

Findings from the consultation on the draft Standards for Optical Businesses

FINAL REPORT

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1. Introduction

1.1 The General Optical Council

The General Optical Council (GOC) is one of 12 organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals. The GOC is the regulator for the optical professions in the UK and currently registers around 30,000 optometrists, dispensing opticians, student opticians and optical businesses. Optical businesses currently account for 2,720 of the registrant population¹.

The GOC has four core functions:

- Setting standards for optical education and training, performance and conduct.
- Approving qualifications leading to registration.
- Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians.
- Investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

The GOC registers individual professionals who work in optical practices (i.e. optometrists, dispensing opticians and students) as well as many of the optical businesses themselves, excluding those who are not obligated to register if they do not provide restricted services such as testing vision. Businesses must meet certain requirements in order to be on the GOC's register; the GOC is not currently able to register all optical businesses².

1.2 The consultation on the draft Standards

On the 14th June 2018 the GOC launched a consultation on new draft Standards for Optical Businesses. The consultation sought views from patients and the public, optometrists and dispensing opticians, optical businesses and other stakeholders on a new set of standards to replace the GOC's Code of Conduct for Businesses from April 2019.

¹ As of November 2018.

² Requirements are detailed in the Body Corporate Registration application form, available here: <https://www.optical.org/en/Registration/registration-forms.cfm>

The draft Standards were designed to reflect changes in optical and wider healthcare practice over the last few years, including accounting for the increased prevalence of multidisciplinary working as the optical sector evolves. The draft Standards are also intended to reflect recent changes to the GOC's individual standards such as the inclusion of the duty of candour and the need to obtain valid consent.

The GOC particularly wanted to hear from people about how responsibilities should be shared between individual professionals and the businesses they work for, about where individuals might require further support and about any difficulties that businesses might face in meeting the new standards.

The consultation consisted of two components:

- 1) An online survey hosted by the GOC using the 'Citizen Space' platform³;
- 2) Supporting qualitative research delivered by Pye Tait Consulting.

A total of 351 responses were received to the GOC's Citizen Space survey; 267 individuals took part in the qualitative research.

The fact that a broad range of stakeholders across the industry have demonstrated their willingness to engage in this consultation highlights the importance they place on developing a set of standards that are well-designed, clearly structured and applicable across the whole industry.

1.3 Research aims and objectives

The overarching aim of the final *Standards for Optical Businesses* document is to promote positive behavioural change in the optical sector, with a secondary aim of reflecting the learning from a range of recent healthcare reviews. In order to achieve these aims, consultees were asked their views on the following topics:

- Clarity and accessibility of the Standards to their intended audiences;

³ To make it easier to reply, this consultation was the first that the GOC ran using its new online consultation hub at <https://consultation.optical.org>, the new online home for all GOC consultation activities. Of those who responded to a question about how easy or difficult the consultation portal is to use, 79% found it either 'easy' or 'very easy' to use.

- Their applicability to the broad range of business models and practice settings in the UK;
- Whether the document provides a useful benchmark for registrant behaviour;
- Impact of the document on stakeholders (this includes the public/patients, GOC registrants, owners of optical businesses, optometrists, dispensing opticians, students, GOC staff, member bodies within optics, NHS & government, patient safety groups, charities, other healthcare professionals, regulators and care commissioners, and education/training providers);
- How the Standards will stand up to rapid ongoing change within the optical sector.

1.4 Context

It should be noted at the outset that not all optical businesses are currently required to register with the GOC. Business registrants must be 'bodies corporate'⁴ and they are the only types of business statutorily eligible to register – if the business is not a body corporate, then it is not able to register with the GOC. Within bodies corporate, it is only obligatory to register with the GOC if the business is using a protected title in its company name; all other bodies corporate working within the optical sector may register but they are not compelled to do so.

In the future, the GOC intends to seek legislative change so that all optical businesses conducting restricted functions (i.e. functions set out in the Opticians Act as being limited to certain categories of practitioner e.g. testing vision) are required to register. However, this change did not form part of the remit of this consultation on the *Standards for Optical Businesses*.

⁴ A body corporate is a limited company or limited liability partnership that has been incorporated with Companies House. Bodies corporate registered with the GOC are known as business registrants.

2. Executive Summary

2.1 Patient experience

Patients who had visited an optical business in the last two years were asked about their experiences, with the vast majority describing a positive picture.

82% of patients had visited a high street chain optician, with 29% having visited a local independent optician. Reasons for visiting an optical business were typically for an eye test as part of a routine check-up.

Satisfaction levels are high, with 93% of patients stating they are satisfied with their most recent experience of using an optical business. Professionalism and knowledge are highlighted as well as good, efficient service.

- Nearly all respondents (91%) agree that they were given sufficient time to talk to their optician.
- 87% agree that they did not feel under pressure to buy something during their visit.
- Patients also rated the business premises highly, with 96% of respondents agreeing that the optical business' premises and equipment were clean and in good repair.

For patients, the most important aspects of an optical business are the equipment and technology used being modern and up to date, and that staff talk to patients in a way they understand. Patients also highlighted a variety of other factors including friendliness of staff, their expertise, and price/cost.

The vast majority (95%) of patients expect all optical businesses should have to meet the same standards, and 84% state they would be 'very likely' or 'likely' to use an optical business that meets certain standards.

If patients found themselves needing to make a complaint about an optical business, just over half (57%) claim they know how to go about doing this.

2.2 Registrants' general impressions of the Standards

Individual registrants are slightly more positive about various aspects of the Standards than business registrants.

- 82% of individual registrants agree the language used is easy to understand, compared with 70% of business registrants. Reasons for disagreement are that the language is not specific or tight enough, or the language is too complex.
- Clarity and accessibility of the Standards are rated highly, with most respondents (89%) suggesting the Standards are presented in a way that is clear and accessible for registrants; conversely 62% feel the same is true for patients and the public.
- In order to improve accessibility, some suggestions were received via focus groups for creating supporting guidance or signposting to add greater depth and clarity to the Standards. Other suggestions include creating direct links to other standards from within the document, having an appendix with a list of references, making the final document available in larger font.
- Nearly all respondents to the qualitative research agree accessibility is important for registrants, others not registered with the GOC, as well as patients and the public.

Overall, consultation respondents agree that the Standards strike the right balance between the responsibilities of optical businesses and those in the Standards of Practice for Optometrists and Dispensing Opticians. Optical businesses are slightly more positive than registrants on this point.

The different sets of standards are deemed to be consistent in terms of their content and format.

2.3 Structure and content of the Standards

On the whole, the Standards tend to cover what respondents expected to see and they set out 'what businesses do anyway'.

Respondents to the qualitative research praised the structure of the document and the way that each of the 12 Standards is presented, specifically that each standard contains a

summary of 'Why is this Standard necessary', and then clearly lists out each specific requirement.

The introduction is regarded as being clear, although perhaps a little lengthy. Where any concerns were raised, these relate to greater clarity being needed on who (individuals or businesses) would ultimately be responsible on certain points. Other points relate to clarity on the responsibilities of locums; whether pre-registration students should be mentioned; whether reference to other staff in public-facing roles should be made and; that there should be more detail to differentiate between those who are qualified and those who are registered.

Overall, survey respondents tend to agree that all relevant areas/topics are covered in the Standards – business registrants are more positive than individual registrants. However, a few gaps were identified via interviews and focus groups. These relate to:

- Enforcement of the Standards
- Business registration
- Online businesses
- Potential for conflicts of interest due to commercial pressures
- Data protection and General Data Protection Regulation (GDPR)
- Confidentiality and reporting

Registrants tend to agree that the Standards reflect the changing wider healthcare environment, however only 38% of survey respondents suggest the Standards are sufficiently flexible to accommodate this; 49% do not know. Concerns on this point relate to the impact of online businesses and the 'threat' they pose to the industry.

Technology is a recurring theme in responses, with business owners and registrants typically agreeing that the use of technology is adequately covered. A number also note the importance of businesses adequately training staff in the use of new technology and feel that training appears to be adequately covered in the draft Standards. However, there is a slight concern about the extent to which the Standards may be able to reflect future changes.

2.4 Impact and implications of the Standards

The majority (81%) of respondents to the Citizen Space survey agree that the GOC's expectations are clear. Optical businesses are slightly more positive than individual

registrants. A minority of respondents however suggest that some greater clarity would be useful.

Some business owners asked for more detail on who exactly the Standards would apply to.

Over half (57%) of survey respondents agree that optical businesses will be able to easily comply with the new Standards. Optical businesses are more positive than individual registrants. That said, 23% suggest it will not be easy for businesses to comply with the Standards.

When asked if they foresee any barriers that would prevent an optical business from complying with the Standards, 30% said they did – individual registrants were more likely to foresee barriers. Barriers mainly relate to:

- Commercial pressures (to achieve sales targets)
- The cost of implementation from a financial and time perspective
- Staffing pressures

Many respondents suggested it will be more challenging for smaller businesses to implement the Standards because large businesses will have departments dedicated to implementing change. However, some focus group attendees disagreed, proposing that smaller businesses are more agile and quicker to respond to change. Registrants working in small businesses did not raise this as an issue in interviews, neither did the independent business representative body Association for Independent Optometry (AIO) consider the standards would be difficult for small businesses to implement.

Most business owners feel that the Standards are practical, and they can be applied in everyday situations.

Survey respondents also largely agree (70%) that the Standards can be applied by and to different types of optical businesses. Individual registrants tend to be slightly more positive than business registrants.

In terms of implications of using the Standards, there tends to be a positive view from the sector. However, some concerns were raised about accountability. Some individual registrants raise the point again about smaller businesses perhaps being impacted more than larger businesses. Half of optical businesses taking part in interviews do not predict any significant implications for businesses. The main implication highlighted relates to staff training and supervisory arrangements.

When asked whether the Standards will have a positive or negative impact on various groups, survey respondents are in most agreement (64%) that the Standards will have a positive impact on GOC registrants and patients and the public. 48% agree that the Standards will have a positive impact on business owners and directors; however, 18% predict a negative impact.

However, 60% of respondents agree the Standards will have a positive impact on optical practice. Positive impacts are linked to driving up standards and improving the quality of care.

3. Methodology and respondent profile

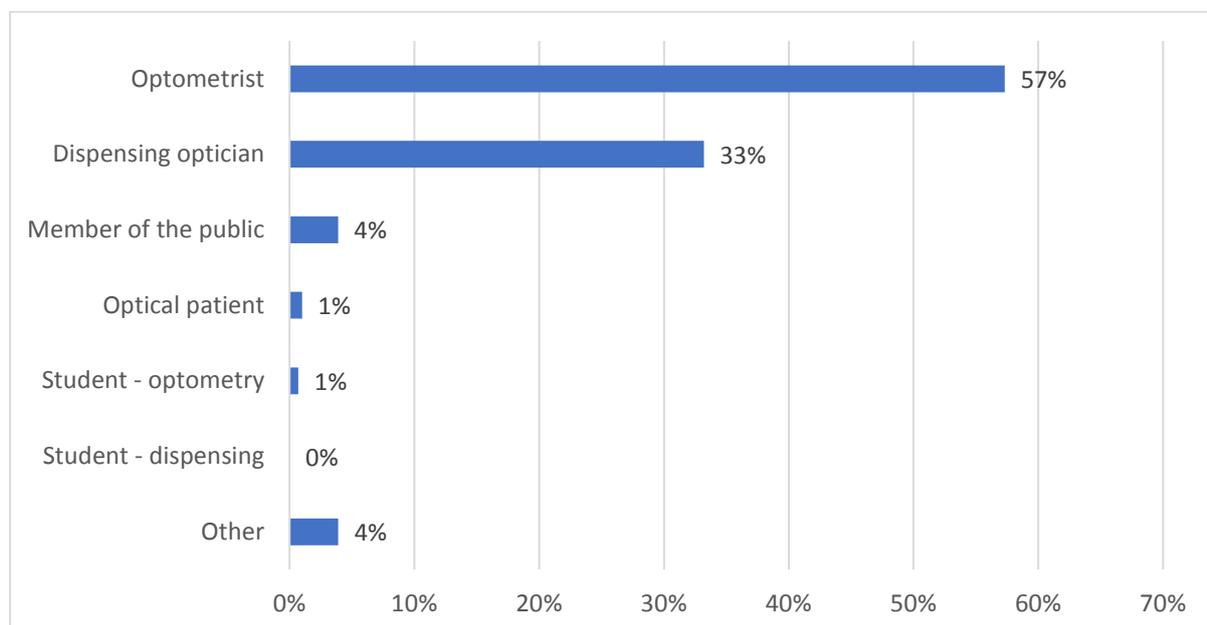
3.1 GOC Citizen Space survey

The consultation period ran between 14th June and 30th August 2018. During this time, the GOC used its own consultation hub ('Citizen Space') to gather feedback from registrants and stakeholders. An online survey was promoted by the GOC to registrants and was open for the whole of the 12-week consultation period. This survey gathered a total of 351 responses.

