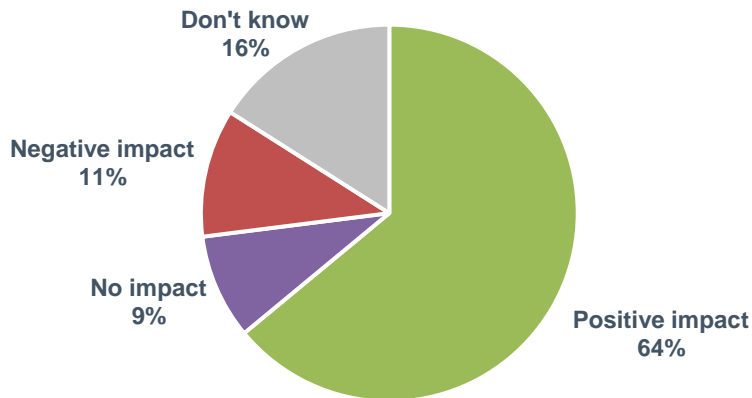
- allow fitness to practise notices to be served by email;
- clarify that hearing ‘venue’ includes audio and/or video-conferencing details; and
- enable the Hearings Manager to postpone or adjourn hearings.

4.4.11 Respondents were asked what the impact would be of the GOC securing these powers. As shown in **Figure 18**, almost two thirds (64%) felt the impact would be positive, whilst 11% thought it would be negative. A further 9% thought there would be no impact and 16% did not know.

4.4.12 In contrast with the majority of stakeholder respondents, the AOP said the impact of the GOC securing these powers would be negative.

Figure 18 – Question 13: What would be the impact of the GOC securing these powers?

Base: 56



4.4.13 Respondents were asked to provide evidence and reasoning to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- Some benefits to serving notices via email – reduces costs, saves time, increases efficiency, less contact with others during pandemic, more flexible
- Appropriate to continue to use video links to permit hearings
- Could be detrimental to postpone hearings as registrants may potentially continue to practise unsafely
- Shows willingness of GOC to cut red tape and do what’s needed but should not be made permanent
- Updates processes whilst maintaining standards

“...I feel that it would be appropriate to continue to use video links to permit hearings however. I do believe it would be detrimental to postpone hearings in the event that these cannot take place face to face as those who are potentially working against the laws may be able to continue to practice unsafely.”

Optometrist

“This would allow for a quicker and more efficient process, which would be better for all parties involved. This should also decrease the cost involved in the hearings process.”

Optometry Scotland

Negative

- Concerns regarding allowing fitness to practise notices to be served via email
 - Not all registrants are able to access electronic documents
 - Easy to miss emails – registrants may be unaware they are the subject of a hearing
 - Email addresses may be shared between work colleagues – lack of privacy, difficult to evidence that the correct person has received it
 - Alternative methods must be available where appropriate to ensure registrants are not disadvantaged
 - GOC should have explicit consent from registrants to serve notices via email
- There has not been a huge build up in cases waiting for a hearing

“I believe it is not appropriate to serve fitness to practice notices by email as it could be easy to miss this in the hundreds of emails some registrants receive each day.”

Optometrist

“...our strong view is that even once the GOC has emergency legal powers that allow all notices to be served electronically, it must be willing to use alternative methods of service where appropriate. This is because we have serious concerns regarding the blanket use of electronic notices.”

AOP

Neutral

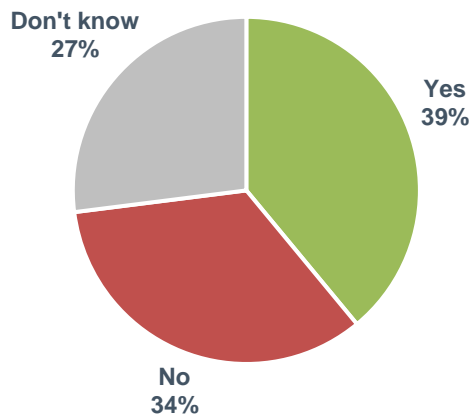
- New powers to adjourn and postpone hearings are potentially helpful – further information about the process and policies involved needed
- GMC has enacted this – learning could be found from this

4.4.14 As shown in **Figure 19**, two in five respondents (39%) thought that the GOC should have further powers to start substantive hearings with three Fitness to Practise Committee members (rather than the current five). However, a similar proportion (34%) did not think this, and a further 27% did not know.

4.4.15 ABDO and The College of Optometrists thought that the GOC should have further powers to start substantive hearings with three Fitness to Practise Committee members; however, the AOP, FODO and Optometry Scotland thought it should not.

Figure 19 – Question 14: Should the GOC have further powers to start substantive hearings with three Fitness to Practise Committee members (rather than five as we currently do)?

Base: 59



4.4.16 Respondents were asked to provide evidence and reasoning to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- Agree, provided committee members have appropriate training, standards are upheld and there is no reduction in attention to detail and fair processes
- May be necessary as a temporary measure considering COVID-19 restrictions
- Some benefits
 - May help reduce costs
 - Easier to organise logistically

- GOC should have autonomy to make decisions on specific requirements for number of committee panel members required – decisions should adhere to best practice, relevant legislation and be in line with other regulators’ practice
- Would align the process with other regulators

“This would align the process with other regulators.”

The College of Optometrists

Negative

- May result in less balanced hearings/unfair outcomes
 - Larger committees contain more diversity and experience
 - Potential for more bias – smaller range of opinions contributing to decisions
 - Will reduce consistency between hearings
 - Increases burden on the Chair
- No need to reduce number of panel members – can be appropriately social distanced and tested on the day of the hearing
- Five members should be retained post-COVID
- If hearings are held remotely, it doesn’t matter whether there are three or five participants
- Unclear how or whether this will be affected by remote hearings
- Needs to be an appropriate number and mix of Fitness to Practise Committee members
- Unfair and inconsistent with previous hearings

“We understand and empathise with the need to make contingency plans due to the pandemic and increased levels of sickness. However, it does not yet justify this proposal. There is a cost and logistics-driven school of thought in favour of having smaller panels for fitness-to-practise hearings. Our experience is that a five-person panel (with at least two registrants) includes more perspectives on evidence, guards against ‘small group think’ and invariably reaches fair and balanced conclusions. It is also unclear whether or how this might be affected by remote hearings. More research is needed (perhaps reviewing those regulators that have already adopted smaller panel models) before smaller panels become standardised for either remote or in-person hearings at the GOC.”

FODO

“...We would however express some caution about how the reduction in size of FTP committees (with a quorum of just two members) might affect the quality of decision making. We would expect the GOC to monitor (and report to its Council) on the impact of all of these changes, particularly if it aims to retain these in the longer term.”

Professional Standards Authority

Neutral

- Needs to be further research into the impact

“Although can understand the cost savings and easier to organise logistically, there needs to be an appropriate number and mix of persons on any FTP Hearing Committee. With remote access now, some committee members could dial in remotely. There needs to be further research into the impact of this or if there were to be smaller numbers.”

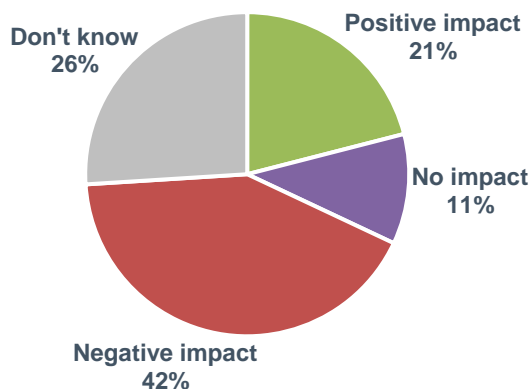
Optometry Scotland

4.4.17 Respondents were asked what the impact would be if the GOC were to secure the powers to start substantive fitness to practise hearings with three committee members. As shown in **Figure 20**,

the largest proportion of respondents (42%) thought the impact of this would be negative, higher than the percentage who thought it would be positive (21%).

Figure 20 – Question 15: What would be the impact of the GOC securing the powers to start substantive fitness to practise hearings with three committee members?

Base: 57



4.4.18 Respondents were asked to provide evidence or reasoning to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- Cheaper and easier to set up
- More efficient – hearings can be completed more quickly

“This may allow the GOC to work through the backlog of hearing quicker which can only be advantageous for all parties. Before hearings commence, there is considerable background work done to ensure fairness.”

Optometrist

Negative

- May reduce the chance of a fair/impartial hearing – less diversity and experience, fewer points of view, may reduce objectivity, potential for bias
- Needs to be an appropriate number and mix of persons on Fitness to Practise panel
- May reduce consistency between hearings

“...The current GOC Fitness to Practice Committee quorum safeguards against professional members having a disproportionate influence over decisions by making provision for three lay members. It also allows for detailed and careful questioning of clinical experts who attend hearings. Under the proposed approach, both of these elements - which set the GOC apart from comparable regulators - will be lost.”

AOP

“Fewer points of view on which to base a judgement.”

Optometrist

Neutral

- Important to maintain a fair and effective process, with clear and transparent guidelines to achieve this
- Must ensure standards are upheld
- Needs to be further research into the impact

“Having fewer registrants on the panel may affect the objectivity of the decision. It is important to maintain a fair and effective process, with clear and transparent guidelines to achieve this.”

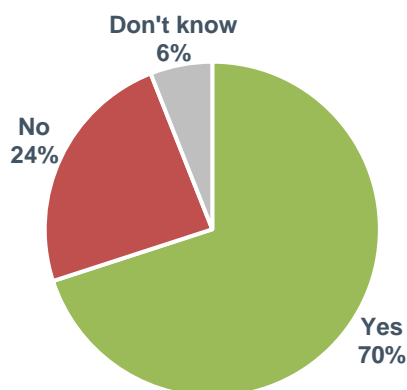
The College of Optometrists

4.5 GOC statement on Continuing Education and Training (CET) during the COVID-19 emergency (GOC/COVID/06)

4.5.1 As shown in **Figure 21**, seven in ten respondents (70%) agreed with the content of the statement GOC/COVID/06, but a quarter (24%) disagreed.

Figure 21 – Question 16: Do you agree with the content of this statement?

Base: 63



4.5.2 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- No significant concerns
- Flexibility allows optometrists to focus on delivering eye care
- Helpful during the early stages of the pandemic

“This flexibility allows optometrists to focus on delivering eye care. Therefore, a waiver of the minimum of 6 CET annual points is welcomed.”

The College of Optometrists

“We agree with the removal of the requirement of 6 points during 2020 and feel that it was extremely helpful during the early stages of the pandemic...”

Optometry Scotland

Negative

- No real need to remove the six-point expectation
 - It has been easy to access online CET – greater availability, many practitioners have had more time to participate
 - Many registrants have done more CET than usual
 - Some people will take the easy option and not do any CET this year as it is not mandatory
- Decision was made very early in the pandemic – delay may have been beneficial

“It’s not difficult to get 6 CET points these days. It was a nice gesture but not a great help. A reduction in fees would have been more appropriate.”

Dispensing optician

“The availability of CET has been largely unaffected and most residents have had more time in their hands to participate in CET...”

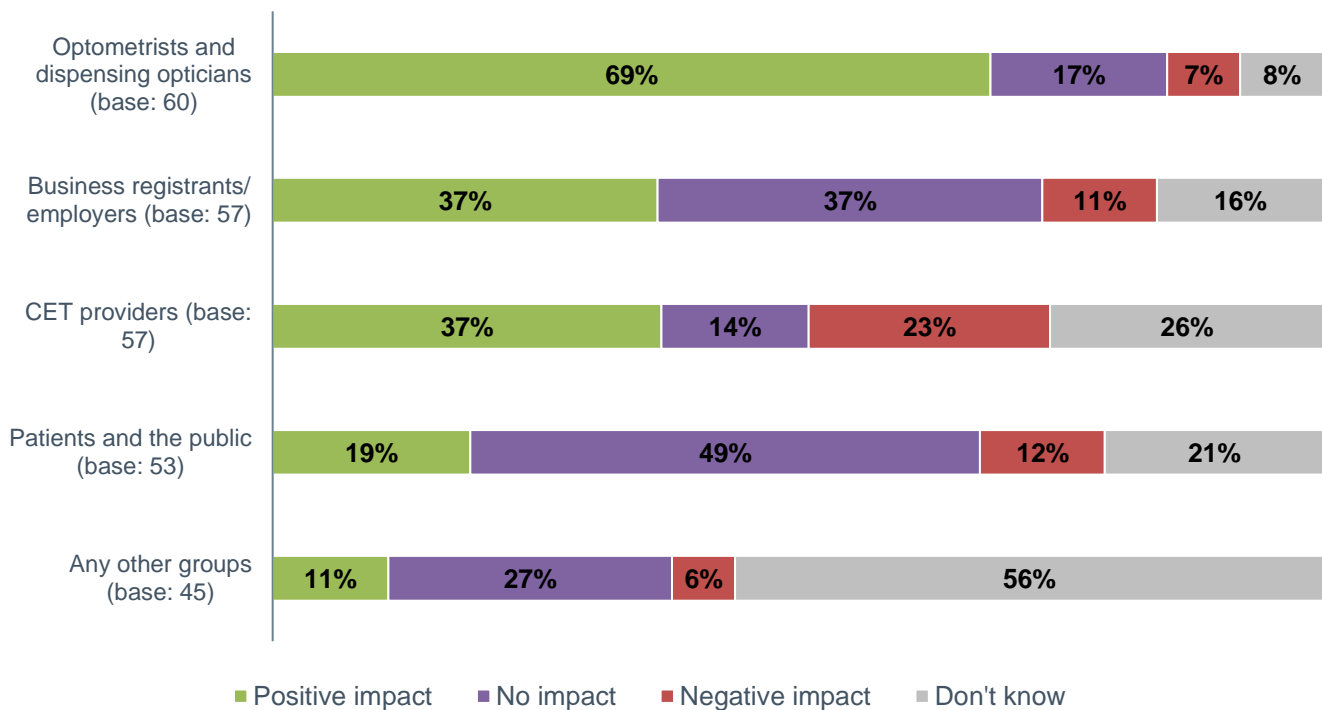
Contact lens optician

4.5.3 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, CET providers, patients and the public, and any other groups. As shown in **Figure 22**, respondents were most likely to think the statement had had a positive impact on optometrists and dispensing opticians (69%). Large proportions of respondents also indicated that this statement would have no impact on business registrants/employers (37%) and patients and the public (49%). The highest level of negative impact of this statement was recorded for CET providers (23%).

4.5.4 Of note, the AOP, ABDO and FODO thought there had been a positive impact on business registrants/employers. ABDO and FODO also said there had been a positive impact on patients and the public.

Figure 22 – Question 17: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) CET providers, d) patients and the public, and e) any other groups?