Of the 351 responses received, 87% were from individuals, while the remaining 13% were from organisations. Figure 1 and Figure 2 show the breakdown of responding individuals and organisations. Further details of the Citizen Space survey respondent demographic profiles can be found in Appendix 2.

Please note: the percentages in figures 1 and 2 (and a selection of other charts in this report) do not add to 100%, due to rounding.

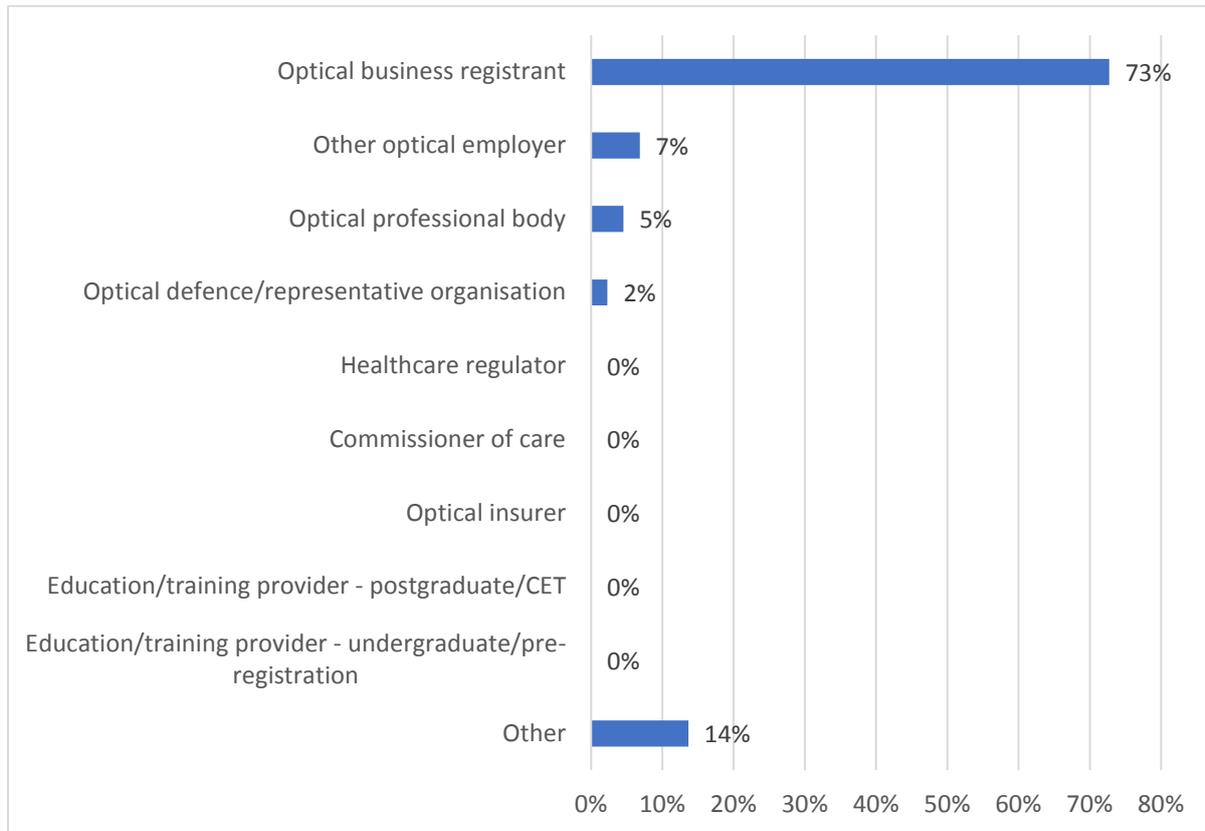
Figure 1: Profile of individual respondents to the GOC's Citizen Space survey



Base: Individual respondents (307)

More than half of the individuals responding to the Citizen Space survey were optometrists, while one in every three respondents was a dispensing optician. Almost half of the 'other' individual respondents were contact lens opticians.

Figure 2: Profile of organisations responding to the GOC's Citizen Space survey



Base: Business Organisations (44)

The majority of organisations responding to the GOC's survey were optical businesses registered with the GOC (Figure 2). Other organisations responding included optical businesses not registered with the GOC, and various optical representative bodies and associations.

Additionally, seven offline responses were received from stakeholder organisations in response to the GOC's Citizen Space survey.

3.2 Pye Tait Consulting supplementary research

In addition to the GOC's own survey, feedback was gathered independently by Pye Tait Consulting from five distinct groups of stakeholders, as outlined below (Table 1), during this same time frame.

Table 1: Summary of respondent groups and consultation approaches used by Pye Tait

Respondent group	Approach used	Total reach
Optometrists and dispensing opticians	<ul style="list-style-type: none"> • Five focus groups – 24 attendees • Five remote focus groups – 11 attendees • 25 depth interviews 	60
Business owners	<ul style="list-style-type: none"> • 57 depth interviews (with a mix of registered and non-registered businesses) 	57
Optical students	<ul style="list-style-type: none"> • Four focus groups – 22 attendees total • 13 depth interviews 	35
Student supervisors	<ul style="list-style-type: none"> • 15 depth interviews 	15
Patients & public	<ul style="list-style-type: none"> • Panel survey of 100 telephone interviews 	100
Total		267

3.2.1 Optometrists and dispensing opticians

Five face-to-face focus groups were held across the UK in Birmingham, Bristol, Edinburgh, Leeds and London. Attendees were provided with a copy of the draft Standards upon arrival and given time to read through before discussion began.

In addition, five remote focus groups (conference calls) were held on weekday evenings, to enable busy professionals the time and opportunity to provide feedback. Attendees were sent a copy of the draft Standards in advance to read through ahead of the discussion.

Depth phone interviews were also held with a number of optical professionals in England, Scotland, Wales and Northern Ireland, arranged to be at a time convenient to them. A copy of the draft Standards was sent in advance for the interviewee to familiarise themselves with. All of these individuals were initially invited to participate in a face to face or virtual

focus group but were unable to participate; they were instead given the option of a telephone interview.

The focus groups and interviews were advertised via a mailing to a snapshot of GOC registrants. Individuals wishing to participate were directed to a sign-up page to register interest, and attendees were selected to attend. Consultation activities were also advertised via social media and via stakeholder organisations.

Focus groups with GOC Fitness to Practise staff and decision-makers were undertaken by GOC staff, and feedback provided to Pye Tait for inclusion in the full consultation analysis.

3.2.2 Business owners

Depth phone interviews were held with owners of optical businesses, both GOC-registered and non-registered businesses. Two approaches were used to conduct these depth interviews. Firstly, a mailing to a snapshot of GOC registrants was sent out, and those interested in providing feedback were sent a copy of the draft Standards in advance. These calls were also advertised via social media.

In addition, a selection of business owners was called and asked more broadly about the introduction of the *Standards for Optical Businesses*, its content and its potential impact.

3.2.3 Optical students

Focus groups were held with students at four institutions across the UK: Aston University, Bradford College, Bradford University and Plymouth University. Attendees were recruited for these events via a mailing from department heads to optical students at each institution. Social media was also used to advertise these discussion groups, and small financial incentives were provided to cover any travel expenses. Copies of the draft Standards were provided at the event, and time was provided for attendees to read through it prior to the discussion beginning in earnest.

Depth interviews were held with students who were unable to attend the focus groups, due to the timing of the consultation taking place outside of the academic year. In addition, a mailing to a snapshot of GOC student registrants was sent out to offer a further opportunity to provide feedback. In these instances, a copy of the draft Standards was provided to the interviewee in advance.

3.2.4 Student supervisors

Universities and colleges offering routes to registration were contacted and interviews were arranged with a number of academic staff/student supervisors. Interviewees were provided with a copy of the draft Standards in advance.

3.2.5 Patients & public

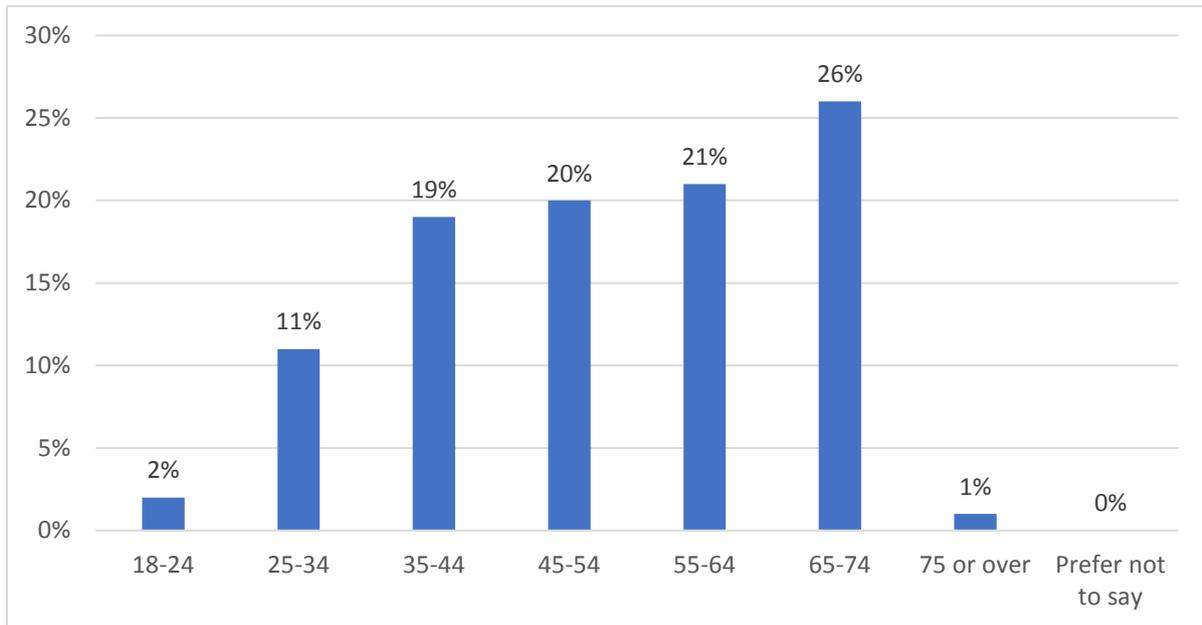
A panel interview approach was used to engage with members of the general public who had used the services of an optical business in the previous two years. Interviews were conducted over the phone, and respondents were offered a small monetary incentive for completion.

Rather than being shown the draft Standards and asked specific questions about them, respondents were instead asked about their recent experiences and expectations of optical businesses. This tied into the key purpose of understanding patient and public's perceptions, to understand if they feel they have been placed first and foremost, and treated with fairness and honesty.

Of the 100 responses gathered from patients and members of the public who had visited an optical business within the last two years, half had attended such a business within the last three months, while the other half had attended in the last two years, but not within the last three months.

Figure 3 shows the breakdown by age of those responding to the survey of patients and the public.

Figure 3: Age range of respondents to the survey of patients and the public



Base: Panel survey respondents: (100)

4. Patient experience

Chapter summary

Patients who had visited an optical business in the last two years were asked about their experiences, with the vast majority describing a positive picture.

82% of patients had visited a high street chain optician, and 29% had visited a local independent optician. Reasons for visiting an optical business were typically for an eye test as part of a routine check-up.

Satisfaction levels are high, with 93% of patients stating they are satisfied with their most recent experience of using an optical business. Professionalism and knowledge are highlighted as well as good, efficient service.

- Nearly all respondents (91%) agreed that they were given sufficient time to talk to their optician.
- 87% agreed that they did not feel under pressure to buy something during their visit.
- Patients also rated the business premises highly, with 96% of respondents agreeing that the optical business' premises and equipment were clean and in good repair.

For patients, the most important aspects of optical businesses are the equipment and technology used being modern and up to date, and that staff talk to patients in a way they understand. Patients also highlighted a variety of other factors including friendliness of staff, their expertise, and price/cost.

The vast majority (95%) of patients expect all optical businesses should have to meet the same standards, and 84% state they would be 'very likely' or 'likely' to use an optical business that meets certain standards.

If patients found themselves needing to make a complaint about an optical business, just over half (57%) claim they know how to go about doing this.

This section examines the experiences of patients and members of the public when visiting an optical business. Interviews were carried out by telephone with 100 patients who had visited an optician in the past two years. All of the questions asked of patients and the public in the Citizen Space survey were also asked of this group of 100, as well as a number of additional questions. In the analysis that follows in this section of the report, the questions asked of both sets of respondents are indicated in charts with a base of 115, charts for the 'additional questions' have a base of 100.

Key aspects of patient experience were evaluated including overall satisfaction, standards of care, importance of different aspects of the service and complaints procedure.

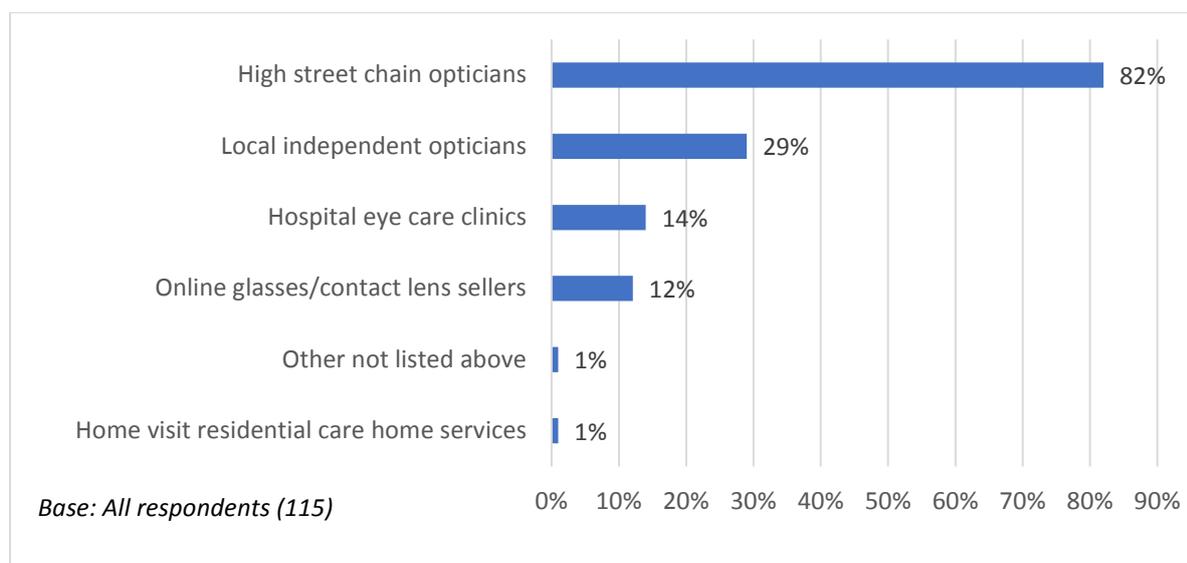
Note: the term 'optician' was used in research carried out with patients and the public as this is better understood by these groups than the official titles of 'optometrist' and 'dispensing optician'.

All of the quotes in this section come from 'Members of the Public/Patients'.

4.1 Visiting an optician

Eighty two percent of patients taking part in this research have visited a high street optician in the past two years (Figure 4). Local independent opticians were used by 29% of patients, and hospital eye care clinics by 14% of patients. Online businesses have been used just 12% of patients.

Figure 4: Type of optical business used by patients and public in the last two years



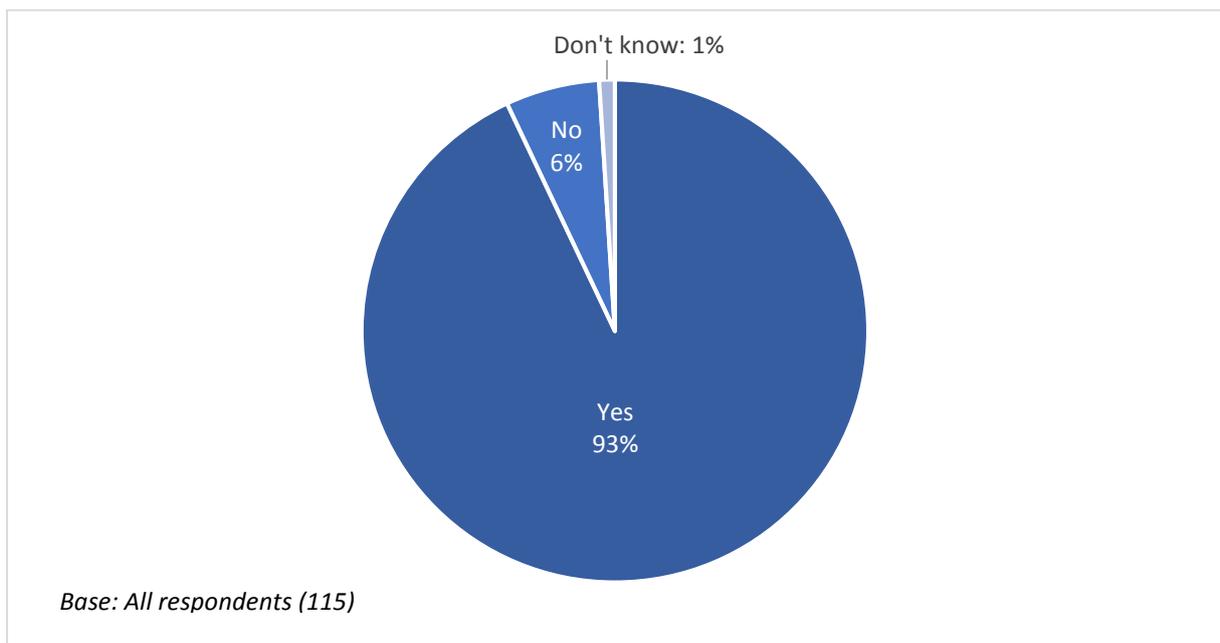
The majority of patients have visited an optical business for an eye test. In most cases this was a routine check-up, although in some instances patients had arranged an eye test as a result of a perceived deterioration in their eyesight. Other reasons for visiting an optical business include:

- needing new glasses
- experiencing headaches
- medical conditions such as diabetes and glaucoma.

4.2 Patient experiences

Patient satisfaction levels with recent experiences of using an optical business are high, with 93% of patients saying they were satisfied with their experience (Figure 5).

Figure 5: Satisfaction with most recent experience of using an optical business



The main reasons given for patient satisfaction with experience centred around the professionalism and knowledge of the staff:

“They are always really thorough as they do all the correct checks and check against the history of my family’s eyes.”

“They were very professional, and the optician was very knowledgeable - he knew what he was talking about. All of the equipment was up to date and modern.”

Good, efficient service is also praised by a substantial number of patients.

“They did what I wanted them to do. They tested my eyes and made recommendations and did what was right for me.”

“They did the job, I got the glasses I wanted.”

“It was very efficient and quick.”

“The appointment time - I was seen on time. They also had my medical history from the previous visit, so this saved some time and they found me some glasses that fitted my face well.”

Helpful, friendly staff are also noted by many of the patients using optical businesses:

“I use the same one every time. The staff are friendly, and I wouldn't go elsewhere.”

“They tend to be very patient with me and answer any questions I have and make sure I understand. They are very friendly and very helpful.”

Only 5% of patients expressed dissatisfaction with their experience. Reasons for this vary from staffing problems to concerns over the accuracy of the eye test and associated prescription:

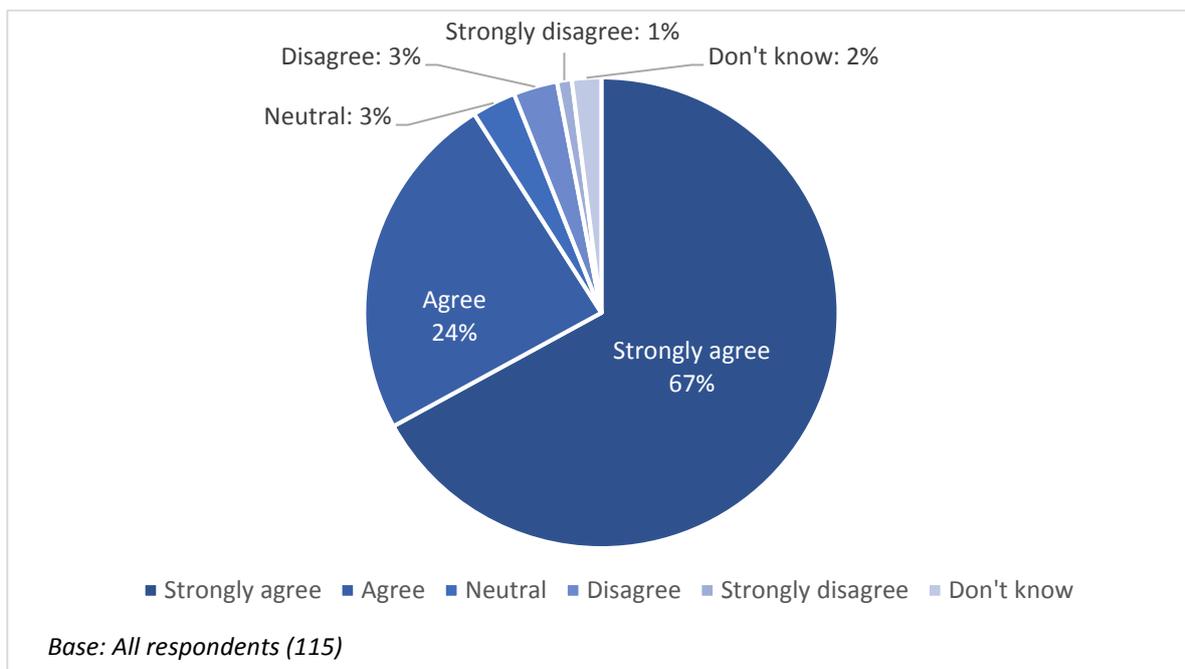
“It wasn't as good as normal as they said they were short staffed and when checking my eyes, people came and knocked on the door which I wasn't happy about, due to the staff being interrupted.”

"I found a massive uplift in the prescription but when I went to the clinic they said my eye sight was virtually perfect in both eyes, so it made me wonder if they checked my eyes correctly."

Patients were asked to rate key aspects of their experience to ascertain how positively they felt about each of them.

Feedback on these aspects is overwhelmingly positive (Figure 6). Nearly all respondents (91%) agree that they were given time to talk to the optician and understand what was happening, compared with only 4% who disagree.

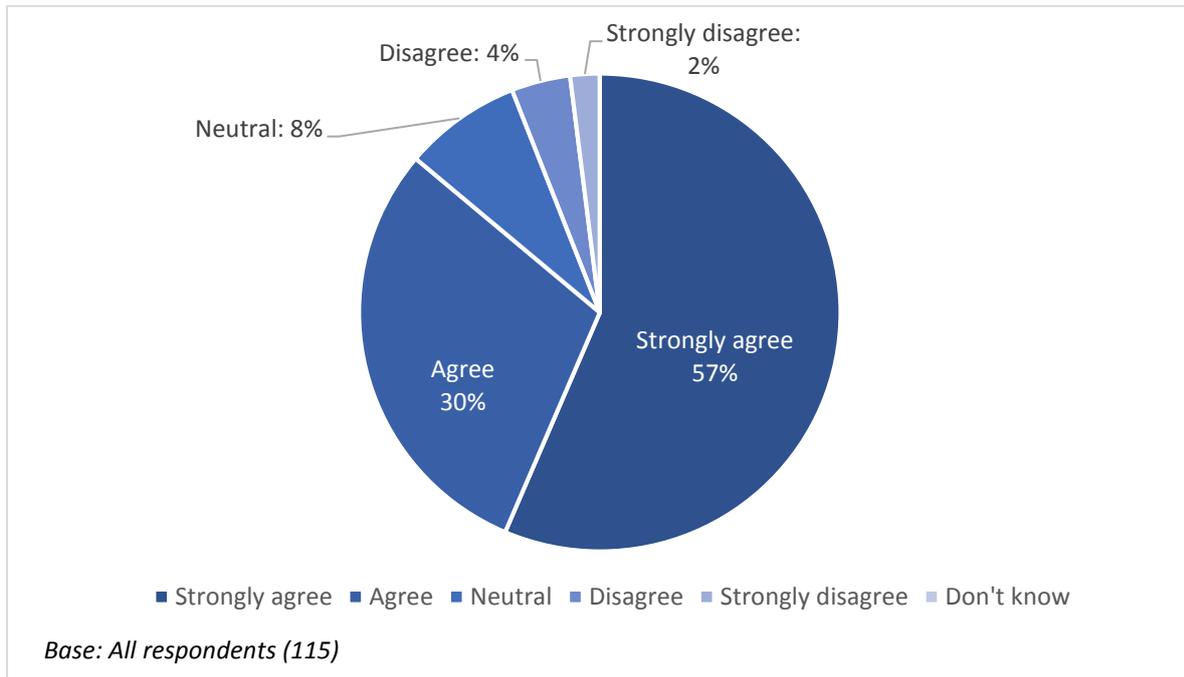
Figure 6: Patients were given enough time to talk to the optician



Patients who didn't feel they were given enough time to talk to the optician felt rushed, or that explanations were not clear enough.