Base: Various (shown in chart)



4.5.5 Respondents were asked to provide details of any impacts and include examples or evidence to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Helpful for those facing difficult circumstances – removes worry
 - Makes it easier for those with caring responsibilities/those in remote and rural areas
 - Registrants have had fewer opportunities for achieving CET points this past year – additional infection control and PPE requirements mean optometrists are spending longer hours in practice, some have been unable to work and therefore access in-house CET opportunities
 - Difficult year – adding on extra learning adds extra strain where it is not needed
- *Business registrants/employers*
 - May have not been in a position to offer planned CET
- *CET providers*
 - Offers flexibility to move training online

- Benefits – reduces costs, wider audience, less travel
- *Patients and the public*
 - Ensured continued availability of clinical time – ensures practitioners can still learn without the need to take time away from clinical hours

“The ‘waiver’ provided by the statement seems to have been unnecessary for most registrants. The availability of remote CET has helped registrants to maintain CET activity... However, we expect the waiver will have been helpful for those registrants who have faced difficult circumstances because of the pandemic, either because of illness or being unusually busy managing the impact of the pandemic.”

AOP

“During the recent unprecedented times this has removed one less strand of worry for the profession when facing such challenging times on the front line as well as what they had to contemplate with in their private lives.”

ABDO

“Registrants have rightly focused on meeting patient needs safely throughout the pandemic. They have had accelerated learning in enhanced infection prevention and control measures, managing patient needs and risks remotely and transforming how they meet local needs. If the CET system reflected this learning, every registrant would have far exceeded six points in any case. Being flexible has enabled those registrants, who were able to find space for CET, to continue to refresh, enhance and develop their skills. All of which have benefits for employers and patients.”

FODO

Negative

- *Optometrists and dispensing opticians*
 - May give some an excuse to avoid developing themselves
 - Unnecessary – remote CET has been easy to access, providers have stepped up, CET compliance has been largely maintained
- *CET providers*
 - May make planning more difficult – registrants may be more likely to complete their points in the final year of the cycle; earlier events may be poorly attended
- *Patients and the public*
 - Could lead to a reduction in standards
- *Other comments*
 - Peer discussions/interactive CET requirements may be difficult to achieve

“This step was unnecessary there is a vast amount of CET available online and for 2020 this would have been acceptable to gain 6 points online, this will just lead to more individuals rushing through 12points in 2021. I question the value of the easement here.”

Optical business registrant/employer

Neutral

- *Other comments*
 - Registrants have focused on meeting patient needs safely throughout the pandemic, learning in other areas e.g. infection prevention and control – if CET reflected this then every registrant would have far exceeded six points
 - Improved communication between practices ensuring practitioners are receiving the same level of training

4.5.6 The GOC feels that the three-year CET cycle offers sufficient flexibility for registrants to complete their overall CET requirements for 2019-21. The GOC is therefore not intending to reduce the overall requirements for the cycle or remove the annual six-point expectation for the year 2021 as

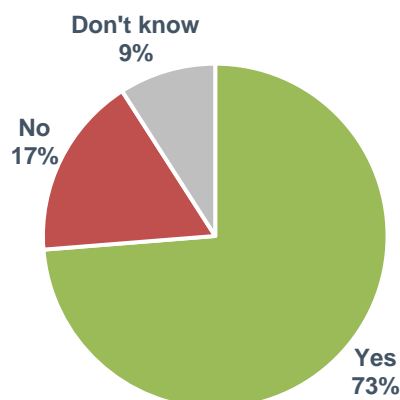
the CET scheme ensures patient safety and public protection. Respondents were asked if they agreed with this intention.

4.5.7 As shown in **Figure 23**, almost three quarters (73%) agreed with the GOC's intent to not reduce the overall requirements for the cycle or remove the annual six-point expectation for the year 2021.

4.5.8 In contrast to other optical representative organisation responses, FODO did not agree with the GOC's intent and The College of Optometrists was unsure.

Figure 23 – Question 18: The three-year CET cycle offers sufficient flexibility for registrants to complete their overall CET requirements for 2019-21. We are not intending to reduce the overall requirements for the cycle or remove the annual six-point expectation for the year 2021 as the CET scheme ensures patient safety and public protection. Do you agree?

Base: 64



4.5.9 Respondents were asked to explain their response. Free-text comments provided are summarised in the bullet points below.

Positive

- No need to reduce points expectation – target still easily achievable within the timescale, plenty of CET available, important for skillsets/knowledge to be maintained and developed
 - Potentially a good time for voluntary reflective practice
- Three-year cycle allows flexibility already
- During uncertain times it makes sense to keep the scheme the same

“Extending into 2021 will suggest development is of reduced importance when in fact in times of change growth and development is MORE important not less. It is fair to have had a time of adjustment, but we must accept the change and resume maintaining and elevating standards moving forwards.”

Optometrist

“The AOP and other providers expect to offer plenty of CET activity in 2021. Given the availability of CET in 2021 and the evidence that the pandemic has not had a significant impact on levels of interactive CET activity during 2020, we do not expect registrants to have difficulty in meeting the overall CET requirements over the whole of the 2019-21 cycle.”

AOP

“It is important for skillsets/knowledge to be maintained and developed, to include new ways of delivering care in line with the evolving world of eyecare not to mention developing knowledge and understanding of delivering care in the current situation to ensure patient safety and protection.”

ABDO

Negative

- Points expectation should be reduced/suspended – will reduce stress and take into account difficulties caused by COVID-19
- Should be suspended completely – registrants best learn from interacting with peers, which has not been possible
- Registrants have undertaken huge amount of learning and development over the last year – may not always have counted towards CET points
 - GOC could acknowledge this learning by allocating points to all registrants practising during this time
- Points expectation should be increased – development particularly important at this time
- Reasonable to be flexible, as it is likely to have been challenging to arrange/attend CET over the past year

“The Covid-19 pandemic is far from over and again flexibility will be key in enabling the greatest number of registrants to continue to achieve relevant education and training. Most will want to do this. Whether it is right to insist on 18 points by December 2021 and whether this will ensure patient safety and public protection is less clear. Registrants have undertaken huge amounts of learning and development over the last year, more of which would have not attracted GOC points... The GOC might consider other approaches. For example, it could automatically allocate every registrant who has practised from March 2020 to March 2021 (however much or little) 6 points for 2020...”

FODO

Neutral

- Some flexibility required
 - E.g. interactive aspects of CET, peer reviews, specific competencies
 - Potentially something to revisit in review of CET statement in January 2021
- Patients have never been compromised regardless of CET requirements
- Pandemic will continue to impact in 2021
 - Helpful for the GOC to consider as early as possible circumstances allowing for further flexibility

“We do not have the GOC data on how far interactive and peer discussion requirements have been met compared with this stage in previous cycles but, as per our comments above, these areas may require the GOC to consider introducing some flexibility. We suggest this might be something the GOC revisits in its review of the CET statement in January 2021. The above factors will continue to apply well into 2021.”

The College of Optometrists

“...We do however note the potential for Covid-19 restrictions to continue to have a significant impact in 2021 which will constitute the final year of the cycle. It may be helpful for the GOC to consider as early as possible the circumstances in which it would consider any further flexibility.”

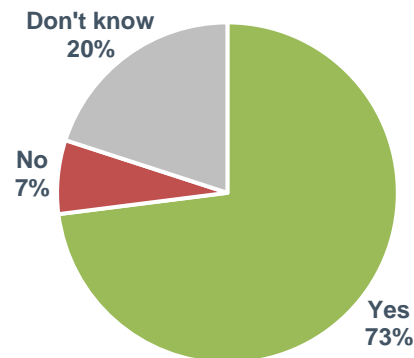
Professional Standards Authority

4.6 GOC statement on optometrists, dispensing opticians and students working in different settings during the COVID-19 emergency (GOC/COVID/07)

- 4.6.1 As shown in **Figure 24**, almost three quarters (73%) said they agreed with the content of statement GOC/COVID/07 and only 7% did not agree.

Figure 24 – Question 19: Do you agree with the content of this statement?

Base: 59



- 4.6.2 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Some helpful information/advice about indemnity cover
 - Further clarifications may be needed e.g. around responsibilities
 - Registrants need to be absolutely sure of what their insurance does and does not cover
- Registrants need to play their part

“The statement includes helpful material about indemnity cover only applying to registrants’ usual role, and advises registrants to check with their insurance provider or employer that appropriate insurance is in place, as we suggested during consultation on the original draft of the statement in spring 2020...”

AOP

“This statement is based on existing legislation. There is no legal barrier to optometrists working in non-eye healthcare roles provided they have sufficient training, competence, supervision, and insurance/indemnity in place. If working in national health services in non-eye healthcare, the Coronavirus Act 2020 may allow indemnity cover. However, we believe that this statement should be developed further, with more substance and clarity added...”

The College of Optometrists

Negative

- Potentially risky if registrants redeployed to positions in which they are not absolutely certain what they are doing
- Employees should have choice/should not be forced to undertake additional roles if it will place them at additional risk
- Too bureaucratic
- Voluntary work in other fields not GOC’s remit

“Employees should have the option in this area as some employees have children and elderly relatives they may care for. It would not be fair for an employee to be forced into a role they do not currently take part in if there is a chance they will be putting family at further risk.”

Dispensing optician

Neutral

- Statement should be developed further – greater clarification on scope of practice in context of COVID-19
- Provision of eye health should be prioritised where required
- All parties must ensure that NHS services continue to be performed according to contractual requirements
- Registrants must be aware that they should not use their titles where these are not relevant for any specific role
- Optometrists should prioritise the delivery of eye health and care services where possible

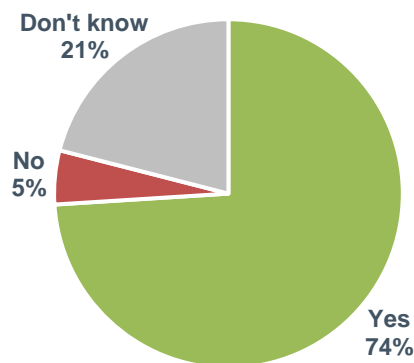
“...the provision of eye health care should be prioritised where required.”

ABDO

4.6.3 Three quarters (74%) agreed with the GOC’s view that statement GOC/COVID/07 should continue to apply in all phases of the pandemic, as shown in **Figure 25**.

Figure 25 – Question 20: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

Base: 57



4.6.4 Respondents were able to explain their response. Free-text comments provided are summarised in the bullet points below.

Positive

- Provides employment opportunities for those out of work/on furlough/wishing to work extra hours
- Promotes the profession to other health care providers, future optometrists and the public

“It will provide an opportunity for those that have lost jobs to earn an income.”

ABDO

“This could provide employment opportunities for those out of work, on Furlough or just wishing to work extra hours to support other health providers such as delivering the vaccine. This is a welcome statement which will promote the profession to other health care providers, future optometrists and the public.”

Optometry Scotland

Negative

- Should not apply in amber phase – optometrists and dispensing opticians still needed
- Less significant in green and amber phases than red as registrants will likely be involved in their usual roles

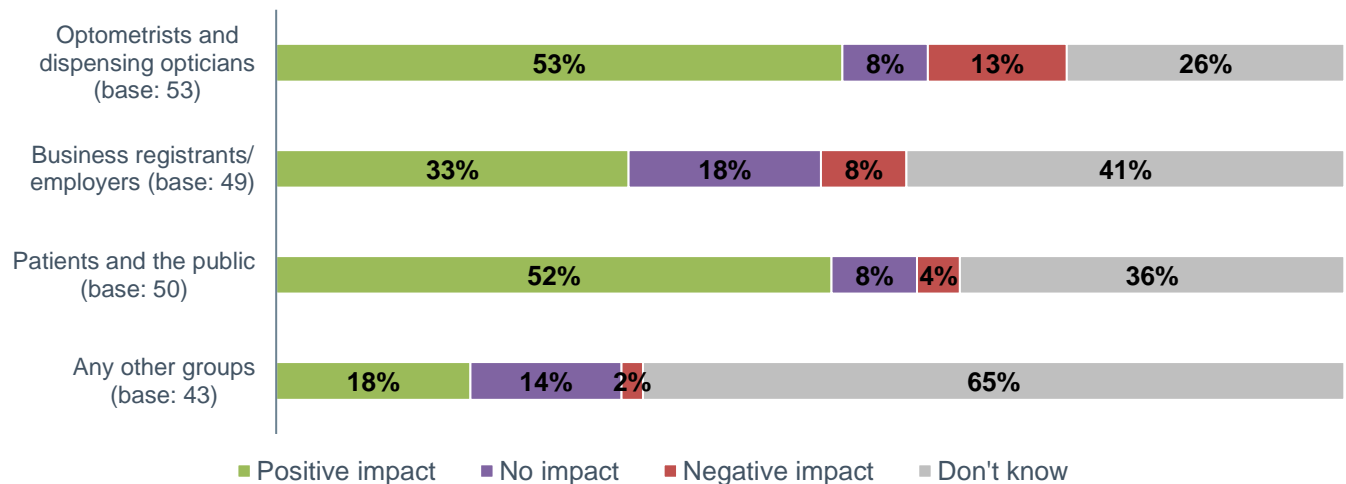
“The statement is likely to be much less significant in the green and amber phases than the red phase, because registrants will usually be employed in their usual roles outside of the red phase. But in principle the statement is relevant to non-COVID situations as well, and it doesn’t cause any problems if it applies outside the red phase.”

AOP

- 4.6.5 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups.
- 4.6.6 As shown in **Figure 26**, over half of respondents (53%) thought the statement had had a positive impact on optometrists and dispensing opticians, and a similar proportion (52%) thought the impact on patients and the public had been positive. A third (33%) thought the impact on business registrants/employers had been positive, but a larger proportion (41%) answered that they did not know the impact on this group. Only small proportions thought the impact on each group had been negative, ranging from 2% to 13%.
- 4.6.7 It is interesting to note that the College of Optometrists said the statement had had a negative impact on optometrists and dispensing opticians. Contrasting with the views of other optical representative organisation responses, FODO said there had been no impact on patients and the public.

Figure 26 – Question 21: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) patients and the public, and d) any other groups?

Base: Various (shown in chart)



- 4.6.8 Respondents were asked to provide details of any impacts and include examples or evidence to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*

- Opportunity to work with other people and professions – enables them to support others during the pandemic and expand skills
- Registrants have welcomed clarity on insurance status
- *Business registrants/employers*
 - Positive impact
- *Patients and the public*
 - Raises the profile of the profession – demonstrates registrants’ skills and capabilities
- *Other comments*
 - Good use of personnel if NHS staff cannot cope
 - Statement helpful where registrants could work as part of NHS Test and Trace, testing programmes and other areas of health and care

“We expect the statement has had a positive impact for registrants considering working in different settings.”

AOP

“We think this statement supports the recognition of clinical skills and optical workforce capability.”

Professional/representative body

“I have loved the chance to work with other people and professions.”

Dispensing optician

Negative

- *Optometrists and dispensing opticians*
 - May create additional worry
 - May lead to confusions about registrants’ responsibilities for eye health care provision versus non-eye health care roles – e.g. vaccine administration
- *Business registrants/employers*
 - Loss of professionally qualified people
 - Potentially increases risks of spreading disease within the practice

“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. An example of this would be the administration of vaccinations...”

The College of Optometrists

“I think some optoms were very worried about being 'called up'.”

Optometrist

Neutral

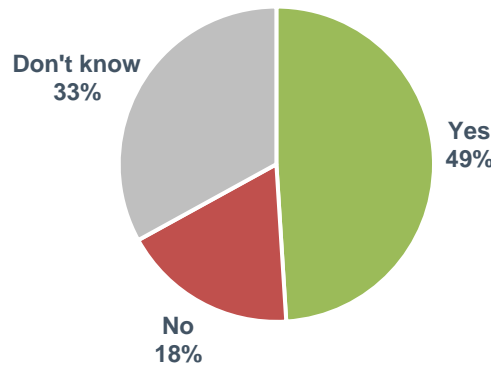
- *Optometrists and dispensing opticians*
 - Little impact for most except for a few hospital optometrists
- *Patients and the public*
 - Too early to comment on impact

4.6.9 Half of respondents (49%) thought the statement should become a permanent GOC policy position independent of the COVID-19 emergency and a third (33%) said they did not know. Around a fifth (18%) said it should not become a permanent policy position. This is shown in **Figure 27**.

4.6.10 The College of Optometrists and FODO said that the statement should not become a permanent GOC policy position independent of the COVID-19 emergency.

Figure 27 – Question 22: Should this statement become a permanent GOC policy position independent of the COVID-19 emergency?

Base: 55



4.6.11 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Support statement becoming permanent but only in emergency situations where optical practice has been suspended
- Allows practitioners to help other providers – aligns optometrists/dispensing opticians with other allied health professionals and raises profile of profession
- Reassurance may be welcomed by registrants
- Scottish optometrists are currently being trained to provide flu/COVID-19 vaccinations

“...there have been instances of practitioners carrying out the flu vaccination. Independent of the pandemic, this would allow practitioners to help other providers during quieter spells. It also serves to align optometrists and dispensing opticians with other allied health professionals to raise the profile of our profession as a whole.”

Optometry Scotland

Negative

- Not appropriate as not an issue before the pandemic
 - Balance of risk changes when not in an emergency situation – not safe or appropriate for the GOC to seek to guide or suggest what registrants may do outside the scope of their professional practice in normal times
- Each pandemic requires its own individual response

“While we acknowledge that this would be a welcome recognition of the professional skills and experience of optometrists to support non-eye care colleagues/services, we believe optometrists should prioritise the delivery of eye health and care services where possible. The pandemic has negatively impacted capacity within secondary eye care, which could lead to more patients experiencing unnecessary sight loss. Optometrists can play a key role in managing patients through existing and newly developed enhanced care pathways, and so we expect that this will lead to an increased demand for optometrists in the near future. While we recognise that some members may not be able to currently work as optometrists during this difficult period, we hope this will resolve as routine services routine and new services are commissioned.”

The College of Optometrists

“On balance, and beneficial though this has been short-term, our answer is no. This is because national emergencies are one thing, but clinical care as normal is quite another and the balance of risk changes between the two... We therefore feel, on balance, that it would not be appropriate or safe for the GOC to seek to guide or suggest what a registrant may do outside the scope of their professional practice in normal times.”

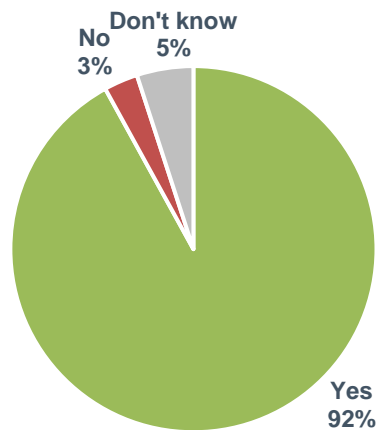
FODO

4.7 GOC statement for CET providers on CET provision during the COVID-19 emergency (GOC/COVID/08)

4.7.1 As shown in **Figure 28**, the overwhelming majority (92%) agreed with the statement GOC/COVID/08 and only 7% disagreed.

Figure 28 – Question 23: Do you agree with the content of this statement?

Base: 60



4.7.2 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- GOC has been very flexible with regard to CET providers providing virtual CET for registrants
- Ability to conduct peer discussions remotely a positive change – improved communication across the country, enhanced training available to those in remote and rural settings/those with family commitments
- Broadly support the statement and the pragmatic and flexible way it has been applied

“As a major CET provider, the AOP has welcomed both the statement itself and the pragmatic and flexible way in which the GOC has applied it. For instance, the confirmation in the statement that providers can use a nominated ‘table lead’ to facilitate discussion in online peer discussions, with the support of a trained expert facilitator working with up to four sessions, is proportionate and has enabled the provision of good-quality online peer discussion events.”

AOP

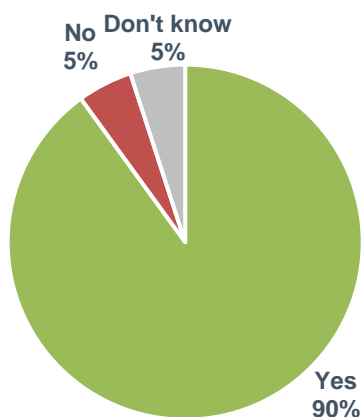
Negative

- Must not be used as an excuse to avoid hands on teaching
- The majority of the workforce is self-employed – potential cost implications

4.7.3 As shown in **Figure 29**, nine in ten (90%) agreed with the GOC’s view that the statement GOC/COVID/08 should continue to apply in all phases of the pandemic.

Figure 29 – Question 24: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

Base: 60



4.7.4 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- As long as there is a public health need to do so and continuing to apply it is sensible
- Will likely be necessary considering the uncertain duration of the pandemic and the likely ongoing need for social distancing
- Should be applied beyond the pandemic

“The arrangements in the statement will remain important for the remainder of this cycle, given the uncertain duration of the pandemic and the likely ongoing need for social distancing among at least some parts of the population, including some GOC registrants.”

AOP

“We need to be flexible. It is clear at present that remote CET is the best way short/medium term.”

Optometry Scotland

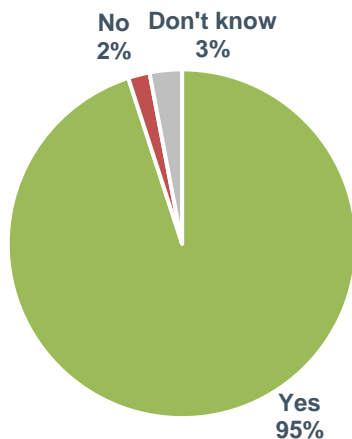
Neutral

- CET is changing from 2021 – this could be incorporated

4.7.5 Almost all respondents (95%) agreed that the GOC should continue to allow online CET provision until the end of the current CET cycle (31 December 2021), as shown in **Figure 30**.

Figure 30 – Question 25: Do you agree that we should continue to allow online CET provision until the end of the current CET cycle (31 December 2021)?

Base: 60



4.7.6 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Should continue beyond the end of the cycle – clear efficiencies and benefits for registrants and CET providers
 - Makes it easier to access CET for those in rural locations
 - Easy to use – most have become accustomed to it
 - Helps registrants develop/maintain skills
 - Allows more registrants to access and benefit

“We welcome the GOC’s decision to leave the arrangements set out in the statement in place until at least the end of 2021, and recommend that they continue indefinitely. The widespread use of online CET has clear efficiencies and benefits for registrants and CET providers. Becoming competent at engaging in remote education also helps registrants develop other skills, such as undertaking remote consultations in a clinical environment.”

AOP

“Online CET would be a welcome option in the long-term, as some optometrists may not be able to attend face-to-face CET events/peer discussions for a variety of reasons (cost, travel, time). Online CET would allow more registrants to access and benefit.”

The College of Optometrists

Negative

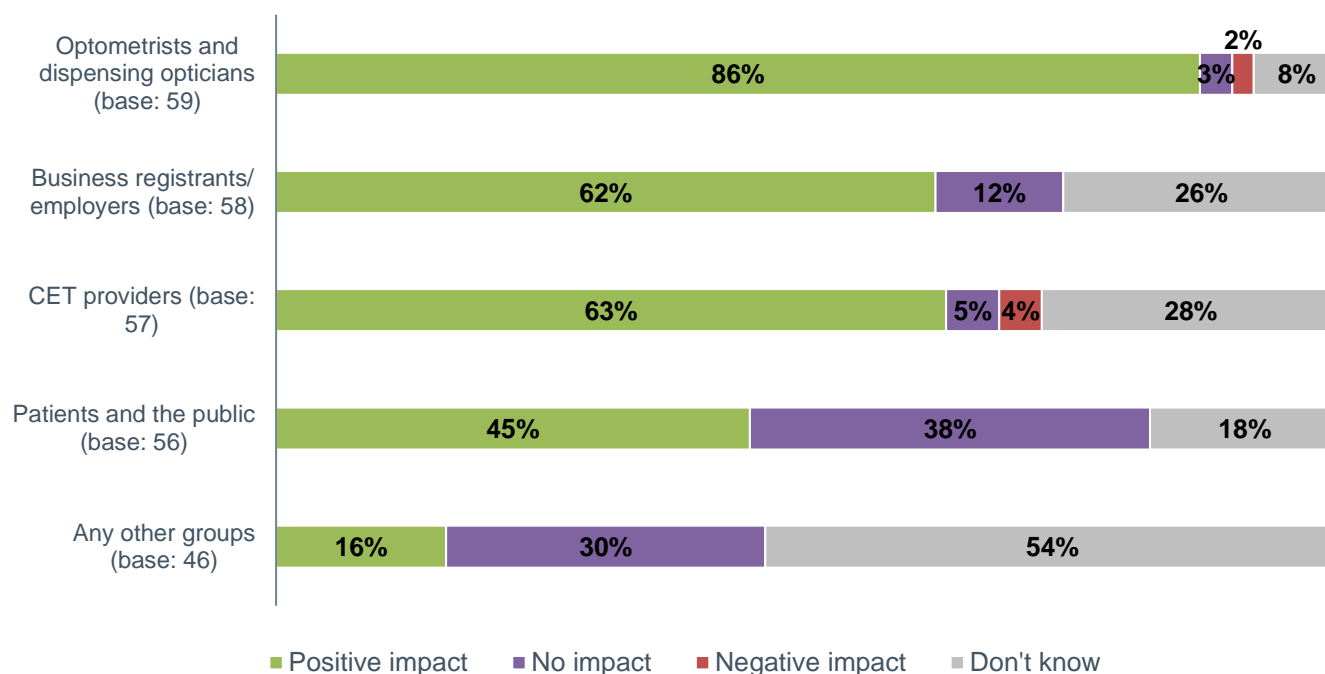
- CET should involve interaction with peers

4.7.7 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, CET providers, patients and the public, and any other groups. As shown in **Figure 31**, almost nine in ten (86%) respondents thought the statement had had a positive impact on optometrists and dispensing opticians, whilst smaller but still large proportions thought it had had positive impacts on business registrants and employers (62%) and CET providers (63%). Opinion was more divided for the impact on patients and the

public, with 45% suggesting a positive impact and 38% suggesting no impact. Over half (54%) did not know whether the statement had had an impact on any other groups.

Figure 31 – Question 26: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) CET providers, d) patients and the public, and e) any other groups?

Base: Various (shown in chart)



4.7.8 Respondents were asked to provide details of any impacts and include examples or evidence to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Wide range of CET has been easily accessible
 - Makes it easier to obtain interactive CET
 - Makes it easier to maintain/update skills and knowledge
 - Opportunities provided in various learning styles
 - Flexible, provided at various times
 - No need to travel – saves time, environmental benefits, removes geographical barriers
 - Financial benefits
 - Reduces the risk of professional isolation
- *Business registrants/optometrists*
 - No loss of business hours to training
 - Easy access to CET for employees; employees can develop their skills and knowledge
 - Enabled more peer discussion
- *CET providers*
 - Makes it easy to deliver meaningful sessions/good quality education
 - Easy to support registrants during lockdown/meet demand
 - Minimises unnecessary travel
 - Reduces costs
 - Good feedback from participants
- *Patients and the public*
 - Making it easier for registrants to gain additional knowledge and skills will improve patient care
- *Other comments*
 - Successful – should continue beyond COVID-19

“Readily accessible CET in both interactive and non-interactive forms without the need to travel has been warmly welcomed by registrants, as reflected in the highly positive feedback for remote CET...”

AOP

“It has enabled our members to participate in online CET and maintain and develop their competence, skills and knowledge during the pandemic.”

The College of Optometrists

Negative

- *Business registrants/employers*
 - Potential loss of revenue

Neutral

- *Other comments*
 - More needs to be done to allow the use of a wider range of online platforms so that financial barriers do not limit the range of education and training available to registrants

“This has allowed those registrants, who were able to, to continue their education and training in new and innovative ways, as well as reducing the risk of professional isolation. All of which have benefits for employers and patients.

Online training should be supported into the future but more needs to be done to allow the use of a wider range of online platforms so that financial barriers do not indirectly limit the range of education and training to which GOC registrants have access and from which the public will ultimately benefit.”

FODO

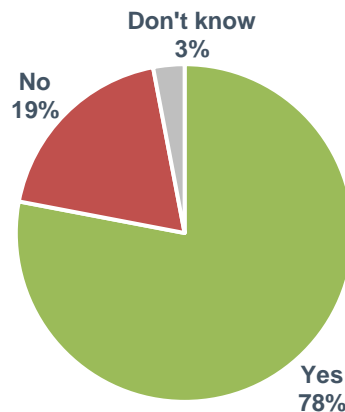
4.8 GOC statement on verification of contact lens specifications during the COVID-19 emergency (GOC/COVID/09)

4.8.1 As shown in **Figure 32**, almost four in five respondents (78%) agreed with the statement GOC/COVID/09 and 19% disagreed.

4.8.2 The AOP, The College of Optometrists and FODO did not agree with the content of the statement, contrasting with the majority of optical representative organisation responses.

Figure 32 – Question 27: Do you agree with the content of this statement?

Base: 64



4.8.3 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Reasonable to allow some flexibility when routine care suspended if information not readily available – may be appropriate in some cases
- Sensible to provide guidance on flexibility in this area

“Yes, but ‘ONLY in the RED phase’ should be emphasised so it does not spill over to the AMBER phase or become the norm. Some caveats should apply, such as resupply only if the specification is within 3 months of expiry. It would not be reasonable for someone who has just been issued with a 2-year specification to obtain another 2-years’ supply. That would amount to unnecessary stockpiling.”

ACLM

Negative

- Open to abuse by online retailers/commercial businesses
 - Online suppliers need to be more robustly regulated
- Risk to patient/public safety
- Devalues the benefit of optical examination in contact lens wearers – suggests it is not important/required
- Contact lenses should never be supplied without verification
- Unnecessary as lenses can be supplied remotely without the patient needing to attend the practice – no reason to relax the verification requirements at this time
- Should only be allowed in the red phase
- People should have up to date glasses as a back up, therefore contact lenses are not essential
- GOC encouraged registrants to break the Opticians Act re verification, sale and supply of contact lenses
- Opens up the prospect of liability if anything goes wrong – blame will lie with the optometrist/dispensing optician

“This opens up the prospect of liability if anything goes wrong and the blame will lie and the feet of the optometrist/CLO. It also means that online CL providers will have a field day with this and they already flaunt the rules and the GOC doesn’t crack down on this. Also it opens up exploitation from employers.”

Optometrist

Other comments

- Must be some flexibility between red and amber phases so clinicians can meet patients’ needs safely
- Caveats should apply to protect patients
- Would be helpful for the statement to reference any potential patient safety risk of supplying an incorrect prescription

“...The GOC has now proposed that the statement should only apply where routine care is suspended, and it seems reasonable that in that situation there should be some flexibility, because information stored in practices may not always be easily accessible. However, a more proportionate way of meeting the aim of the statement in these circumstances would be to retain the requirement for specifications to be verified, but to 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...”