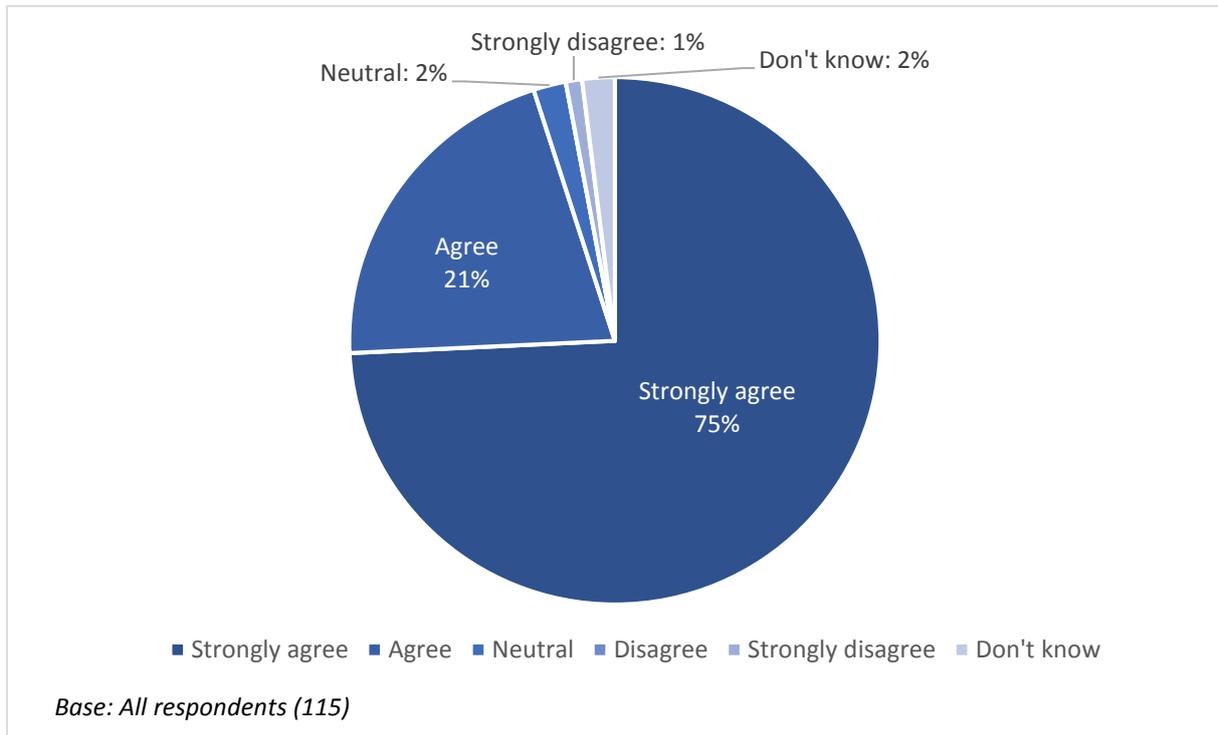
Patients were also asked to comment on whether they felt they had been put under pressure to buy something (Figure 7). Encouragingly, 87% of patients agree with the statement 'I did not feel under any pressure to buy something', and only a very small minority of patients (6%) feel they had been put under any pressure.

Figure 7: Patients did not feel under pressure to buy anything



Patients also rate the premises and equipment as being clean and in good repair (96%), with only 1% strongly disagreeing with this statement (Figure 8).

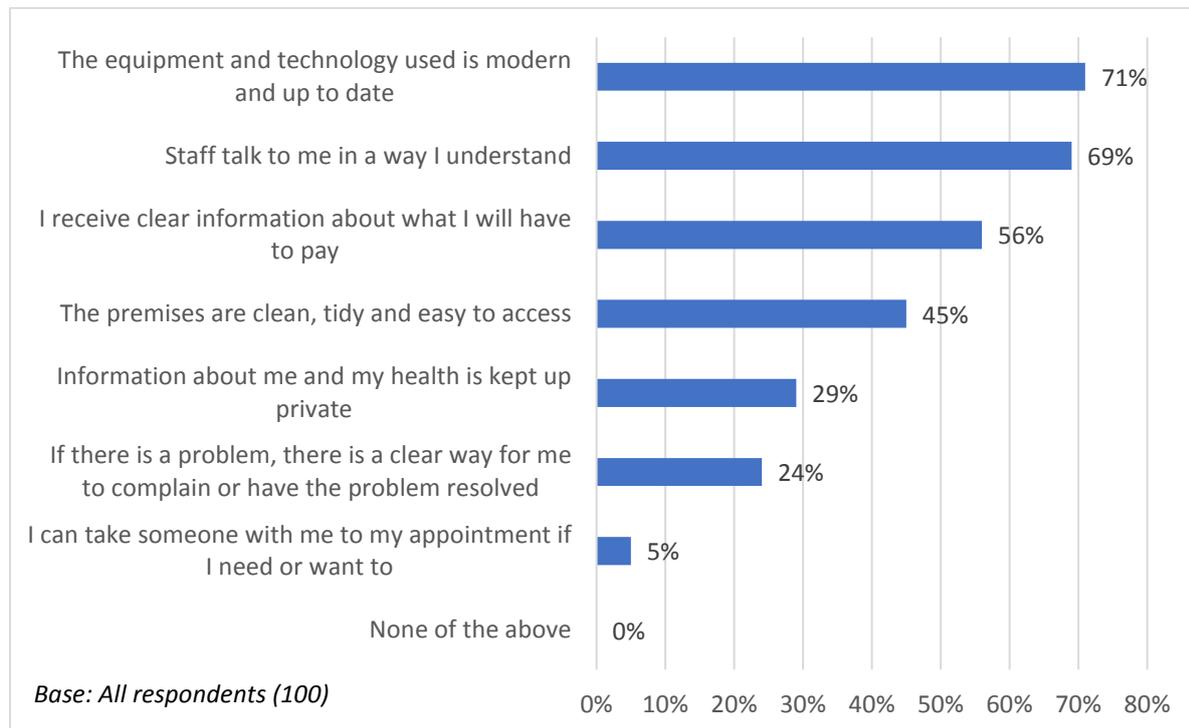
Figure 8: Optical business premises and equipment are clean and in good repair



When asked which aspects of the services of an optical business they considered to be most important (Figure 9), seven out of ten patients prioritise the following two as the most important factors:

- modern and up-to-date equipment and technology, and;
- staff communication skills

Figure 9: Most important aspects of optical businesses services



Reasons given for rating equipment and technology as important tend to be related to confidence in the accuracy of eye testing and trust:

"It's important to have highly advanced technical equipment so they can give me an accurate result rather than an estimation of my eyesight."

"If they're using technically advanced equipment I think they're more trustworthy."

The importance of staff talking to patients in a way they understood is largely due to patients feeling they want to be able to make informed decisions based on clear guidance from experts:

"I guess it's because we are dealing with our health and we are vulnerable people, so they can't be blinding us with science - it must be clear and easy."

"I have to make a choice in something that I am not an expert in, but I do need to make an informed decision about what to do with my eyes."

A majority of patients (56%) also feel it is important to receive clear information about what they have to pay. Reasons for this include avoiding hidden charges and a need to budget for the cost of eyecare:

"So there are no hidden charges or things added on that I find out about later."

"It is important to me to know what my budget is from the start."

Just under half of all patients feel that clean, tidy and easily accessible premises are one of the three most important aspects of an optical business' service.

"I expect the NHS to be clean and tidy. It is important that it is germ-free."

"I am a wheel chair user, so accessibility is very important."

"It makes me want to re-visit and I can recommend to others who may use a disability wheelchair or those who have young children in pushchairs."

Perhaps surprisingly, only three in ten patients rate privacy of information as one of the top three most important aspects. The relatively low rating could be due to lack of patient knowledge around how their personal data is stored by optical businesses, or potentially an assumption that optical businesses operate in a confidential manner as a matter of course.

One in four patients feel that it is important to know how to complain or have a problem resolved if one arose.

Although few patients place a high priority on being able to take someone with them to their appointment, this is among the top three most important aspects for a minority of patients (5%).

Aside from the factors discussed above, patients were asked whether any other factors were important to them.

Most respondents did not cite any additional factors, however a few mentioned aspects such as:

- friendliness of the staff;
- staff expertise;
- price/cost;
- location (local/close to home);
- range of spectacles, and;
- reputation of the optical business.

"A friendly way of dealing with clients."

"I like to have experienced staff - long serving staff who know what they're doing."

"The price - it needs to be competitive and not too expensive."

"That it's local to me, like in the town centre, so I can walk."

"A good range of glasses and good quality lenses."

"Recommendations from family and friends or local recommendations. If they had bad press or complaints against them on social media and things like that, I would think twice about using them."

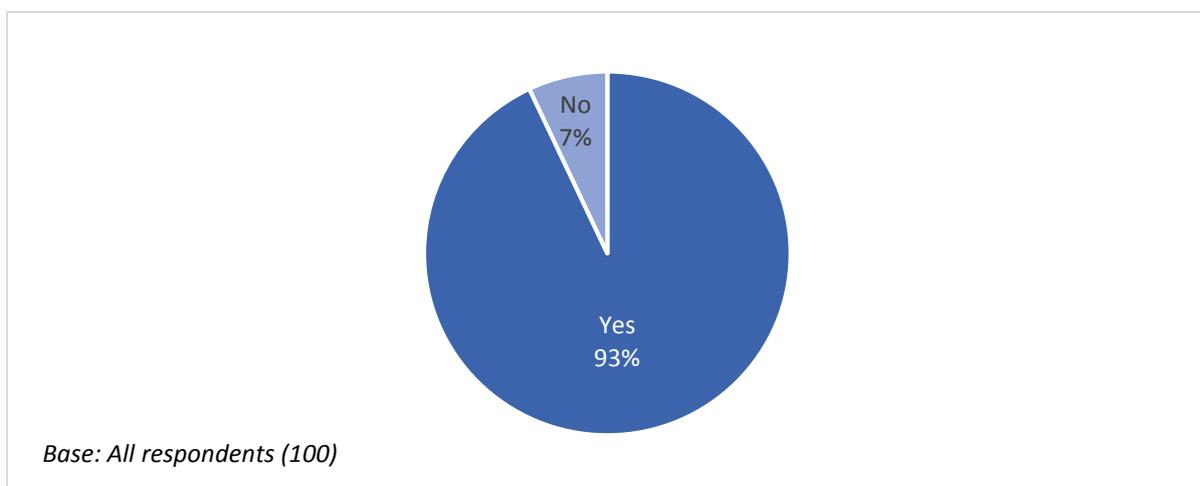
"First of all, trust. Reputation and convenience."

4.3 Patient Views on Standards for Optical Businesses

Patients were asked whether they would expect all optical businesses to have to meet the same standards in order to provide eye care to them, for example high street chains, independents, home visits, hospital clinics as well as online glasses/contact lens sellers.

The vast majority of patients (93%) expect that all optical businesses should have to meet the same standards (Figure 10).

Figure 10: Whether patients expect all optical businesses to meet the same standards



Patients' reasons for holding these expectations are due to these optical businesses providing a professional healthcare service:

"They have all got to be trained to a high standard and be professional and reach a professional standard as it is our eye health and it must be taken seriously."