AOP

“We recognise the sense in providing guidance on flexibility in this area but suggest that it may be helpful for the statement to reference any potential patient safety risk of supplying an incorrect prescription of contact lenses which presumably the legislation is intended to guard against. We would expect the GOC to take account of any further concerns raised as part of this consultation.”

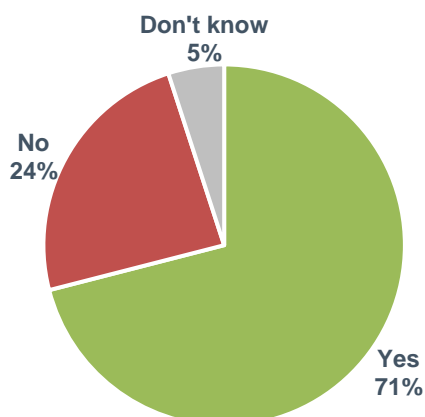
Professional Standards Authority

4.8.4 Seven in ten (71%) agreed with the GOC’s view that the statement GOC/COVID/09 should continue to apply only in the red phase of the pandemic and a quarter (24%) disagreed, as shown in **Figure 33**.

4.8.5 ABDO and FODO did not agree with the GOC’s view that that statement should continue to apply only in the red phase of the pandemic. ABDO thought that the statement should not apply in any phase, whereas FODO’s view was that the statement should apply in the amber phase also.

Figure 33 – Question 28: Do you agree with our view that this statement should continue to apply in only the red phase of the pandemic?

Base: 62



4.8.6 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Professionals should be trusted to exercise professional judgement
- It can occasionally be very difficult to verify specifications at any time – electronic specifications should be acceptable without the need for verification
- Needs to be some flexibility to enable clinicians to meet patients' needs in the safest way
- Potentially should apply to amber phase too
 - Red phase never enacted
 - Fits are able to take place in amber phase
 - Will allow greater flexibility in the interests of patients – particularly vulnerable patients
- May be sensible to continue this professional easement for the duration of the pandemic

“...there must be some flexibility for clinicians between red and amber so they can meet patients' needs in the safest way. There is often no hard start/stop for red and amber in the real world. For example, at the time of writing, all four UK countries have advised opticians to continue working in amber while closing other parts of society because of Covid-19 risks. This is because healthcare is prioritised and defined as essential and has IPC measures in place to reduce infections within the practice. It does not mean healthcare workers are at less risk of getting an infection when outside work. Some practices are having to work on skeleton staffing and more practices may have to close intermittently because staff are in high-risk groups or because of staff sickness. That being the case, it might not always be possible to verify a prescription or appropriate to see a patient in person. Patient care must come first, delivered by registrants operating within GOC standards and some practices may not have the staff to verify contact lens specifications for other practices. It would therefore be sensible, in our view, to continue this professional easement for the duration of the pandemic or at least until the four nations are far closer to Green.”

FODO

“Consideration should be given to extending to amber to allow for greater flexibility in the interests of patients, particularly those who are more vulnerable.”

Professional/representative body

Negative

- Some multiples seem to be using this online in amber phase
- Should not be allowed in any phase
- Raises concerns about online only suppliers and risk to public safety
- Verification is for patient safety so should not be removed unless there is good reason
- Not necessary – optical practices are able to remain open/provide all eye health care
- Unlawful sale of contact lenses not in patients' best interest – only benefits businesses
- Supply of lenses should be limited to prevent stockpiling and the potential to miss aftercare

“This statement was only necessary in March/April when optical practices throughout the UK were in a state of disarray in relation to whether they could/should remain open and how to deliver care safely. We do not envisage a return to the red phase of March/April. At the time of writing this most of the UK are in tier 4 or a high level lockdown and all eye health care is permitted to be provided, including prioritised routine care and the majority of optical practices are open to deliver this. In line with maintaining patient safety if there was a scenario where a patient needed contact lenses and didn't have their specification then the practice the patient has attended for help could provide this.”

ABDO

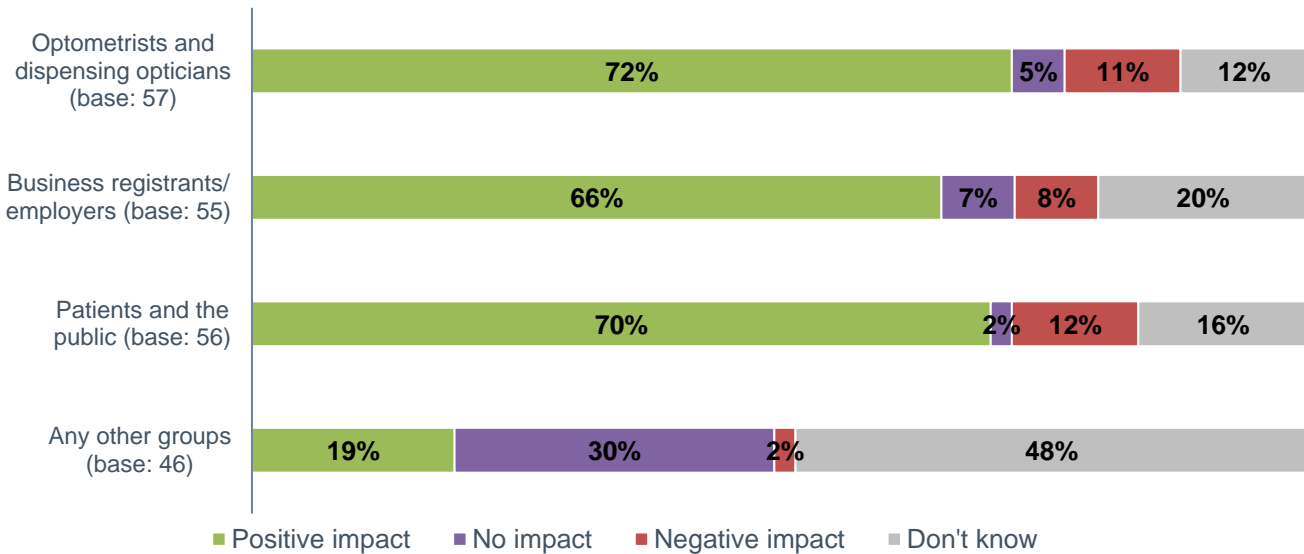
4.8.7 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups. As shown in **Figure 34**, the majority of respondents thought the statement had had a positive impact on optometrists and dispensing opticians (72%), business registrants and

employers (66%), and patients and the public (70%). Almost half (48%) did not know whether there had been an impact on any other groups.

4.8.8 In contrast with the majority of stakeholder responses, the AOP said the statement had had a negative impact on optometrists and dispensing opticians, business registrants/employers, and patients and the public.

Figure 34 – Question 29: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) patients and the public, and d) any other groups?

Base: Various (shown in chart)



4.8.9 Respondents were asked to provide details of any impacts and include examples or evidence to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Allows scarce clinical capacity/professional time to be optimised during the pandemic
 - Positive impact on registrants’ ability to act in patients’ best interests/meet needs
- *Patients and the public*
 - Enables patients to have their needs met/receive contact lenses when it might not otherwise have been possible
 - Potentially reduced the possibility of unsafe contact lens wear
 - Allows scarce clinical capacity/professional time to be optimised during the pandemic, benefiting patients
 - Reduced unnecessary travel during the pandemic
 - Patients can access contact lenses with minimal disruption
 - Avoids unnecessary delays
 - Reduces chance of public ordering from online sellers – ensures aftercare can be offered

"...Without this easement it would have lead to unnecessary delays for the patient or they would have sourced lenses from non-registrant online sellers with no provision of aftercare. At least when this is registrant led aftercare provision can be offered and provided should it be required.

We would like this to be considered as a permanent change, due to the rise of online sellers this is no longer protecting the patient but forcing them online to non-registrant sellers and into potential risk with no aftercare provision."

Optical business registrant/employer

“...Optometrists and dispensing opticians: Very positive impact: It has given the opportunity during an emergency situation to help the needs of the individual patient. This has improved relationships/built trust with patients who have had an urgent need for contact lenses and would normally not have been able to have received them...”

Optometry Scotland

Negative

- *Optometrists and dispensing opticians*
 - Has caused some confusion for registrants and employers, potentially leading to differing outcomes for patients
- *Business registrants/employers*
 - Has caused some confusion for registrants and employers, potentially leading to differing outcomes for patients
 - Businesses could potentially abuse these powers to gain extra revenue
- *Patients and the public*
 - Potential risk to sight

“AOP members have provided little substantive feedback about the impact of the statement, but it has been said that the temporary removal of an important legal protection has caused some confusion for registrants and employers, potentially leading to differing outcomes for patients.”

AOP

“This could cause a risk to the sight of patients, bring the profession into disrepute and cause irreversible damage in all areas.”

Student dispensing optician

Neutral

- *Other comments*
 - GOC needs to ensure public are aware it is not safe/in their interest to order lenses online
 - Optometrists need to be given sufficient time to make appropriate decisions where verification is not possible

“Patients can access their contact lenses with minimal disruption; but optometrists must make a professional clinical judgement to supply them where verification is not possible – this takes time and careful decision making, so optometrists must be given sufficient time to do so.”

The College of Optometrists

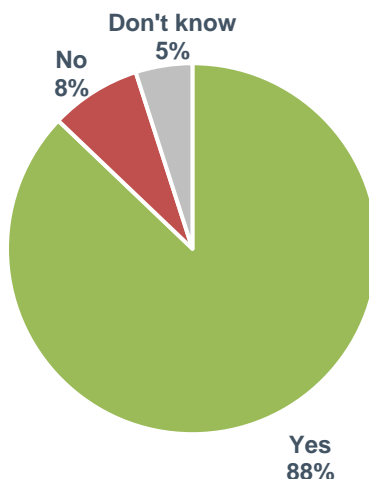
4.9 GOC statement on infection prevention and control during the COVID-19 emergency (GOC/COVID/11)

4.9.1 Almost nine in ten (88%) respondents agreed with the content of statement GOC/COVID/11, as shown in **Figure 35**.

4.9.2 Of note, the AOP did not agree with the content of the statement in contrast with other optical representative organisations.

Figure 35 – Question 30: Do you agree with the content of this statement?

Base: 64



4.9.3 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Important to deal with infection control in optometry practice correctly

Negative

- GOC must take a more robust approach to the responsibilities of employers – ensure appointments allow sufficient time for cleaning/disinfecting
- GOC cannot regulate this – many practices not adhering to rules, cannot enforce on unregistered businesses
 - GOC should instead be telling registrants that they need to ensure they have the required training
 - GOC could have gained emergency powers to include infection control as a CET requirement and worked with providers to ensure free delivery available to all registrants
- More clarification about procedures needed

“Overall the statement is helpful in setting out the respective responsibilities of business registrants and individuals under the GOC standards. However, events since the resumption of routine care in June have demonstrated that the GOC needs to take a more robust approach to the responsibilities of employers in ensuring that IPC is carried out effectively, and in particular to ensuring that appointment times allow sufficient time for cleaning and disinfection between patients...We have discussed these concerns with employers, representative bodies and the GOC, but have not yet seen any progress in resolving them. We therefore 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.”

AOP

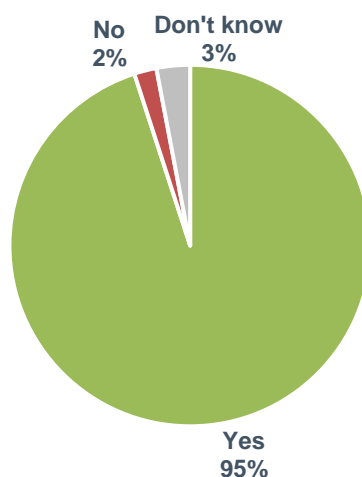
Neutral

- Infection prevention and control required as part of GOC Standards of Practice even in normal circumstances

4.9.4 As shown in **Figure 36**, almost all respondents (95%) agreed with the GOC's view that the statement GOC/COVID/11 should continue to apply in all phases of the pandemic.

Figure 36 – Question 31: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

Base: 62



4.9.5 Respondents were able to explain their response. Free-text comments provided are summarised in the bullet points below.

Positive

- Some degree of IPC will be necessary during all phases – will enable practices to take proportionate measures as risk levels change
- Need to continue to keep both patients and colleagues safe
- Should apply beyond the pandemic/indefinitely to prevent any risk of cross infection and keep patients and the profession safe

“Yes – the statement should be applied going forward indefinitely to prevent any risk of cross infection to keep patients and the profession as safe as possible.”

ABDO

Negative

- More support needed for registrants who are not getting support from their employer
- Unenforceable and untraceable

Neutral

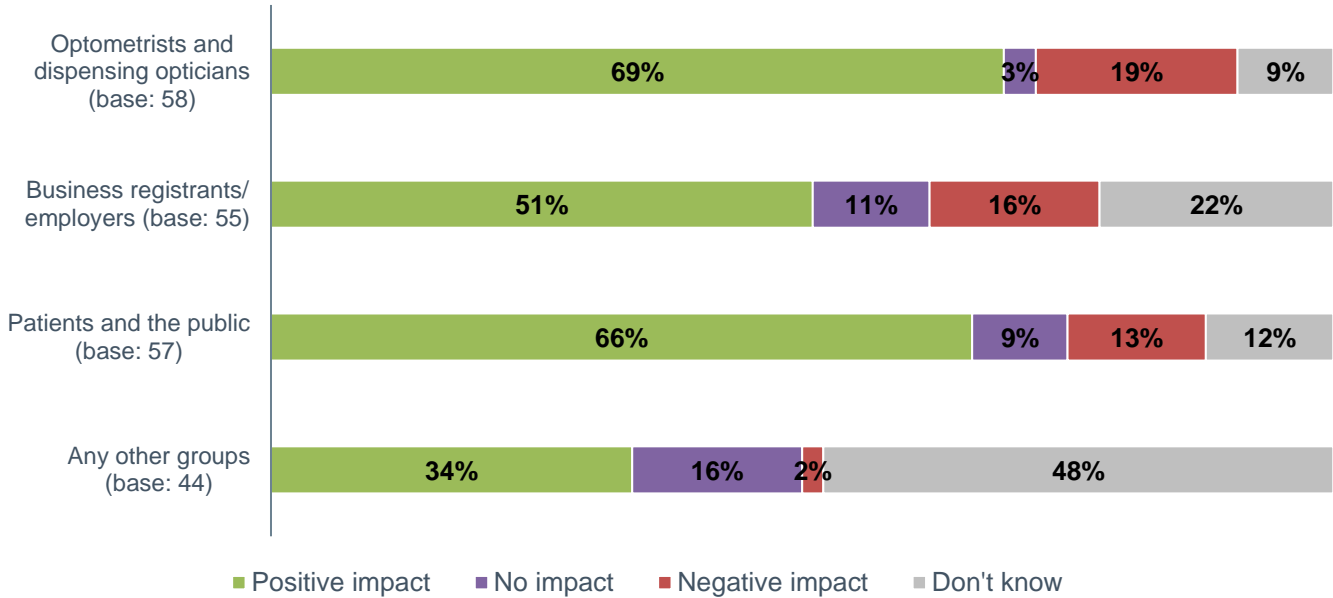
- Infection prevention and control is required as part of GOC Standards of Practice even in normal circumstances

4.9.6 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups. As shown in **Figure 37**, two thirds (66%) of respondents thought that the statement GOC/COVID/11 had had a positive impact on patients and the public, and a similar proportion (69%) thought the impact had been positive on optometrists and dispensing opticians. Half of respondents (51%) thought the impact had been positive on business registrants and employer. Almost half (48%) did not know about the impact on any other groups.

4.9.7 In contrast with the majority of stakeholders, the AOP said the impact on optometrists and dispensing opticians and patients and the public had been negative.

Figure 37 – Question 32: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) patients and the public, and d) any other groups?

Base: Various (shown in chart)



4.9.8 Respondents were asked to provide details of any impacts and include examples or evidence to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- *Patients and the public*
 - Adoption of more thorough and visible IPC enhances the clinical role of optometrists and increases patient confidence in the care they receive

Negative

- *Optometrists and dispensing opticians*
 - Increasing stress, threat to wellbeing
 - Use of PPE makes job more difficult/stressful
 - Sufficient PPE needs to be made available
 - Difficult to clean/disinfect equipment in time provided – must be given enough time to comply
 - Patient face masks make examinations more difficult – e.g. fogging up equipment
 - Policies/procedures vary from company to company
- *Business registrants/employers*
 - Statement doesn't do enough to reinforce employers' responsibilities – e.g. allowing enough time for IPC measures between appointments
- *Patients and the public*
 - Risk to safety if IPC procedures cannot be followed properly
- *Other comments*
 - Too open to interpretation – GOC needs to regulate/check more
 - GOC published this statement relatively late in the pandemic response – practices were already following new public health guidance and adapting quickly to new IPC advice as it emerged

“... the statement does not do enough to reinforce employers’ responsibilities to allow enough time for IPC measures between appointments.”

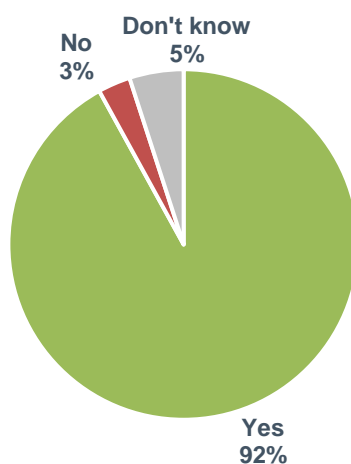
AOP

“...we recommend that registrants are given sufficient time to comply with this statement before and after each consultation as donning/doffing PPE and ICP procedures take time. For example, there needs to be sufficient time to appropriately disinfect the examination room, clean/disinfect/dry hands and put on/take off PPE between patients. Suitable PPE should also be provided.”

The College of Optometrists

4.9.9 The GOC proposes to make statement GOC/COVID/11 a permanent GOC policy position to apply in the event of any future pandemics or emergencies to support our standards. As shown in **Figure 38**, the majority (92%) of respondents agreed with this.

Figure 38 – Question 33: We propose to make this statement a permanent GOC policy position to apply in the event of any future pandemics/emergencies to support our standards. Do you agree?
Base: 62



4.9.10 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- No issue with the GOC publishing this statement, it simply repeats what is widely known and covers an area with already high compliance

Negative

- More enforcement needed – companies need to be made to follow guidance, rule breakers should be punished

Neutral

- The statement is careless
- Need to ensure a continued supply of PPE to continue with this good practice
- Would be helpful to clarify responsibilities – contents of the statement could be incorporated into the GOC’s standards for individual and business registrants
- Minimum appointment times need to be defined
- Should be agreed with the NHS that optical practices will have access to the NHS/PPE supply chain indefinitely

“We think this could be helpful if the responsibilities of employers are clarified, as we have recommended in our answer to a previous question. The content of the statement could be incorporated into the GOC’s standards for individual and business registrants.”

AOP

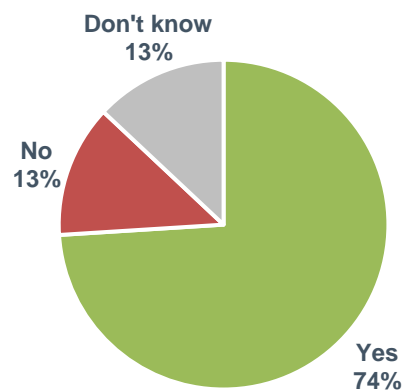
4.10 Joint GOC/General Pharmaceutical Council (GPhC) statement on redeployment of optometrists or dispensing opticians within pharmacy practice during the COVID-19 emergency (GOC/COVID/12)

4.10.1 As shown in **Figure 39**, three quarters (74%) of respondents agreed with the content of the statement GOC/COVID/12 and 13% disagreed. A further 13% said they did not know.

4.10.2 FODO did not agree with the content of the statement in contrast with most of the other optical representative organisations.

Figure 39 – Question 34: Do you agree with the content of this statement?

Base: 61



4.10.3 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Statement is largely informational

“The statement is largely for information, including the channels through which registrants can express interest in being redeployed. It includes a reminder that registrants should check that appropriate indemnity cover is in place, and a steer to seek guidance from the optical professional bodies if needed.”

AOP

Negative

- No real need for the statement – no legal barrier to optometrists working in non-eye healthcare roles provided they have sufficient training, competence, supervision and insurance/indemnity in place
- Given general redeployment guidance issued by the NHS, the value of a specific set of guidance for GOC registrants is not clear
- Clinics/professionals too busy to redeploy staff/take part
- Not in favour of redeployment specifically to pharmacy
- Should be employee choice

“We are unconvinced about redeploying parts of the optical workforce to pharmacy. While redeployment of teams across primary care more generally could be something we support, we are not in favour of this specifically to pharmacy...”

Professional/representative body

“...we do not see the need for this statement. This statement is based on existing legislation. There is no legal barrier to optometrists working in non-eye healthcare roles provided they have sufficient training, competence, supervision, and insurance/indemnity in place.”

The College of Optometrists

“It is true that some eye care and pharmacy services operate from the same healthcare premises and under common ultimate ownership. However, given general redeployment guidance issued by the NHS, the value of a pharmacy specific set of guidance for GOC registrants is not clear.”

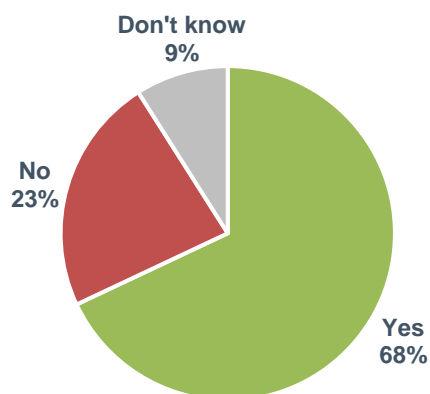
FODO

4.10.4 As can be seen in **Figure 40**, two thirds (68%) agreed with the GOC’s view that the statement GOC/COVID/12 should continue to apply in all phases of the pandemic. Almost a quarter (23%) disagreed.

4.10.5 Of note, FODO did not agree with the GOC’s view that the statement should continue to apply in all phases of the pandemic.

Figure 40 – Question 35: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

Base: 57



4.10.6 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Negative

- Should apply in red phase only
 - Less relevant in amber and green phases
- Should only apply in red and amber phases
- Given general redeployment guidance issued by the NHS, the value of a specific set of guidance for GOC registrants is not clear

“Given general redeployment guidance issued by the NHS, the value of a pharmacy specific set of guidance is not clear. It will not be needed during an amber phase.”

FODO

4.10.7 Respondents were asked what the impact had been of the statement on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups.

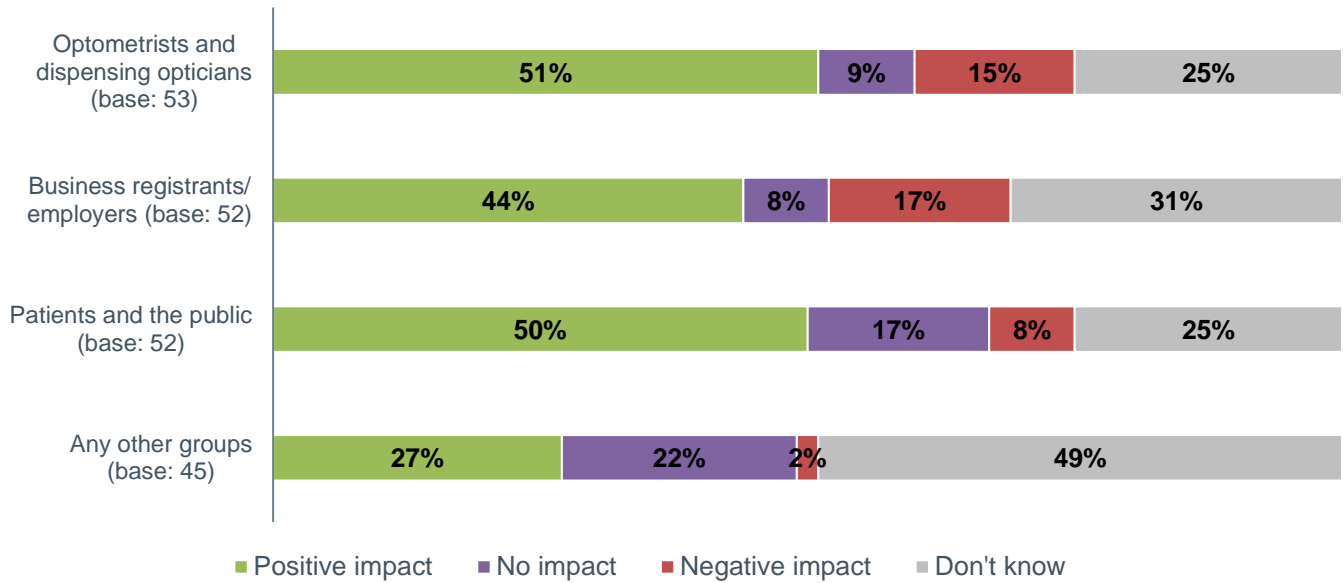
4.10.8 As shown in **Figure 41**, large proportions of respondents agreed that the impact of this statement had been positive on optometrists and dispensing opticians (51%), business registrants and

employers (44%), and patients and the public (50%). However, over a quarter answered that they did not know for each group, reaching 49% for any other groups.

4.10.9 Interestingly, The College of Optometrists said the impact on optometrists and dispensing opticians had been negative.

Figure 41 – Question 36: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?

Base: Various (shown in chart)



4.10.10 Respondents were asked to provide details of any impacts and include examples or evidence to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Improves work prospects for those out of work
- *Patients and the public*
 - Any efforts made by the profession to support public healthcare a good thing

Negative

- *Optometrists and dispensing opticians*
 - May lead to possible confusion regarding the responsibilities of a registrant for eye health care provision versus a non-eye healthcare role e.g. administration of vaccinations
 - Statement should be developed further to add clarity
- *Business registrants/employers*
 - May reduce staffing levels
- *Patients and the public*
 - Potential negative impact on patient perception – suggests pharmacy more important than optometry
 - No impact because it hasn't been implemented
 - The optical sector already supported pharmacy during early pandemic when colleagues under significant pressure – GOC statement published after pressures eased

“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. An example of this would be the administration of vaccinations. The Human Medicines Act is clear that optometrists cannot administer medicines

parenterally unless under direction of an appropriate practitioner (physician, dentist, IP nurse, and IP pharmacist): The Human Medicines Regulations 2012 (legislation.gov.uk)... ”

The College of Optometrists

Other comments

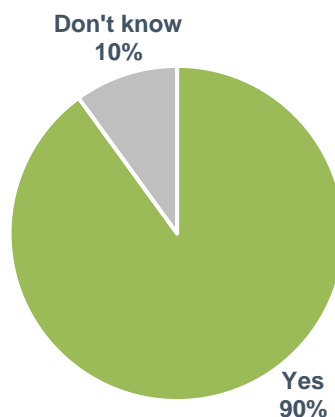
- Suitable training required
- Not aware of this

4.11 GOC statement on use of technology during the COVID-19 emergency (GOC/COVID/13)

4.11.1 As can be seen in **Figure 42**, nine in ten respondents (90%) agreed with the content of the GOC/COVID/13 statement, with no respondents in disagreement.

Figure 42 – Question 37: Do you agree with the content of this statement?

Base: 59



4.11.2 Respondents were able to explain their answer. Although no respondents disagreed with the content of this statement, a number of comments were provided, which are summarised in the bullet points below.

Positive

- Common sense
- Statement is based on existing legislation
 - Opticians Act does not place any restrictions on what equipment, products of technology registrants can use

Negative

- Use of technology by online suppliers allowed potential for substandard practice – GOC needs to regulate more
- Unsure what the statement relates to

Neutral

- Statement thin but nothing wrong or unhelpful
- GOC does not have a direct role in the regulation of technology used by registrants

“The statement is very thin but doesn’t contain anything wrong or unhelpful. The material in para 9 might be helpful to registrants in listing sources of advice and information that registrants can take into account when exercising their professional judgement.”

AOP

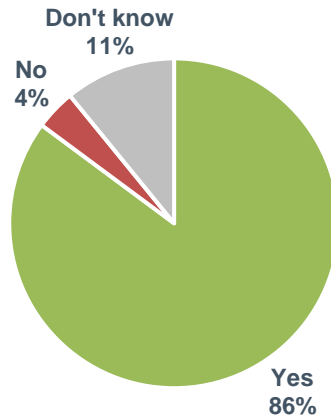
“In theory we support this but as the statement makes clear, the GOC does not have a direct role in the regulation of technology used by registrants, and therefore there may be issues in reality over the move to technological solutions.”

Professional/representative body

4.11.3 As shown in **Figure 43**, almost nine in ten respondents (86%) agreed that the GOC/COVID/13 statement should apply in all phases of the pandemic, and just 4% disagreed.

Figure 43 – Question 38: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

Base: 57



4.11.4 Respondents were able to explain their answer. Free-text comments provided are summarised in the bullet points below.

Positive

- Should apply while there is still a public health risk/in all circumstances
- Use of technology was accelerated during the pandemic – important that these advancements are recognised and maintained

Negative

- Should only apply during red and amber phases until the use of technology can conform to regulatory requirements
- Optical practices are open/able to provide all eye health care – no real need for remote consultations
- Unsure what the statement relates to
- GOC does not have a direct role in the regulation of technology used by registrants

“Until the use of technology can conform to regulatory standards perhaps this statement should only apply during the RED and AMBER phases? Whereas it may be convenient for high street practices to use technology in all 3 phases they would do well to consider its use by less regulated suppliers. This is of course a matter of public safety - and the GOC should not shy away just because some (online suppliers) accuse it of condoning cartel behaviour. It is nothing of the sort.”