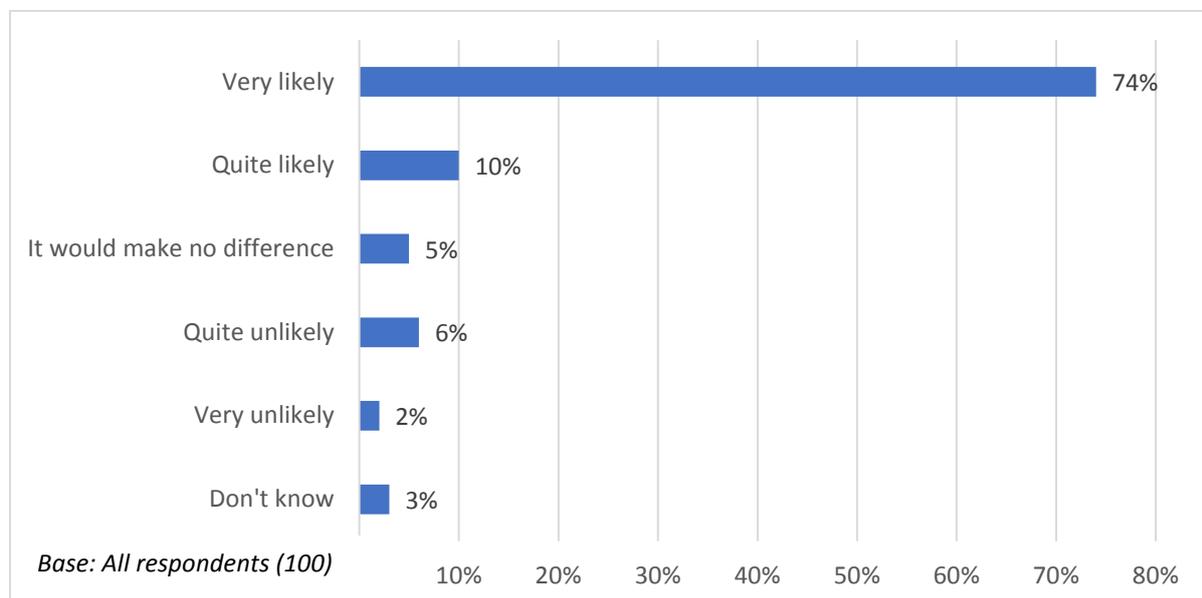
Some feel that patients' eye sight would be at risk if the optical businesses were not operating to these standards.

Among the 7% who do not expect optical businesses to have the same standards, there is an expectation that meeting the standards may be more difficult for home visits, online opticians and independents:

"I don't expect home visits to have the same equipment as in the opticians."

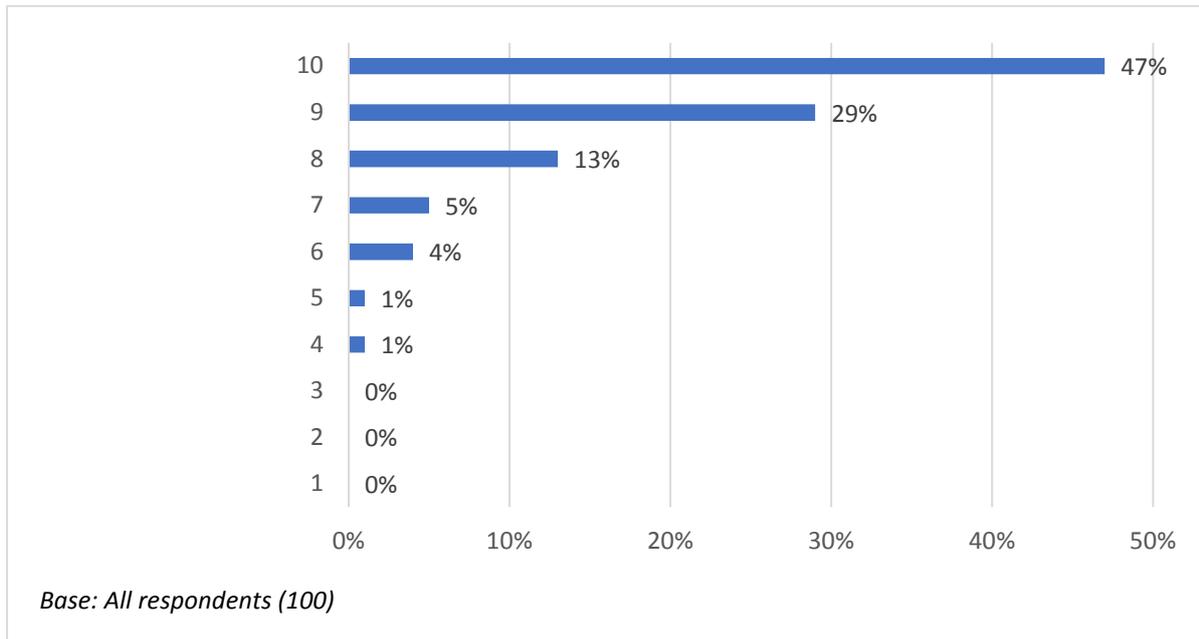
Patients claim they would be much more likely to use an optical business that meets certain standards than one that does not, with 74% claiming to be 'very likely' and a further 10% claiming to be 'quite likely' (Figure 11). 13% of patients do not feel this would influence their choice.

Figure 11: Likelihood of patients using an optical business that meets certain standards



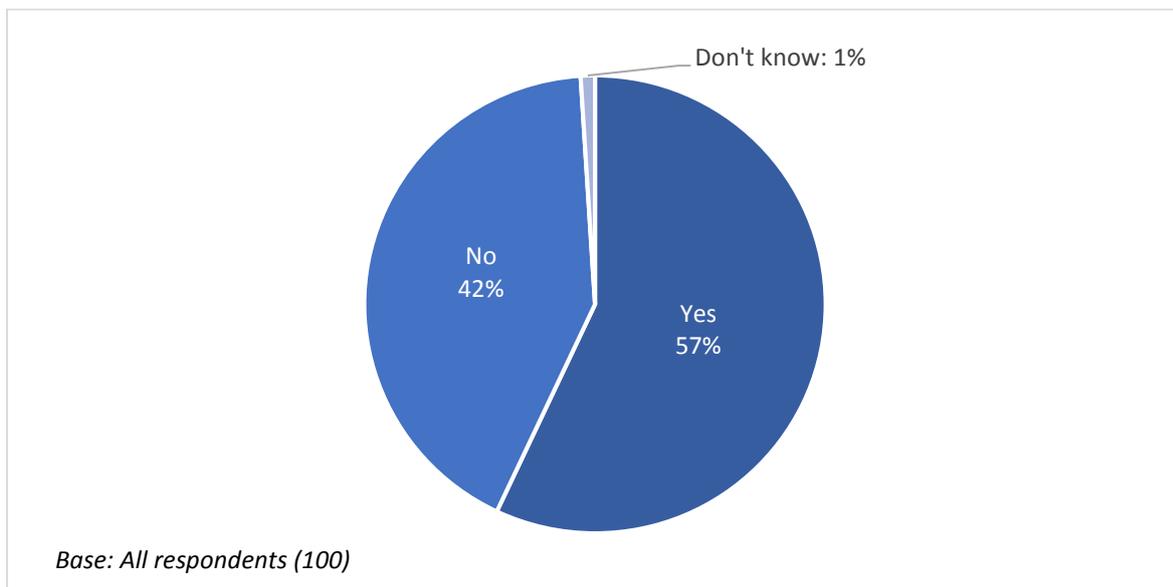
Overall, ratings for the standard of care that patients received during their recent visits to an optical business were high, with 89% rating the service at 8, 9 or 10 out of 10 (Figure 12).

Figure 12: Ratings for standard of care received on most recent visit to an optical business



Finally, patients were asked if they would know how to go about making a complaint if they found themselves needing to complain about the standard of care they received. Just over half of patients (57%) claim they know how to make a complaint (Figure 13).

Figure 13: Whether patients know how to go about making a complaint



Knowledge of optical businesses' complaints processes varies amongst the 57 patients who claimed they knew how to complain, as shown in Figure 14 below.

Figure 14: Patient expectations regarding method of complaint



The most common methods for complaining would be either face to face in store or via the company's complaints procedure.

5. General impressions of the Standards

Chapter summary

Individual registrants are slightly more positive about various aspects of the Standards, than business registrants.

- 82% of individual registrants agree the language used is easy to understand, compared with 70% of business registrants. Reasons for disagreement are that the language is not specific or tight enough, or the language is too complex.
- Clarity and accessibility of the Standards are rated highly, with most respondents (89%) suggesting the Standards are presented in a way that is clear and accessible for registrants; conversely 62% feel the same is true for patients and the public.
- In order to improve accessibility, some suggestions were received via focus groups for creating supporting guidance or signposting to add greater depth and clarity to the Standards. Other suggestions include creating direct links to other standards from within the document; having an appendix with a list of references and; making the final document available in larger font.
- Nearly all respondents to the qualitative research agree accessibility is important for registrants and others not registered with the GOC, as well as patients and the public.

Overall, consultation respondents agree that the Standards strike the right balance between the responsibilities of optical businesses and those in the *Standards for Optometrists and Dispensing Opticians*. Optical businesses are slightly more positive than registrants on this point.

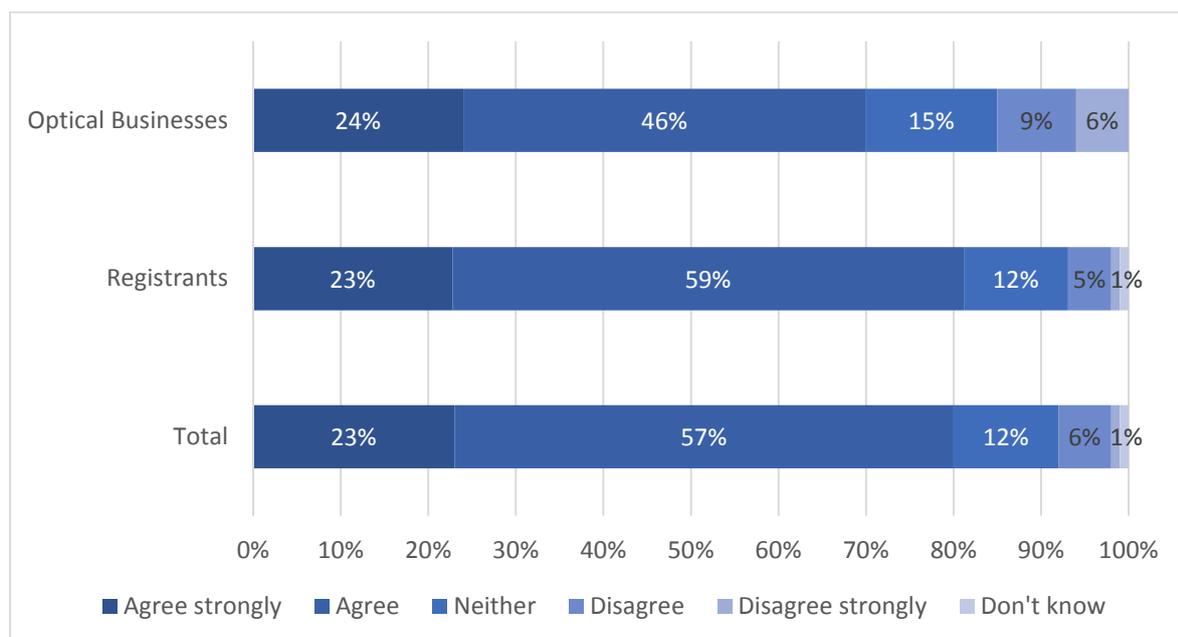
The different sets of standards are deemed to be consistent in terms of their content and format, but that they do not clash.

This section provides an overview of responses to the consultation on the draft Standards undertaken via the GOC’s Citizen Space survey, the GOC’s focus groups with Fitness to Practice staff and decision-makers and the qualitative research which Pye Tait undertook with registrants, business owners, student supervisors and optical students. It also includes, in appropriate places, the views of stakeholders received in a free-format (letter and/or email).

5.1 Overall impressions of the Standards

Overall, the draft Standards are felt to be easy to understand by 80% of respondents to the Citizen Space survey. Individual registrants are slightly more positive towards the Standards than optical business registrants (Figure 15), with 82% of the former agreeing or strongly agreeing that the language is easy to understand, compared with 70% of the latter.

Figure 15: Whether the language used in the Standards is easy to understand



Source: Citizen Space interviews, Base: Total (351); Individual registrants (278); Optical Businesses (33)

Feedback from the depth interviews with registrants, business owners and students is consistent with the Citizen Space survey findings.

Most respondents commenting positively on the language used:

“It sounds like common sense, it’s written plainly and understandable for everyone. It gives an idea of how to run a practice or business, it’s quite simply explained. There’s not too much detail – I’m not sure if it should have more or not, but it gives a general notion and is an easy read.”

(Student interview)

“I found the format really easy to read, I found the language clear, it was very straightforward and clear, so I thought it was quite good, as documents like this go, as it was an easy thing to read.”