ACLM

Neutral

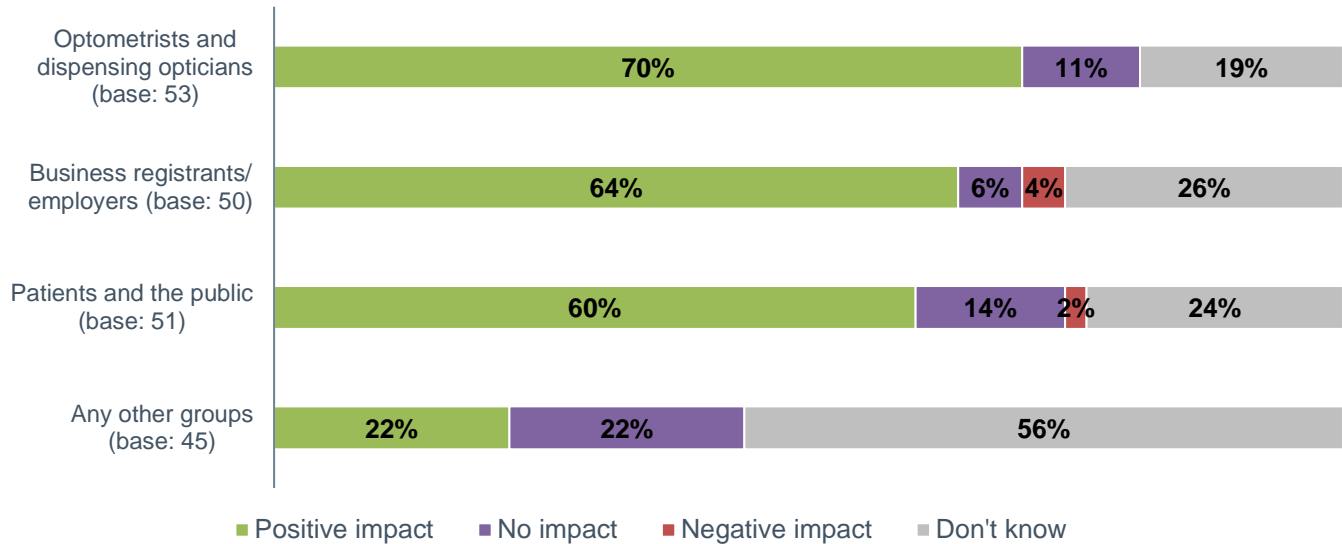
- Need to clarify what is and is not permitted

4.11.5 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups.

4.11.6 As shown in **Figure 44**, large proportions of respondents agreed that the impact of this statement had been positive on optometrists and dispensing opticians (70%), business registrants and employers (64%), and patients and the public (60%). The majority of respondents (56%) did not know what the impact had been on other groups.

Figure 44 – Question 39: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) patients and the public, and d) any other groups?

Base: Various (shown in chart)



4.11.7 Respondents were asked to provide details of any impacts and include examples or evidence to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Able to provide care for patients during the pandemic
 - May have already learned new skills, built on knowledge and formed stronger relationships with secondary care
 - Use of technology to deliver remote consultations can help triage appropriately
 - Use of technology can help inform more effective and efficient decision making
- *Business registrants/employers*
 - Greater use of/investment in remotely used ophthalmic equipment
 - Reassures businesses that they can invest in technologies for a longer period than the unknown duration of the pandemic
 - Employees may have already learned new skills, built on knowledge and formed stronger relationships with secondary care
- *Patients and the public*
 - Positive perception of the profession – still able to access services/receive care with no risk to safety/health
 - Made the profession more accessible
 - Patients prefer remote appointments for contact lenses
- *Other comments*
 - Increased co-operation with secondary care – will allow continued building on that relationship
 - Seeing people remotely allows less contact, which helps control risk of transmission

“...This has led to increased co-operation with secondary care and will allow us to continue to build upon that relationship. There are good examples in Scotland where telemedicine was/is still used effectively alongside an ophthalmologist.”

“This statement is helpful. It reassures registrants, particularly business registrants, that they can invest in technologies for a longer period than the unknown duration of the pandemic. These technologies are likely to reduce the risk of infection and help inform more effective and efficient decision-making. In the long run this is likely to benefit patients, practices, practitioners and wider society.”

FODO

Neutral

- Other comments
 - Use of technology must be in line with the Opticians Act and GOC Standards
 - Use requires competence and appropriate training to deliver care safely and effectively
 - After the pandemic technology should not be used to replace routine eye care but to supplement it

“...We believe that, after the pandemic, the use of technology should not be used as a tool to replace routine eye care, but to supplement it for the benefit of patients on an individual needs basis.”

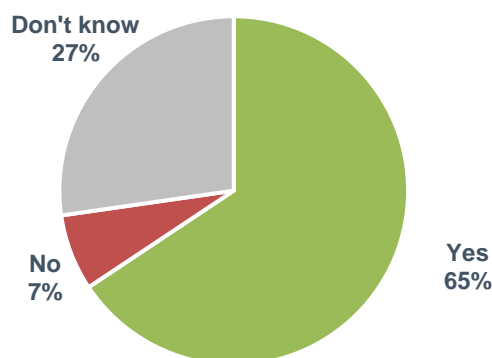
The College of Optometrists

4.11.8 **Figure 45** shows that the majority of respondents (65%) thought this statement should become a permanent GOC policy position independent of the COVID-19 emergency to support its standards. However, a large proportion (27%) said they did not know.

4.11.9 The AOP said that the statement should not become a permanent GOC policy position, and ABDO said it did not know.

Figure 45 – Question 40: Should this statement become a permanent GOC policy position independent of the COVID-19 emergency to support our standards?

Base: 55



4.11.10 Respondents were able to explain their answer. Free-text responses provided are summarised in the bullet points below.

Positive

- Telemedicine can help make care more accessible to patients
- Use of technology will remain – reassuring that the GOC will support registrants as far as its usage and limitations are concerned

Negative

- Further discussion with professional bodies required
- Potentially open to abuse by employers – use of technology needs to be regulated, guidance needs to be provided
- Don't think the statement is significant enough to become a permanent policy position – could be incorporated into next review of the GOC standards
- Unsure what the statement relates to
- Consideration for GDPR needs to be included
- Technology is always advancing – new statement should be issued applying what has been learned throughout the pandemic

“We don't think the statement is significant enough to become a permanent policy position. The information in para 9 could be incorporated into the GOC's standards when they are next reviewed, as with statement GOC/COVID/11 on infection control. However, we think it would be helpful if the GOC could develop new guidance for registrants on the use of remote consultations after the pandemic. The joint regulators including the GOC have already published high level principles for good practice in remote consultations and prescribing, but this only applies to 'healthcare professionals with prescribing responsibilities' and so does not apply to most GOC registrants. This means that registrants without a therapeutic specialty have no guidance they can rely on if they want to provide remote consultations post-COVID-19. These kinds of technologies are already commonplace in other healthcare sectors, and we think it is likely that our members will want to continue using them post-COVID, with appropriate safeguards in place.”

AOP

Neutral

- Increased use of technology and remote consultants will be part of future service delivery but measured approach needed – cannot replace face to face care
- Similar to how some GPs were undertaking remote consultations before the pandemic – learning should be applied from this
- Statement should potentially apply only during red and amber phases until it can be appropriately regulated
- Seeking reassurance from GOC that they support the principle that optometrists are given sufficient time to exercise professional judgement and manage patients appropriately

“Don't know – further discussion with the professional bodies is required here. AI does need to be embraced going forward and be part of the way eye health care is delivered but we need a measured approach and remote consultation cannot replace face to face care to provide the highest, safest standard of care.”

ABDO

“...Although remote consultation technology improves efficiency (as the patient does not have to attend practice); it still requires significant time for optometrists to exercise professional judgement and manage patients appropriately. Thus, we are mindful of optometrists' concerns relating to the provision of sufficient clinic time to provide this service, and seek reassurance from the GOC that they 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, given that clinical information is limited.”

The College of Optometrists

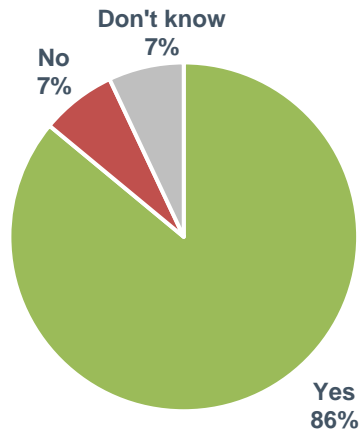
4.12 GOC statement on service of registration notifications during the COVID-19 emergency (GOC/COVID/14)

4.12.1 **Figure 46** shows that almost nine in ten respondents (86%) agreed with the content of the GOC/COVID/14 statement, with just 7% of respondents in disagreement.

4.12.2 Interestingly, the AOP did not agree with the content of the statement in contrast to other optical representative organisations.

Figure 46 – Question 41: Do you agree with the content of this statement?

Base: 58



4.12.3 Respondents were able to explain their response. Free-text comments provided are summarised in the bullet points below.

Positive

- Allows more flexible methods of sending important documentation

Negative

- Registrants have varied abilities to access electronic mail/documents – some will be disadvantaged
 - GOC needs to be sensitive to these difficulties and ensure it treats these registrants fairly

“...The GOC made some changes to its initial draft statement in response to our comments, but didn’t address our fundamental concerns...”

AOP

Neutral

- GOC must receive confirmation of receipt from registrants
- Notices must only be served electronically where the GOC have explicit permission to do so
- GOC needs to be clear in its statements about the legal powers underpinning its work and align its approach to these powers
- GOC needs to make more effort to communicate with registrants

“...we suggest adding a requirement to ensure that registrants have effectively received the communication. Although emails should be reliable, this is not always the case...”

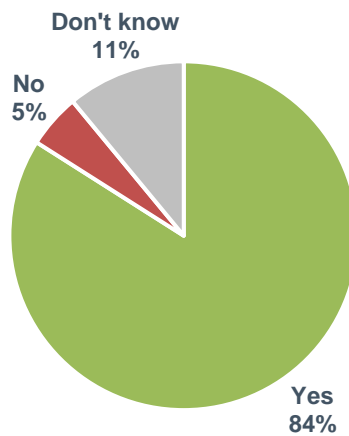
The College of Optometrists

4.12.4 As shown in **Figure 47**, over four in five respondents (84%) agreed that the GOC/COVID/14 statement should apply in all phases of the pandemic, and just 5% disagreed.

4.12.5 Of note, the AOP disagreed that the statement should apply in all phases of the pandemic.

Figure 47 – Question 42: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

Base: 56



4.12.6 Respondents were able to explain their response. Free-text comments provided are summarised in the bullet points below.

Positive

- Should apply as long as there is a public health risk

Negative

- Statement should be redrafted to include suitable safeguards for those disadvantaged by electronic service
 - If so, then reasonable to apply in at least red and amber phases

“...we do not think this statement as currently drafted should continue to apply. If the GOC amends the statement on the lines we have requested, to include suitable safeguards for registrants who are disadvantaged by electronic service, then in principle it would be reasonable for the statement to apply at least in the red and amber phases of the pandemic, while social distancing requirements remain in place and it is more difficult than usual for the GOC to serve notices by other means.”

AOP

Neutral

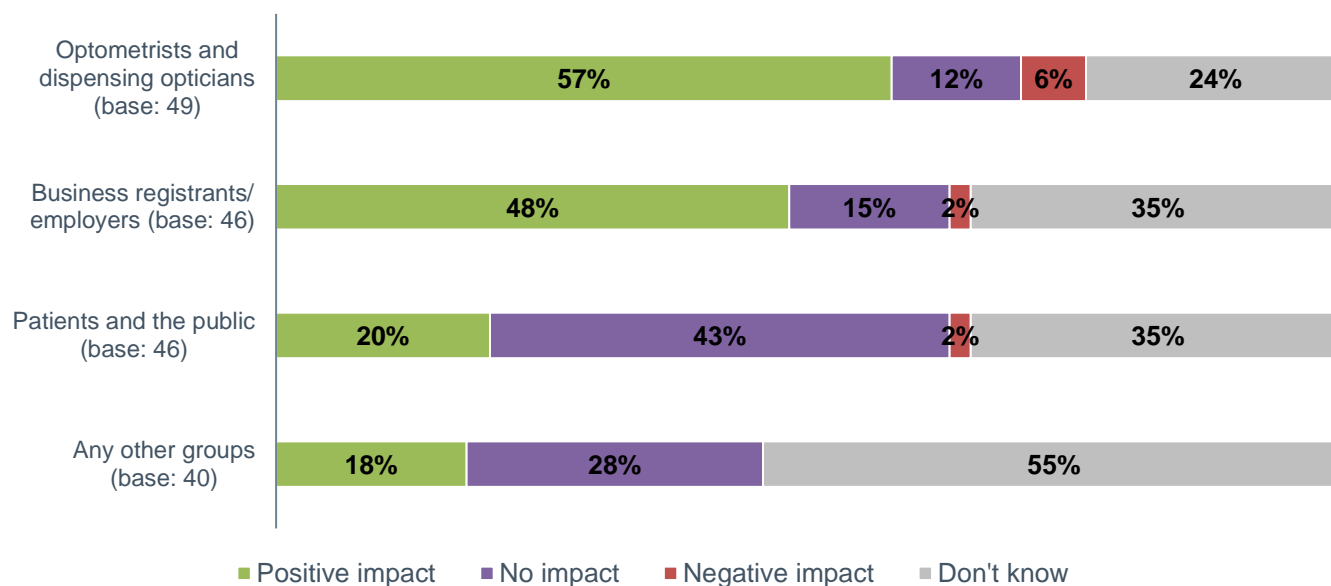
- Must ensure the public are protected during this time

4.12.7 Respondents were asked what the impact of the statement had been on optometrists and dispensing opticians, business registrants/employers, patients and the public, and any other groups. **Figure 48** shows that large proportions of respondents agreed that the impact of this statement had been positive on optometrists and dispensing opticians (57%) and business registrants (48%). In relation to patients and the public, the largest proportion of respondents (43%) thought there had been no impact. For all groups, the proportion who answered that they did not know what the impact had been was high, particularly for any other groups (55%).

4.12.8 The AOP said there had been a negative impact on optometrists and dispensing opticians.

Figure 48 – Question 43: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants/employers, c) patients and the public, and d) any other groups?

Base: Various (shown in chart)



4.12.9 Respondents were asked to provide details of any impacts and include examples or evidence to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- *Optometrists and dispensing opticians*
 - Ensures all relevant practitioners receive information in a timely manner
 - Prevents postal delays
 - Easier and quicker access for registrants to important documentation
- *Business registrants/employers*
 - Positive impact

“It allows an easier and quicker access for registrants to important GOC documentation.”

The College of Optometrists

Negative

- *Optometrists and dispensing opticians*
 - Some registrants may be negatively impacted if they find it difficult to access digital documentation

“...the use of electronic service without explicit consent for significant statutory notices has caused significant detriment for some AOP members, and is likely to cause greater detriment to registrants who do not benefit from representation in the course of GOC proceedings...”

AOP

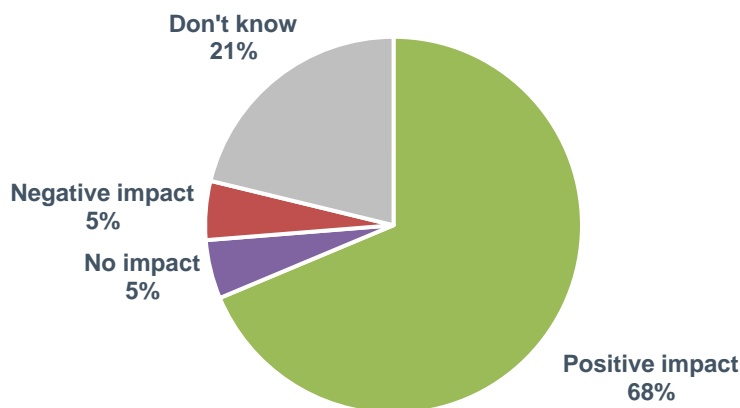
Neutral

- *Patients and the public*
 - No impact
- *Other comments*
 - Too early to assess impact
 - Positive impact from reducing social contact only
 - Must follow up via telephone/in writing if no acknowledgement of receipt
 - Explicit consent needed to serve notifications electronically
 - Need to communicate that service of notices is one of the usages of collected email addresses
- Adjustments should be made should a registrant raise an issue related to practice

4.12.10 The GOC has been in discussion 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.

4.12.11 Respondents were asked what the impact would be of the GOC securing these powers. As shown in **Figure 49**, the majority of respondents (68%) thought the impact would be positive, with just 5% suggesting it would be negative.

Figure 49 – Question 44: What would be the impact of the GOC securing these powers?
Base: 56



4.12.12 Respondents were asked to provide evidence and reasoning to support their response. Free-text comments provided are summarised in the bullet points below.

Positive

- Modernisation – updates communication methods
- Sensitive information could be emailed securely by requiring password access
- Read receipts could be put in place to ensure emails received
- Will enable quicker responses
- Reduces costs
- More environmentally friendly – reduces paper use
- Registrants should be able to use email

“...less cost, quicker responses. Sensitive information could be emailed securely by requiring registrant’s password to access the content of the email. Read receipts could also be put in place to ensure email has been received.”

Optometry Scotland

Negative

- GOC should make more, not less, effort in respect of registration notices
- Emails can easily be missed if they are filtered into junk folder

Neutral

- GOC needs to ensure it treats registrants fairly when they are disadvantaged by electronic service of notices
 - Steps needed to ensure all have equal access
 - Should be prepared to use other channels where appropriate
- GOC needs to ensure it makes clear to registrants that email will be used as primary form of communication

“...the emergency powers bring the legislation into line with the GOC’s policy statement. However, now that the GOC has secured these powers, it must still ensure that it treats registrants fairly where they are disadvantaged by electronic service of notices. The GOC should therefore be prepared to use other channels to serve notices where appropriate, as we have said in our response to the first question in this section.”

AOP

“Optometrists will be able to receive faster communications with reduced environmental footprint; but this is dependent on optometrists’ access to internet/email which may unfairly discriminate against those who do not have an easy access. Steps would need to be put in place to ensure all optometrists have equal access.”

The College of Optometrists

“...it should always be made clear to registrants that, when providing an email address, it will be used by the GOC as the primary method of communication for important registration communications. So, if it’s not a home address, it should be private, secure and should not be left live when the registrant no longer uses that address.”

FODO

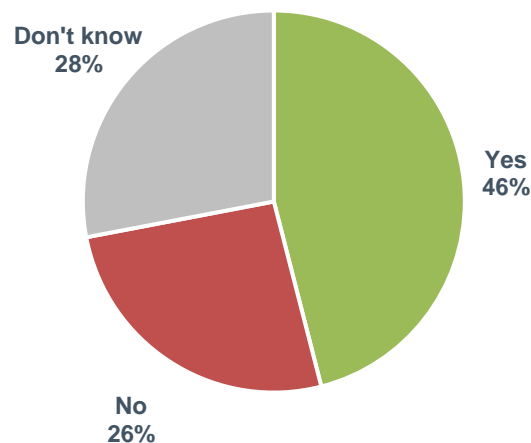
5. Learning from the COVID-19 response

5.1.1 **Figure 50** shows that almost half of respondents (46%) thought there are other areas which require specific guidance or legislative changes to support care during the COVID-19 pandemic, or any future similar pandemics or emergencies.

5.1.2 The AOP and The College of Optometrists both felt there were other areas requiring specific guidance or legislative changes to support care during the COVID-19 pandemic, whilst ABDO, FODO and Optometry Scotland did not.

Figure 50 – Question 45: Are there any other areas that the sector requires specific guidance on or any legislative changes to support care during the COVID-19 pandemic or any future similar pandemics/emergencies?

Base: 65



5.1.3 Those who answered yes to this question were asked to provide further details. Free-text comments provided are summarised in the bullet points below.

- Improved guidance needed
 - Guidance on provision of remote care (including beyond the pandemic)
 - Define minimum appointment lengths – allow appropriate time for cleaning/disinfecting
 - Clarifications about the difference between amber and green phases
 - Guidance on seeing patients who are mask exempt
 - Clarify the definition of 'replication' to prevent unbridled substitution
 - Dispensing opticians need guidance
 - More guidance for students needed
 - Guidance needed to reassure optometrists that they will be supported in decision making for patients managed through remote consultations
- Consistent approach needed/must be followed by all employers
 - Needs to be less open to interpretation
- Mandatory social distancing and mask wearing
- Role of therapeutic optometrists needs to be highlighted/supported to ensure patients have better access to eye health services
- Allow more use of professional judgement in difficult/emergency situations (not only during pandemic)
- Legislative change for the list of medicines exemptions applying to GOC registrants (would appreciate GOC's influence in this area)
- Legislative change needed to enable the commissioning of COVID specific services (recognise this is outside the scope of the GOC's remit)

“This is a golden opportunity for legislative change to clarify the definition of 'replication' to prevent unbridled substitution. If a practitioner specifies a particular contact lens on the specification then that should be what is issued. Substitution by a third party is much more likely to lead to patient safety issues - the very thing to be avoided when the opportunities to re-visit the fitting practitioner are more challenging such as during a lock-down.”

ACLM

“The sector would requires specific guidance to support the reassurance to optometrists that they will be supported in decision making for patients who are managed through remote consultations. While optometrists will be expected to exercise professional judgement based upon individual need, they will do so in good conscience for the patient/public benefit due to limited clinical information.”

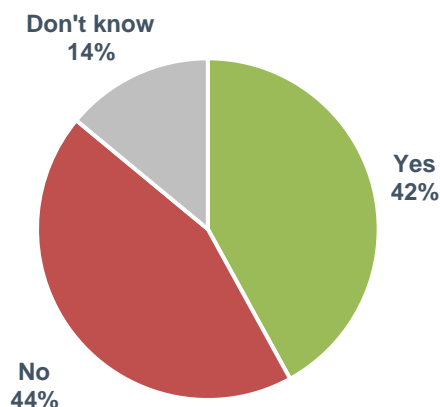
The College of Optometrists

5.1.4 The main route provided by the GOC to support registrants through the COVID-19 pandemic is signposting to guidance and production of its COVID-19 statements.

5.1.5 Respondents were asked if they felt this approach has been effective. **Figure 51** shows that opinion is split between those who thought this approach has been effective (42%) and those who do not (44%).

Figure 51 – Question 46: Do you feel our approach to supporting registrants during COVID-19 has been effective?

Base: 64



5.1.6 Respondents were asked to explain their answer to this question. Free-text comments provided are summarised in the bullet points below.

Positive

- Information has been prompt and well designed/easy to understand
 - Where appropriate the GOC should seek to incorporate these into more general regulatory policy, seeking changes to its legislation where necessary
- Support the use of a clear classification system to indicate when the various statements will apply
- Recognition that many statements had to be developed at short notice with limited opportunity to consult with stakeholders – support the GOC’s decision to consult on these statements now

“The amended statements have been very welcome, and clear to understand. I think that the GOC could have communicated to registrants more frequently - the website wasn't updated very often- by email or by social media to support these statements and encourage greater engagement from registrants.”

Dispensing optician

Negative

- Logical to align with College of Optometrists' system for clarity and to avoid duplication
 - However potential for confusion arising from how this classification system fits with government restrictions/tier system
- Information/guidance provided has been confusing/conflicting/inconsistent – too open to interpretation
- Clear communication needed
- Information should be more easily accessible, regularly updated and communicated
 - Access to summarised information is useful where there is a lot of detail in a statement
- Guidance provided too slowly/has been too reactive
- GOC needs to act more quickly/has been slow to respond
- GOC needs to be more supportive
- Registrants have felt unsupported/unprotected
 - Lack of support for locums/self-employed registrants
- Lack of PPE during first lockdown
- GOC communication should be improved
- Further consultation with optometrists and other registrants required – seems heavily influenced by multiples
- More transparency regarding temporary changes to education arrangements needed
- GOC has powers to enforce how businesses and individuals act – should have provided their own guidance rather than using College of Optometrists' guidance
- GOC must challenge poor practice – many businesses not following the guidance

“We need more support from all stakeholders with the GOC to produce statements which are not open to interpretation differently by registrants. Although each country of the UK has taken a different approach it is not helpful to have conflicting advice from different stakeholders.”

Optometrist

“It felt much more reactive than proactive, sometimes with the GOC being slow to produce guidance and material. Having a permanent strategy for pandemics in place which is regularly reviewed would prevent this happening.”

Optometrist

“...The GOC's statement of June 2020 on the reopening of optical practices caused a great deal of confusion and concern within the sector, not least because it appeared to overlook the public health implications of practices providing private routine care during the lockdown. The GOC issued a revised statement later in June and has acknowledged that its original statement could have been clearer. The GOC's registrants, including our members, naturally give considerable weight to the GOC's regulatory statements, and it is important that the GOC avoids similar problems in future...”

AOP

Neutral

- Where changes made to processes have an ongoing impact on registrants, GOC should ensure they offer support and adaptations where necessary
- Where possible, the GOC should seek to build flexibility into its normal processes to allow it to respond to future events

5.1.7 Finally, respondents were able to provide any other comments relevant to the GOC's draft impact assessment. Free-text comments provided are summarised in the bullet points below.

Positive

- Support the inclusion of the draft impact assessment with the consultation

- In the context of the pandemic, right of the GOC to consult only a small number of key stakeholders, provided these included the major representative, professional and indemnity bodies

Negative

- Not supportive enough
- Statements need to be simplified so more people will read them

Appendix A – Consultation questionnaire

GOC consultation document on COVID-19 statements

Overview

This consultation seeks views on how the GOC can continue to support our registrants and the optical sector throughout the COVID-19 pandemic as different parts of the UK experience local and potentially national restrictions now and in the future.

In particular, we would like your views on:

- a proposed framework for when our existing COVID-19 statements should apply going forwards, linked to [The College of Optometrists' red/amber/green classification system](#);
- the content and impact of our existing COVID-19 statements; and
- whether there are further areas of GOC regulations, legislation or guidance that need to change or be put in place to ensure more effective regulation in the future, either during a pandemic or as a result of the pandemic.

All current statements will remain in place pending the outcome of this consultation and review dates have therefore been extended to 31 January 2021 (except for the CET provision statement which has been extended to 31 December 2021).

Why we are consulting

During the COVID-19 emergency, we realised that some of our legislation and regulations may have prevented care being delivered effectively during a pandemic, particularly remote care, which was an important part of keeping infection rates low and reducing risk to patients.

We were also being asked specific questions regarding how our standards and legislation applied to practice during the emergency. 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 remote care delivery and infection prevention and control. 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.

Due to the need to implement change quickly, we were only able to consult a small number of key stakeholders in the optical sector and healthcare commissioners prior to implementation.

Their contributions and feedback were invaluable but we acknowledge the importance of seeking a wider range of views from our registrants, patients and the public in developing our regulatory processes and policies, and now propose to undertake a full public consultation on these statements to:

- ensure they remain effective; and

- determine how they should apply in different phases of the current or any future pandemic.

We are 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.

Consequently, we feel that now is the right time to seek wider 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; and
- the impact of securing emergency legal powers to more effectively deal with pandemics and similar emergencies in the future.

The public consultation will last for a period of 12 weeks.

Part 1: Framework for COVID-19 statements

We intend to use a framework that aligns with [The College of Optometrists' red/amber/green classification system](#), whereby we will clearly indicate for each individual COVID-19 statement when the statement will apply. These are as follows:

- **Red:** statement applies when an area is within the 'red' phase of The College of Optometrists' classification system – this will only apply to a (national or local) lockdown when only urgent or emergency and essential eye care may be delivered face to face, subject to local protocols;
- **Amber:** statement applies when an area is within the 'amber' phase of The College of Optometrists' classification system – this will only apply when an area is not in lockdown and when patients may be seen on a needs and symptoms led basis as determined by a clinician (whether asymptomatic patients can be seen will depend upon capacity and local protocols); and
- **Green:** statement applies when an area is within the 'green' phase of The College of Optometrists' classification system – this will only apply when practices return to all eye care on an open access basis.

Question 1: Do you agree that it is appropriate to align our COVID-19 statement framework with The College of Optometrists' red/amber/green classification system?

- Yes
- No
- Don't know

If you answered 'no', please explain why.

Part 2: Content and impact of COVID-19 statements

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

Purpose	This statement sets out how we have responded to questions from education providers about changes to education delivery and the changes we have made to our quality assurance activity of GOC-approved education during the COVID-19 emergency.		
Link to document	GOC/COVID/01: GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency		
Categorisation	Red	Amber	Green
Rationale	This statement applies for all phases of the pandemic as the impact on the education sector and our quality assurance processes will continue for some time.		
Consultation questions	<p><i>Question 2: In the event of a similar emergency situation, should we apply the principles outlined in this statement again?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 3: What has been the impact of this statement on a) education providers, b) students, c) business registrants / employers, d) patients and the public, and e) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p>		

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

Purpose	This statement encourages use of professional judgement to allow supply of spectacles and contact lenses against an expired spectacle prescription / contact lens specification when considering the risk of requiring the patient to attend a practice during the COVID-19 emergency.	
Link to document	GOC/COVID/02: GOC statement on supply of spectacles and contact lenses during COVID-19 emergency	
Categorisation	Red	Amber
Rationale	This statement is required for the red and amber phases of the pandemic, as even in the amber phase some patients may still be shielding. This requires professional judgement to be applied.	
Consultation questions	<p><i>Question 4: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 5: Do you agree with our view that this statement should only apply to the red and amber phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 6: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p>	

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

Purpose	This statement sets out the legal position in relation to the provision of contact lens aftercare and advice for registrants on how to exercise their professional judgement during the COVID-19 emergency.		
Link to document	GOC/COVID/03: GOC statement on contact lens aftercare during COVID-19 emergency		
Categorisation	Red	Amber	Green
Rationale	This statement is relevant to all phases of the pandemic as it explains what our current legal framework already allows in terms of contact lens aftercare delivery.		
Consultation questions	<p><i>Question 7: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 8: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 9: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p>		

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

Purpose	This statement sets out our approach for the service of notifications and notices in fitness to practise proceedings and the holding of fitness to practise hearings during the COVID-19 emergency.		
Link to document	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		
Categorisation	Red	Amber	Green
Rationale	This statement will be required through all phases of the pandemic to support effective and timely delivery of fitness to practise processes.		
Consultation questions	<p><i>Question 10: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 11: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 12: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) other participants in the fitness to practise process?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p>		
Legislative change	<p>We are currently in discussion with the Department of Health and Social Care to underpin this statement with emergency legal powers that:</p> <ul style="list-style-type: none"> • allow fitness to practise notices to be served by email; • clarify that hearing 'venue' includes audio and/or video-conferencing details; and 		