(Optometrist interview)

“When it first landed I thought 22 pages would be long to read, but I went through it quickly and the language was easy to understand, certain things I’d like it to go personally further on, but I understand why you have to tread a careful path at times.”

(Student supervisor interview)

“It’s an extensive document, so it’s good that it’s split into sections with a clear structure. It’s easy to read and understand, and nicely pitched for students.”

(Student focus group)

Responses from registrants are slightly more positive than business owners, of whom 15% disagree that the language used is easy to understand. Reasons for disagreement centre on two main themes:

- the language is not specific or tight enough,
- the language is too complex.

These two themes recurred throughout the focus groups and interviews and were highlighted by all respondent groups. Findings from one of the GOC’s internal focus groups also tend to support these views, with participants suggesting the detail is fairly vague and open to interpretation (although an improvement on the current Code of Conduct).

“More definitive wording is required, it’s very vague e.g. ‘suitable’, ‘appropriate’ – wording and meanings need to be tightened up.”

(Student focus group)

“Fluffy language e.g. ‘good standards’, ‘support your staff’ provides too much scope for misinterpretation.

(Business owner interview)

5.1.1 Subjective and complex language

Three focus groups (students and registrants) raised specific concerns around the potential for confusion arising from the use of ambiguous language in the Standards. Examples of this are regarding the use of ‘qualifiers’ which participants feel could potentially provide loopholes for businesses and differences in interpretation. Examples are as follows:

The Standards (titles)

1.1 ‘Your patients are treated in a suitable environment with appropriate equipment’

One registrant focus group suggested clarity is needed over what is meant by ‘suitable’ and ‘appropriate’.

2.1 ‘Your culture and governance are open and transparent’

One registrant focus group felt the words were open to interpretation – depending on if the businesses want to be held to account. One student focus group suggested the words ‘open and transparent’ had the same meaning and anyway were too vague, agreeing with the registrant focus group.

2.2 ‘Your culture and governance ensure compliance with relevant regulations’

One registrant focus group felt this standard was ‘all very well and good’, but stated that “20% of businesses which aren’t registered don’t have to comply”, therefore setting an uneven playing field.

A number of respondents suggested that terminology such as “we encourage” is not strong enough and could result in some businesses not implementing the standards; for example:

“Some business may not see 'encourage' as mandatory or necessarily applicable to them.”

(Survey, member of the public)

Specific comments on the content of individual Standards are summarised in Appendix 1.

5.1.2 Signposting and/or guidance

In focus groups (registrant and student) a number of participants suggested some supporting guidance or signposting would be useful to add greater depth and clarity to the Standards. Examples include:

- Web-links to regulations and legislation
- Web-links to guidance issued by professional bodies
- A glossary of terms/definitions

Those who proposed these types of additions to the Standards suggest this would improve the clarity of the document and reduce scope for (mis)interpretation. For example:

“It would be nice if there could be a summarised version, something that’s functional and practical, it’s almost like reading a legal document.”

(Business owner interview)

Feedback from the internal GOC focus group with fitness to practice staff does not support these suggestions; the group felt that a ‘good practice’ guide would not solve the problem of where there is vagueness in the Standards.

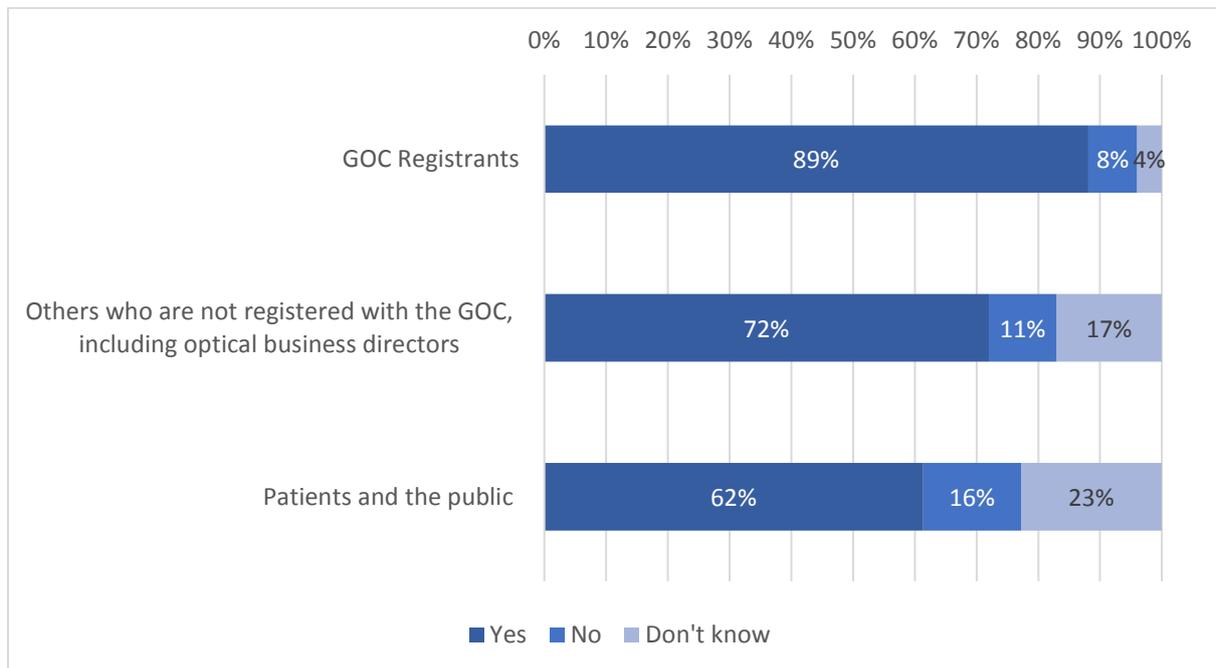
Some respondents expressed a desire for additional support to be made available by GOC in order to assist with implementation of the Standards:

“The only thing that might be needed from the GOC would be support from them when introducing these Standards. There is some support on the optical confederation’s website e.g. IT and staff training, but a lot of people might not know how to introduce some policies, so some support might be good. There are no other barriers, other than it does take time to compile all this together.”
(Student interview)

5.2 Accessibility of the Standards

The GOC Citizen Space survey findings show that 90% of respondents feel GOC registrants would be most likely to find the draft Standards clear, accessible and easy to use (Figure 16). 70% of respondents deem the Standards are clear, accessible and easy to use for non-registrants including business owners. Patients and the public are expected to struggle the most with understanding the Standards; nevertheless 62% of respondents indicate the Standards are clear, accessible and easy for this group to use.

Figure 16: Whether the draft Standards are presented in a way that is clear and accessible



Source: Citizen Space interviews, Base: All respondents (351)

Most felt that the Standards would be accessible to all three groups:

“Good structure and layout, easy to read and to follow, even for laypeople. Liked the three sub-sections, and the ‘why’ at the start of each.”

(Business registrant focus group)

“Even if someone’s a business owner or just started and has no optical background, it’s easy to follow and straightforward.”

(Business owner interview)

Among the small number of respondents who felt that there were accessibility issues, these tended to relate to the terminology and simplicity of the language for new students, non-registrants and the general public.

“Easy to understand for someone in the position of owning and running a business. A lot of the terminology would be new to the students.”

(Student supervisor interview)

“The public may struggle with some of the wording e.g. staff can exercise professional judgement.”

(Student supervisor interview)

Suggestions for improving the accessibility of the Standards include:

- Creating direct links to other standards from within the document so that references are easily accessible
- Having an appendix with a list of references/policies and links
- Having a version of the document in larger font for readers who are partially sighted

Those participating in the GOC’s internal focus groups tended to agree that the Standards are accessible, and that they have an appropriate layout.

Virtually all respondents participating in the qualitative research consider accessibility to be important for each of the different groups of GOC registrants, others not registered with the GOC (including optical business directors), as well as patients and the public.

“I think it is very important that the Standards are accessible to all concerned – it’s very important to have transparency.”

(Business owner interview)

“It’s very important - professionals and public need to be made aware of GOC guidelines - it aids transparency.”

(Business owner interview)

The vast majority (three quarters) of business owners feel the Standards should be (and are) accessible to a range of audiences, those expressing a mixed view are concerned that they are still overly complex for some, or that they are open to interpretation. The negative responses raised concerns over how accessible the Standards would be if not promoted or advertised in some way and over the technical nature of the language and content.

Amongst registrants, positive responses are in the majority, mostly commenting on the accessibility of the language and layout. Two respondents raised issues regarding the length of the document but are complimentary about the clarity of the writing. Two negative responses were put forward:

- of those employed in optical businesses, some lack optical knowledge as a result of joining the industry from non-specific retail environments;
- patients would likely lack awareness of the Standards.

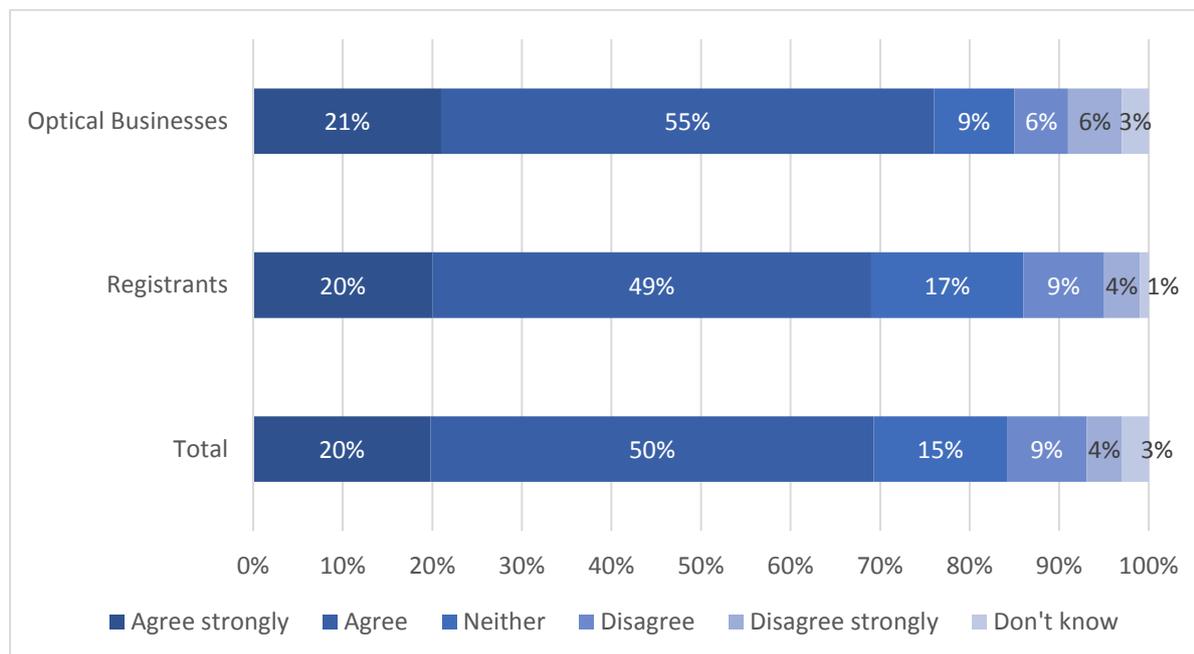
The Standards are perceived by a majority (just under two thirds) of student supervisors as being accessible to the intended audience, due to the uncomplicated wording and clear structure. A small minority noted that some students, particularly those in their early years of study, may find some terminology confusing.

A small number of interview respondents (business and registrant) and one focus group questioned whether patients and the public would choose to look at the Standards. These respondents therefore felt the question about accessibility is therefore unimportant.

5.3 Consistency with other GOC Standards

Overall it is felt that the draft guidelines strike the right balance between the responsibilities of optical businesses and those in the *Standards of Practice for Optometrists and Dispensing Opticians*. In the Citizen Space survey 70% of respondents responded positively to this question compared with 13% who responded in the negative (Figure 17). Optical businesses are slightly more positive overall, with 76% responding favourably.

Figure 17: Whether the draft standards are balanced with other GOC Standards



Source: Citizen Space, Base: Total (351); Individual registrants (278); Optical Businesses (33)

Only two respondents to the online provided comments in support of their answer to this question:

- Content in the Standards for individual registrants regarding *“never discussing anything in public or private which could question another registrant’s abilities”* should also apply to optical businesses
- Further guidance is needed making clear the distinction between the duties of an individual registrant and a business registrant *“to ensure the appropriate balance”*.