	<ul style="list-style-type: none"> • enable the Hearings Manager to postpone or adjourn hearings. <p>We also believe that further powers relating to the size and composition of fitness to practise committees for substantive hearings are required on a permanent basis to be able to effectively deal with emergencies. This would align us with other healthcare regulators, including the GMC and NMC, by having the option to convene fitness to practise committees of not less than three members with a quorum of two members (one lay and one registrant) for substantive hearings.</p> <p>The Department of Health and Social Care has been in discussion with us about securing these powers as part of emergency legislation.</p> <p>We are interested to understand any impacts that may result from obtaining and implementing these powers.</p>
Further consultation questions	<p><i>Question 13: We are currently in discussion with the Department of Health and Social Care to underpin this statement with emergency legal powers that:</i></p> <ul style="list-style-type: none"> • <i>allow fitness to practise notices to be served by email;</i> • <i>clarify that hearing ‘venue’ includes audio and/or video-conferencing details; and</i> • <i>enable the Hearings Manager to postpone or adjourn hearings.</i> <p><i>What would be the impact of the GOC securing these powers?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don’t know <p>Please supply any evidence or reasoning to support this.</p> <p><i>Question 14: Should the GOC have further powers to start substantive hearings with three Fitness to Practise Committee members (rather than five as we currently do)?</i></p> <ul style="list-style-type: none"> • Yes • No • Don’t know <p>Please give reasons.</p> <p><i>Question 15: We currently have to start substantive fitness to practise hearings with five committee members. What would be the impact of the GOC securing the powers to start substantive fitness to practise hearings with three committee members?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact

	<ul style="list-style-type: none"> • Very negative impact • Don't know <p>Please supply any evidence or reasoning to support this.</p>
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Section 2.5: GOC statement on Continuing Education and Training (CET) during the COVID-19 emergency (GOC/COVID/06)

Purpose	This statement confirmed our decision to remove the six-point annual expectation for 2020 for registrants completing CET.		
Link to document	GOC/COVID/06: GOC statement on Continuing Education and Training (CET) during COVID-19 emergency		
Categorisation	Red	Amber	Green
Rationale	This is a permanent statement of fact to confirm our decision to remove the six-point annual expectation for 2020. It therefore applies regardless of which phase of the pandemic we are in.		
Consultation questions	<p><i>Question 16: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 17: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) CET providers, d) patients and the public, and e) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p> <p><i>Question 18: The three-year CET cycle offers sufficient flexibility for registrants to complete their overall CET requirements for 2019-21. We are not intending to reduce the overall requirements for the cycle or remove the annual six-point expectation for the year 2021 as the CET scheme ensures patient safety and public protection. Do you agree?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>Please explain why.</p>		

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

Purpose	This statement sets out advice for registrants on the factors they should take into account when working in different settings during the COVID-19 emergency.		
Link to document	GOC/COVID/07: GOC statement on optometrists, dispensing opticians and students working in different settings during the COVID-19 emergency		
Categorisation	Red	Amber	Green
Rationale	This statement applies in all phases of the pandemic and supports our registrants to work in different settings where necessary or to support a career change. It explains what registrants are already able to do under the existing legal framework.		
Consultation questions	<p><i>Question 19: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 20: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 21: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p> <p><i>Question 22: Should this statement become a permanent GOC policy position independent of the COVID-19 emergency?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p>		

Section 2.7: GOC statement for CET providers on CET provision during the COVID-19 emergency (GOC/COVID/08)

Purpose	This statement confirms which approved CET activities can be carried out remotely, standards that must be applied and changes to requirements during the COVID-19 emergency.		
Link to document	GOC/COVID/08: GOC statement for CET providers on CET provision during the COVID-19 emergency		
Categorisation	Red	Amber	Green
Rationale	This statement applies in all phases of the pandemic and potentially beyond. There is a move toward more online CET provision in the current climate and we feel it is appropriate to support that given social distancing advice is likely to continue for some time.		
Consultation questions	<p><i>Question 23: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 24: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 25: Do you agree that we should continue to allow online CET provision until the end of the current CET cycle (31 December 2021)?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 26: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) CET providers, d) patients and the public, and e) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p>		

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

Purpose	This statement relaxes enforcement of our legislation and allows a registrant to supply contact lenses without verification of the contact lens specification during the COVID-19 emergency where attempts to verify have not been successful and they have used their professional judgement.
Link to document	GOC/COVID/09: GOC statement on verification of contact lens specifications during COVID-19 emergency
Categorisation	Red
Rationale	We propose that subject to the outcome of this consultation , this statement will apply in the red phase of the pandemic only. This is because it is linked to accessibility of information from optical practices, which may not be available during the red phase. Our understanding is that the vast majority of optical practices are now open during the amber phase, so this statement is not necessary in the current environment.
Consultation questions	<p><i>Question 27: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 28: Do you agree with our view that this statement should continue to apply in only the red phase of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 29: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p>

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

Purpose	This statement sets out the factors that registrants should take into account when considering infection prevention and control during the COVID-19 emergency.		
Link to document	GOC/COVID/11: GOC statement on infection prevention and control during COVID-19 emergency		
Categorisation	Red	Amber	Green
Rationale	This statement is supplemental guidance to our <i>Standards of Practice for Optometrists and Dispensing Opticians</i> , <i>Standards for Optical Students</i> and <i>Standards for Optical Businesses</i> . It is applicable throughout all phases of the pandemic as infection prevention and control is required as part of our standards of practice.		
Consultation questions	<p><i>Question 30: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 31: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 32: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p> <p><i>Question 33: We propose to make this statement a permanent GOC policy position to apply in the event of any future pandemics/emergencies to support our standards. Do you agree?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p>		

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

Purpose	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.			
Link to document	GOC/COVID/12: Redeployment of optometrists or dispensing opticians within pharmacy practice			
Categorisation	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%; background-color: red; color: white;">Red</td> <td style="width: 33%; background-color: yellow;">Amber</td> <td style="width: 33%; background-color: green; color: white;">Green</td> </tr> </table>	Red	Amber	Green
Red	Amber	Green		
Rationale	This statement applies in all phases of the pandemic supporting our registrants to work in different settings where necessary to support professional colleagues. It clarifies what registrants are already able to do under the existing legal framework.			
Consultation questions	<p><i>Question 34: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 35: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 36: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p>			

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

Purpose	This statement sets out the legal position in respect of the use of technology by registrants.		
Link to document	GOC/COVID/13: GOC statement on use of technology during COVID-19 emergency		
Categorisation	Red	Amber	Green
Rationale	This statement applies in all phases of the pandemic as it clarifies what registrants are already able to do under the existing legal framework.		
Consultation questions	<p><i>Question 37: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 38: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 39: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p> <p><i>Question 40: Should this statement become a permanent GOC policy position independent of the COVID-19 emergency to support our standards?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p>		

Section 2.12: GOC statement on service of registration notifications during the COVID-19 emergency (GOC/COVID/14)

Purpose	This statement sets out our move to a process of serving registration notifications and other communications electronically during the COVID-19 emergency.		
Link to document	GOC/COVID/14: GOC statement on service of registration notices during the COVID-19 emergency		
Categorisation	Red	Amber	Green
Rationale	This statement applies in all phases of the pandemic, as the impact on our Registration team is likely to continue for some time.		
Consultation questions	<p><i>Question 41: Do you agree with the content of this statement?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 42: Do you agree with our view that this statement should continue to apply in all phases of the pandemic?</i></p> <ul style="list-style-type: none"> • Yes • No • Don't know <p>If you answered 'no', please explain why.</p> <p><i>Question 43: What has been the impact of this statement on a) optometrists and dispensing opticians, b) business registrants / employers, c) patients and the public, and d) any other groups?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact • Very negative impact • Don't know <p>Please provide details of any impacts and include examples or evidence where possible.</p> <p><i>Question 44: We are currently in discussion with the Department of Health and Social Care to underpin this statement with emergency legal powers to enable us to issue registration notices by email if the registrant has provided us with an email address. What would be the impact of the GOC securing these powers?</i></p> <ul style="list-style-type: none"> • Very positive impact • Positive impact • No impact • Negative impact 		

	<ul style="list-style-type: none">• Very negative impact• Don't know <p>Please supply any evidence or reasoning to support this.</p>
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Part 3: Learning from our response to COVID-19

Question 45: Are there any other areas that the sector requires specific guidance on or any legislative changes to support care during the COVID-19 pandemic or any future similar pandemics/emergencies?

- Yes
- No
- Don't know

If you answered 'yes', please give further details.

Question 46: The main route we have used in supporting registrants through the COVID-19 pandemic is signposting to guidance and production of our COVID-19 statements. Do you feel our approach to supporting registrants during COVID-19 has been effective?

- Yes
- No
- Don't know

Please explain why.

Question 47: Do you have any other comments relevant to our draft impact assessment?

- Yes
- No

If you answered 'yes', please give further details.

(NB Our draft impact assessment is available on the overview page of our [consultation hub](#) – see bottom of the page.)

Please go to our [consultation hub](#) to complete the online questionnaire. You do not have to answer all of the questions if you do not wish to do so.

Appendix B – Other consultation feedback unrelated to survey questions

Framework for COVID-19 statements

Q1a – Do you agree that it is appropriate to align our COVID-19 statement framework with The College of Optometrists' red/amber/green classification system?

- Financial compensation needed if practices have to be closed

GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency (GOC/COVID/01)

Q2a – In the event of a similar emergency situation, should we apply the principles outlined in this statement again?

- Lack of support for students/pre-reg optometrists
- Need to be more robust on stage 2 assessments for students – too risk averse/do not represent reality of practice
- During national lockdown only emergency and urgent eye care services should be provided to ensure safety of staff and patients – no routine sight tests
- Pre-reg optometrists being encouraged to travel for OCSEs/see routine patients during national lockdown – disregard for health

Q3f – What has been the impact of this statement on: a) education providers; b) students; c) business registrants/employers; d) patients and the public; and e) any other groups?

- *Students*
 - Stress and uncertainty for students
 - Late/vague decisions made
 - Unfair that students were locked into halls
 - Pre-reg students treated unfairly – denied access to training, many made redundant, told to prepare for assessments as usual
- *Business registrants/employees*
 - Further clarity for non-pandemic situations would also be useful
 - Employers focused on profit over safety and health of employees and patients
 - Still awaiting clear concise recommendations
- *Patients and the public*
 - Patients suffering as lack of availability of sight tests
- *Other comments*
 - GOC statements have been sidelined by other organisations
 - GOC should be responsible for protecting the public, patients and clinicians rather than catering to multiples
 - Secondary care broadly welcomes shared care education schemes, allowing patients to be seen safely in the community and reducing the burden on ophthalmology clinics
 - Red phase should apply during national lockdown

GOC statement on supply of spectacles and contact lenses during COVID-19 emergency (GOC/COVID/02)

Q4a – Do you agree with the content of this statement?

- There should be no routine testing whilst infections are high
- Clarification on whether mobile dispensing practices are 'retail' or 'optical' needed

Q5a – Do you agree with our view that this statement should only apply to the red and amber phases of the pandemic?

- No routine eye tests whilst infections are high

GOC statement on contact lens aftercare during COVID-19 emergency (GOC/COVID/03)

Q8a – Do you agree with our view that this statement should continue to apply in all phases of the pandemic?

- The aftercare requirements of the Opticians Act are outdated/not fit for purpose

GOC statement on our approach in fitness to practice for the service of documents and facilitating hearings during the COVID/19 emergency (GOC/COVID/05)

Q10a – Do you agree with the content of this statement?

- The GOC should not give special treatment to Specsavers

Q12e – What has been the impact of this statement on: a) optometrists and dispensing opticians; b) business registrants/employers; c) patients and the public; and d) other participants in the fitness to practise process?

- *Other comments*
 - The GOC should not give special treatment to Specsavers

Q14a – Should the GOC have further powers to start substantive hearings with three Fitness to Practise Committee members (rather than five as we currently do)?

- Remote hearings are more restrictive

GOC statement on Continuing Education and Training (CET) during the COVID-19 emergency (GOC/COVID/06)

Q16a – Do you agree with the content of this statement?

- CET requirements are outdated/need revising

Q17f – What has been the impact of this statement on: a) optometrists and dispensing opticians; b) business registrants/employers; c) CET providers; d) patients and the public; and e) any other groups?

- *Other comments*
 - Should have accelerated the changes to a CPD system
 - CET should not be a points-counting exercise

Q18a – The three-year CET cycle offers sufficient flexibility for registrants to complete their overall CET requirements for 2019-2021. We are not intending to reduce the overall requirements for the cycle or remove the annual six-point expectation for the year 2021 as the CET scheme ensures patient safety and public protection. Do you agree?

- Further changes to CET/move towards CPD required
- Still a student so don't need CET points – no true understanding of how this would impact

GOC statement on optometrists, dispensing opticians and students working in different settings during the COVID-19 emergency (GOC/COVID/07)

Q19a – Do you agree with the content of this statement?

- Role of therapeutic optometrists needs to be expanded, especially in a community setting, to ensure patients can access eye health care

GOC statement for CET providers on CET provision during the COVID-19 emergency (GOC/COVID/08)

Q23a – Do you agree with the content of this statement?

- Optometrists communicate daily about clinical issues via company intranet – there is no CET provision for this

Q25a – Do you agree that we should continue to allow online CET provision until the end of the current CET cycle (31 December 2021)?

- Should be free to access

GOC statement on service of registration notifications during the COVID-19 emergency (GOC/COVID/14)

Q41a – Do you agree with the content of this statement?

- GOC needs to improve communication with registrants

Q43e – What has been the impact of this statement on: a) optometrists and dispensing opticians; b) business registrants/employers; c) patients and the public; and d) any other groups?

- Adjustments should be made should a registrant raise an issue related to practice

Learning from the COVID-19 response

Q45a – Are there any other areas that the sector requires specific guidance on or any legislative changes to support care during the COVID-19 pandemic or any future similar pandemics/emergencies?

- GOC should not give special treatment to Specsavers
- More diversity needed
- Recognise that finance matters
- Traffic light system needs to be followed appropriately by the College of Optometrists
 - Pre-reg students should not be travelling during national lockdown
 - Routine patients should not be seen during national lockdown
- Should be on red alert during national lockdown
- Optometrists could also support future pandemics more if hospital services are outsourced locally
- Extend the time limit to finish stage 2 or remove it completely and replace it with 2/3 OSEC attempts

Q46a – The main route we have used in supporting registrants through the COVID-19 pandemic is signposting to guidance and production of our COVID-19 statements. Do you feel our approach to supporting registrants during COVID-19 has been effective?

- Should be operating under red phase – routine appointments should not be taking place
- Routine services should be suspended during lockdown/should be operating in red phase
 - Need to prioritise safety of patients and staff
 - College of Optometrists' system is incorrect – GOC should not be following these guidelines

Q47a – Do you have any other comments relevant to our draft impact assessment?

- Complaint about questionnaire/consultation format
 - Too long, registrants unlikely to complete it
 - Online format prevents coherent feedback being provided
 - Questionnaire appears designed to justify GOC's position