Most business owners are positive, suggesting the Standards are both complementary and consistent with other existing standards, however, a concern was raised relating to the role of the GOC and how they are perceived to be a ‘watchdog’. Two responses, largely negative in view, also suggest that relating standards to a business is fundamentally more challenging than relating standards to an individual.

Registrants taking part in depth interviews are overwhelmingly positive, commenting on the consistency and/or complementary nature of the Standards suggesting these add to the previous and existing ones, but don’t clash. One respondent made reference to repetition, but as a minor unavoidable aspect.

A large majority of student supervisors find the draft Standards to be consistent with and complementary to the *Standards for Optometrists and Dispensing Opticians*, citing similarities in content and format between the documents.

"I feel there is a good degree of convergence between the standards and what we expect of students and fellow practitioners, and I don't see any conflicts of what's expected."

(Student supervisor interview)

"I feel they shouldn't be complementary – a business is not an individual, it's a group entity... Pulling out individual parts from the existing Standards doesn't make this coherent or cohesive."

(Business owner interview)

"It's all written in very similar language, but the challenge is that it feels very much like they've changed the 'you' from an individual to a business, but there's a significant difference in what a business does. You've got to ensure you practice in a way that puts the patients at the heart of things, but for a business to ensure that pressures don't inhibit staff is fairly dangerous in some respects, as ultimately, we are a commercial business..."

(Business owner interview)

"I think they have achieved that – it looks and feels different to the other existing Standards for DOs – this is a lot more straightforward, and maybe aimed at a slightly different group so it's got to be more wide-reaching. The two don't clash, they are quite different in terms of terminology, but they interact well."

(Dispensing optician interview)

6. Structure and content

Chapter summary

On the whole, respondents thought that the Standards tend to cover what respondents expected to see and they set out 'what businesses do anyway'.

Respondents to the qualitative research praised the structure of the document and the way that each of the 12 Standards is presented, specifically that each standard contains a summary of 'Why is this Standard necessary', and then clearly lists out each specific requirement.

The introduction is regarded as being clear, although a little lengthy. Where any concerns were raised, these relate to greater clarity being needed on who (individuals or businesses) would ultimately be responsible on certain points. Other points relate to clarity on the responsibilities of locums; whether pre-registration students should be mentioned; whether reference to other staff in public-facing roles should be made and; that there should be more detail to differentiate between those who are qualified and those who are registered.

Overall, survey respondents tend to agree that all relevant areas/topics are covered in the Standards – optical business are more positive than individual registrants. However, a few gaps were identified via interviews and focus groups. These relate to:

- Enforcement of the Standards
- Business registration
- Online businesses
- Potential for conflicts of interest due to commercial pressures
- Data protection and GDPR
- Confidentiality and reporting

Registrants tend to agree that the Standards reflect the changing wider healthcare environment. However only 38% of survey respondents suggest the Standards are sufficiently flexible to accommodate this; 49% do not know. Concerns on this point relate to the impact of online businesses and the 'threat' they pose to the industry.

Technology is a recurring theme in responses, with business owners and registrants typically agreeing that the use of technology is adequately covered. A number also note

the importance of businesses adequately training staff in the use of new technology and feel that training appears to be adequately covered in the draft Standards. However, this is a slight concern about the extent to which the Standards may be able to reflect future changes.

This section examines stakeholders' views of the structure and content of the draft Standards, focusing on common themes emerging across the different strands of qualitative and quantitative research.

6.1 Views on the structure

The main sense from the depth interviews and focus groups is that, on the whole, the Standards tend to cover what respondents expected to see, setting out 'what businesses do anyway'. Respondents particularly highlighted as a positive:

- The structure of the document
- The way each of the 12 Standards is presented

In particular, respondents liked the fact that each standard contains a summary of 'Why is this Standard necessary', and then clearly lists out each specific requirement. These points were mostly raised during focus groups.

Feedback on the structure of the Standards was that it was generally clear and logical, with the document being easy to navigate:

"It was well-structured, you could look at different paragraphs and skip between and find bits you wanted to look at in more detail, it's well done."

(Optometrist interview)

"Good structure and layout, easy to read and to follow, even for laypeople."

(Registrant focus group)

The introductory paragraphs for each section on ‘Why is it necessary?’ were well-received and seen as helpful for explaining to non-experts why certain aspects of the standards were important:

“I quite liked the preamble that introduced why the standard was necessary – although it’s self-explanatory in some respects to the vast majority of registrants, I think it’s a good idea to have it in there for students and the public and it’s good to have the rationale for why you need to conform.”

(Student supervisor interview)

In contrast to the general consultation findings on this topic, one stakeholder organisation felt strongly that the draft Standards were poorly structured and lacked a clear objective.

“If the GOC is seeking to encourage registration or, for those who cannot register, to comply with the standards, then the draft standards are unlikely to achieve this. The length, confused organisation and odd content is more likely to discourage than encourage. The draft standards do not welcome businesses in but rather push them out.”

Federation of (Ophthalmic and Dispensing) Opticians (FODO)

Another stakeholder supported this view, proposing strongly that the *Standards for Optical Businesses* should be formatted in the same way as the *Standards for Optometrists and Dispensing Opticians*.

6.2 The introduction

Feedback on the introduction section of the Standards was that it is generally clear, although some respondents felt it was a little too lengthy.

“Yes, I think it’s clear and nothing leaps out as missing, if anything it could be a bit more concise. In tandem with the introduction to each section it works well.”

(Student supervisor interview)

Most business owners agreed that the introduction is clear, with just a couple suggesting that greater clarity is required in relation to who the Standards apply to.

The perceived level of clarity of the sections was high amongst registrants, with all respondents falling into the category of 'clear' or 'fairly clear'. In respect of the identification of missing elements, again the majority responded with nothing to note. Three commented on specific omissions/inadequacies in the introduction:

- Whether it would be appropriate to include a copy of the original standards - putting the new Standards in context;
- Who the Standards apply to;
- The lack of emphasis on professional indemnity (it being "just a one liner" in the draft).

Most student supervisors interviewed found the introduction section to the document to be sufficiently clear and straightforward to understand, with no perceived gaps.

A few specific concerns were raised by registrants in focus groups. These relate to:

- Greater clarification needed around the role of locums 'who have no responsibility to a business' but who comprise a significant percentage of the industry.
- Mention of pre-registration students should be made (in the list under the heading 'Who do these standards apply to?').
- Reference to '*Any other staff in public-facing roles, for example, reception staff*' was felt to be unnecessary as these individuals do not fall within the GOC's remit.
- Although registrants agreed with the statement '*It is illegal for optometrists, dispensing opticians, student optometrists and student dispensing opticians to practise in the UK without registering with the General Optical Council*' they felt it was important to more clearly differentiate between those who are registered with the GOC and those who are 'qualified' (e.g. those who may have the requisite qualification but whose registration may have lapsed).

One stakeholder organisation raised a concern about the use of the wording 'staff in public-facing roles' and suggested that it would be better to focus on staff whose decisions may affect patient care.

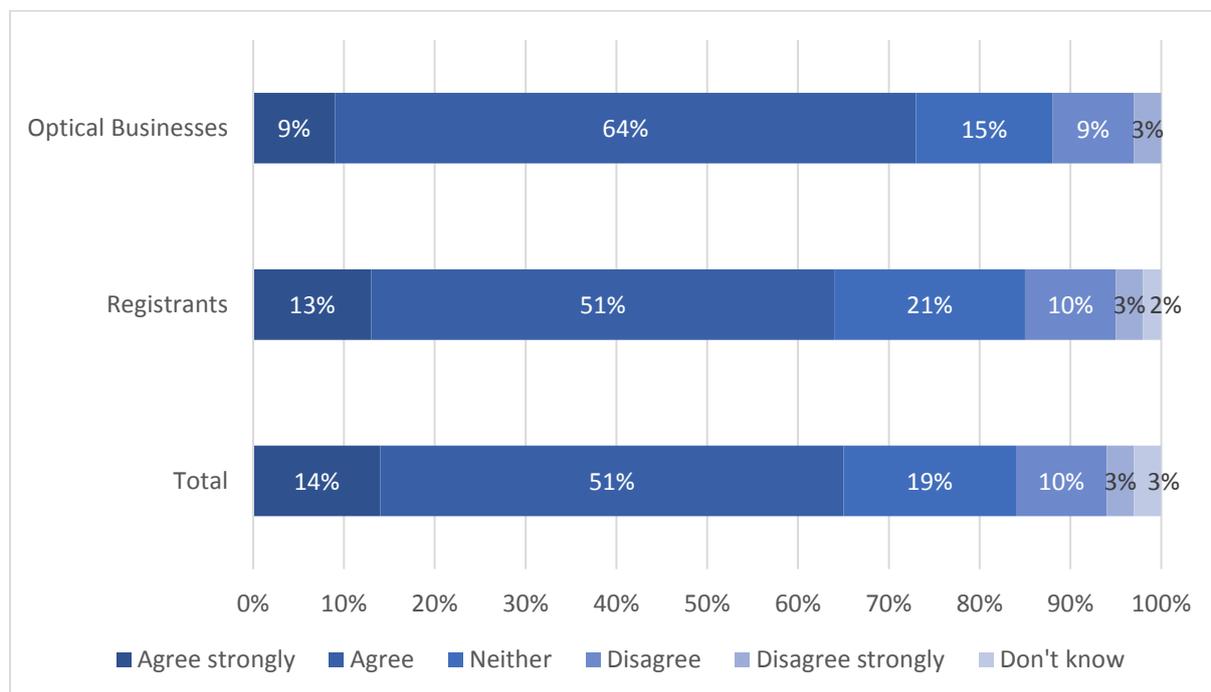
“We do not think the scope of the standards should be limited to staff in public-facing roles, given that the final paragraph of the introductory text says, “even if some members of staff do not have direct contact with patients, their decisions, behaviour and/or working environment can still affect patient care and safety”. It would be better to focus on staff whose decisions may affect patient care.”

(Stakeholder organisation)

6.3 Coverage of relevant areas and topics in the Standards

Respondents who completed the GOC Citizen Space survey were asked whether they agree that all relevant areas and topics are covered in the Standards. Just under two thirds of registrants and nearly three-quarters of all optical businesses agree with this statement (Figure 18).

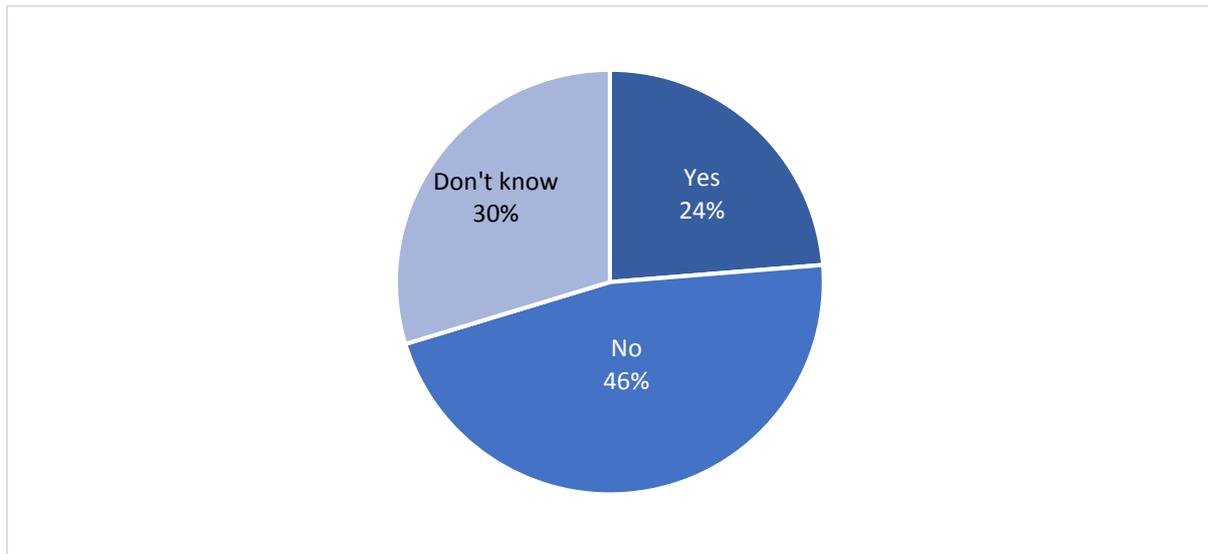
Figure 18: Whether the Standards cover all relevant areas/topics



Source: Citizen Space interviews, Base: Total (351); Individual registrants (278); Optical Businesses (33)

When asked more directly whether anything is missing, incorrect or unclear in the Standards, 24% of respondents identified areas that require further clarification, correction or attention (Figure 19).

Figure 19: Whether there is anything missing, incorrect or unclear in the Standards



Source: Citizen Space interviews, Base: All respondents (351)

In depth interviews, the majority of business owners felt all relevant topic areas were covered, two respondents highlighted the following as gaps:

- Domiciliary care services (in terms of depth of coverage within the standards and further guidance being needed for businesses who work in this context);
- The business' responsibility to its staff

Two responses went into the requirements within the Standards:

1.3.3 'ensures commercial pressures...'

1.4.4 'do not impose etc'

3.1.1 'make sure commercial pressures...'

3.2.6' 'support GOC to reach'

"All this is about ensuring business practices don't compromise patient care...The... standards should spell this out – making companies responsible if business practices compromise care."

B) *"The Standard highlights "that they would like all businesses to be registered but doesn't spell out qualifications criteria for registering (e.g. 51% of directors to be qualified)"*

Registrants were overwhelmingly positive, with the majority unable to suggest any additions or highlight omissions. Two suggestions for improvement were offered which focused on language and the need for specific, unambiguous terms (*'appropriate equipment'* and *'hygienic'*).

Half of student supervisors interviewed thought that all relevant topic areas had been covered within the draft Standards. The other half perceived there to be areas where minor amendments were required to be made, specifically requesting extra detail on protecting students and protecting training time.

6.4 Gaps in the Standards

The majority of business owners suggest there aren't any obvious gaps in the Standards although one did suggest the Standards may be *'a bit brief on technology'*.

Registrants identified numerous gaps and/or areas where they feel clarity could be improved, often in terms of the non-specific nature of the language used e.g. *'what is classed as reputable source?'* and *'what do they mean by candour and what is the context they're talking about?'*. Whilst unregistered businesses, as a group, didn't specify any particular gaps, they were keen that all businesses should be held to the same standards, that they should be accessible to all, and that technology is adequately covered.

One respondent highlighted what they felt was a governance gap: *'I think it could be improved on the governance side of things, domiciliary side of things. When an outside clinic takes over our work, for example. Could you impose certain conditions?'*

One comment gave the view that whilst no gaps were apparent they felt that health and safety is too large a focus (and is not of concern to the general public):

"No, I don't think so, if anything it's too much, some of it is not practical, asking for the patient's consent. It's gone too far when it comes to H&S. These demands are not coming from the public but they're encouraging the public to go that way."

(Dispensing Optician interview)

Discussion at both of the GOC internal focus groups highlighted a number of gaps including:

- Reference to minimum time-frames within which certain requirements in the standards should be complied with, to eliminate difference of opinion when something goes to panel;
- A stipulation that requires businesses to introduce a check point during the CET cycle which records the CET being undertaken by staff;
- Further detail about poor performance;
- A need for detailed content on hygiene aside from handwashing and other common failures such as a window being broken⁵;
- More detail to help GOC Fitness to Practice staff differentiate when a case should be raised as a patient complaint by the GOC or where it is an employment issue.

Although, on the whole, no major gaps have been identified, analysis of the interviews combined with the focus group feedback and consultation responses reveals a few recurring themes. These are summarised below.

6.4.1 Enforcement of the Standards

There were a considerable number of queries relating to how the GOC would enforce the Standards; it was felt that this should be made more explicit in the document. This point was raised in all focus groups, but it was only mentioned 12 times in the online survey and in a handful of depth interviews.

“How will the GOC enforce the standards? It’s not mentioned in the introduction”

(Student focus group)

“The GOC should give businesses and individual registrants more information about how it will use and enforce the standards”

(Stakeholder organisation)

6.4.2 Business registration

⁵ The group also queried whether this would fall under fitness to practice and, if so, how a common practice for this could be identified.

Respondents also raised concerns that businesses might be put off from registering in order to avoid costs and bureaucracy associated with implementation of the Standards, which could potentially lead to a lowering of standards across the industry overall.

There is also a strong feeling that all optical businesses should have to register with the GOC if registrants were to be expected to comply with the Standards. The lack of a 'level playing field' results in registered businesses being subject to all manner of regulations and oversight, whereas non-registered businesses face no consequences.

“Standards are preaching to the converted – why should businesses sign up? It’s a double tax – individual and business registration fees. And what is the enforcement? If business registration was mandatory though, it would provide a level playing field.”

(Registrant focus group)

“If reputable businesses are in direct competition with online businesses, it is impossible to compete as you would be in contravention of these Standards.”

(Registrant focus group)

One stakeholder organisation expressed a concern that some businesses are currently being prevented from registering due to their legal structure or governance arrangements, arguing that changes in the law are needed before compliance with the standards becomes mandatory for registered organisations.

“While we support the GOC’s long term policy aim that all optical businesses performing restricted functions should have to register and comply with the standards, this should not become mandatory until the law enables all businesses to register – at present some cannot do so without changing their legal structure or governance arrangements.”

(Stakeholder organisation)

There is also concern that unregistered businesses are not compelled to follow safety standards and that they can significantly undercut compliant businesses.

6.4.3 Online businesses

A substantial number of respondents expressed concerns that unregistered online businesses would not be subject to the same *Standards* and therefore this sector of the optical industry would be putting patients' health at risk. Respondents highlight the fact that a lack of follow-up care and support can be harmful to patients and there is a lack of oversight from the GOC.

However, it should be noted that where online businesses are based outside of the UK, these are outside of the GOC's regulatory scope.

"Online supply of contact lenses and spectacles should be covered."

(Survey, Dispensing Optician)

"More clarification is needed about which businesses this applies to, including whether online are included. The GOC should be able to govern online companies in exactly the same way, they should fall under the same standards."

(Student interview)

"I am concerned about the online sales of contact lenses. As a registered optician I am amazed how many patients are purchasing lenses without appropriate specification. There is a need for better governance of online suppliers."

(Survey, Dispensing Optician)

In depth interviews and via the GOC Citizen Space survey, many businesses expressed strong views that online businesses operating in the UK should be required to register with the GOC and to adhere to the relevant professional standards.

“The provision of prescription eyewear and contact lenses by remote sellers remains a major problem. The GOC has not adequately addressed this problem and it remains unregulated by all except those on the GOC Register. Spectacle frames and prescription lenses are not measured and/or fitted to the features of an individual's eyes and face. It must remain the absolute responsibility of the supplier of an optical appliance to ensure the fit and all adjustments are made by them. It must never be the responsibility of anyone else and in circumstances where adjustments cannot be made by the supplier, a full refund should be the compulsory option. All interaction, including adjustments, of goods not supplied by GOC Registered professionals must be prohibited, to avoid the transfer of legal responsibility. The supply of contact lenses without a current contact lens prescription is rife on the internet and affects all GOC Registered professionals. This must be stopped, to comply with the legal supply of these medical devices.”

(Survey, Dispensing Optician)

“The draft appears forward thinking and flexible. However, the industry is competing with global online providers. How will the standards incorporate these issues? After all optical practices have to be in business for standards to apply.”

(Survey, Dispensing Optician)

6.4.4 Potential for conflicts of interest due to commercial pressures

A considerable number of respondents raise concerns that optical professionals are coming under pressure to achieve sales targets and their professional ethics and duties of care to patients are being compromised as a result. There is strong feeling that this needs to be addressed more explicitly in the *Standards* than is currently the case (standard 3.1.2). This point was raised in focus groups with registrants and with students, and via the survey. Examples of how this point could be strengthened are given below:

“There is nothing to protect the optometrist from pressure being exerted by unscrupulous staff and managers.”

(Survey, Optometrist)

“Businesses are more interested in profit than patient care. They see individuals as consumers not healthcare or service users. The guidelines are not strong enough to erase this dichotomy of interests. Opticians will continue to be pressurised into having high conversion rates.”

(Survey, Optometrist)

“The standards do not address the issue of qualified staff encountering retail directors pushing sales rather than patient care and management. This will reach an inevitable crossroads whereby qualified staff will end up selling their soul to the devil to meet the demands of the industry. There are no guidelines, nor systems in place to protect those who wish to keep a clinical standard, and there is nothing being done to pursue this in the current environment.”

(Survey, Optometrist)

6.4.5 Data protection and GDPR

Several respondents highlight a lack of specific references to GDPR in the draft Standards and were of the view that recent changes in data protection legislation necessitate a greater emphasis on this area. The quotes below provide some examples of how respondents would like to see data protection highlighted more explicitly in the Standards.

“There’s a huge operational gap – in the headings, I wouldn’t know where data protection would be – I would expect it to be easier to know where to go for guidance on things.”

(Optical business interview)

“In terms of social media and technology and GDPR, it might be worth having something mentioned there. And now a lot of practices use ipads and dispensing technology, these should touch on those too.”

(Student interview)

“It would be good if there was more clarification on who we’re allowed to share information with. Currently, the GOC can put in a request for information which we have to give – that’s not mentioned in the document.”

(Student interview)

One student focus group, for example, suggested that GDPR should be specifically mentioned, and ‘what can and can’t be done’. This group also went on to give the example – and requested this be made clear in the Standards – that others are not permitted to collect glasses on a patient’s behalf (the group also suggested a link to the rules here would be useful in the relevant Standard (2.4)).

6.4.6 Confidentiality and reporting

In the interviews and focus groups, guidance was desired regarding patient confidentiality, with two particular instances cited:

- Reporting patients for driving with poor eyesight
- Reporting abuse

“For instance, where it talks about making the patient the primary concern, that is OK but the problem is when this affects the public as a whole. If I have a patient come in for a sight test and tell them that they are not suitable to drive a car then I’m well aware they are putting the public at risk when they’re driving. We have a duty to that patient with regard to their data protection and privacy, but the risk to the public is also great. More detail on this should be included. It’s a very grey area at the moment whether we can actually report to the DVLA if someone is putting the public at risk.”

(Student interview)

“Who can we legally inform of abuse without getting into trouble?”

(Student focus group)

Aside from the recurring themes summarised above, substantial numbers of respondents commented on individual points within the Standards document where they felt greater coverage or more clarity would be beneficial (the main points are noted in Appendix 1).

A small number of stakeholder bodies also commented on gaps and clarity of wording in the draft Standards.

“Overall, we think the proposed standards do have potential to be helpful to businesses, their staff and the public, but that this potential will only be realised if the standards are revised and clarified.”

(Stakeholder organisation)

“Clarify what is meant by ‘an adverse effect on patient care’. For instance, pressuring a patient to buy eye drops that they don’t need is not ethical, but would be unlikely to cause adverse clinical effects. We understand that the GOC intends this standard to cover ethical as well as clinical issues, and we suggest that the drafting should be clarified accordingly.”

(Stakeholder organisation)

6.5 Future-proofing

Comments from business owners generally acknowledge the effort which has been made to reflect the changing wider healthcare environment but raised the following concerns:

- Difficulties in keeping the Standards up-to-date as a result of future technological developments
- The impact of multi-disciplinary working not featured in the Standards
- How flexible the Standards are to deal with change

Registrants and business owners were asked the extent to which they agree the Standards are forward-looking and reflective of the changing wider healthcare environment.

Comments from registrants highlighted a positive view of new technologies and the need for forward-thinking in the profession. One respondent raised possible issues in respect of the use of a form of Artificial Intelligence (AI) by unqualified staff with minimal training.

Most student supervisors suggest the document is sufficiently future-proof, particularly with regard to emerging technology, however, some of this group believe it lags behind on other issues such as 'shared care' or providing sufficient training on new equipment.

Feedback from an internal GOC focus group with decision-makers suggests that future-proofing may be helped by the addition of a clause at the beginning of the Standards stating, "In addition to these Standards you will be responsible for meeting all statutory and legal requirements".

Feedback from the focus groups suggests that most respondents think the document is sufficiently future-proof and flexible, although a minority are concerned that the Standards will become quickly out of date. A handful of registrants suggest that a five-year time span would be too long given the fast-changing nature of the industry with all the technological and legislative changes that impact on the industry.

"I think it's very appropriate for the changing needs of our country at the moment as things are open to change, maybe it will need to be reviewed more frequently in the future, within 2 – 3 years again."

(Student interview)

A number of respondents note the need for optical businesses to adequately train staff to use new technology, and highlighted training as an area that the Standards document appears to adequately cover.

"From a technology point of view, I don't think that's any issues, just making sure it's all up to date with data protection and making sure people are properly trained. The issue I've had with technology is that people don't know what they're doing with it; it does mention staff qualifications and monitoring staff so that is in there."

(Student supervisor interview)

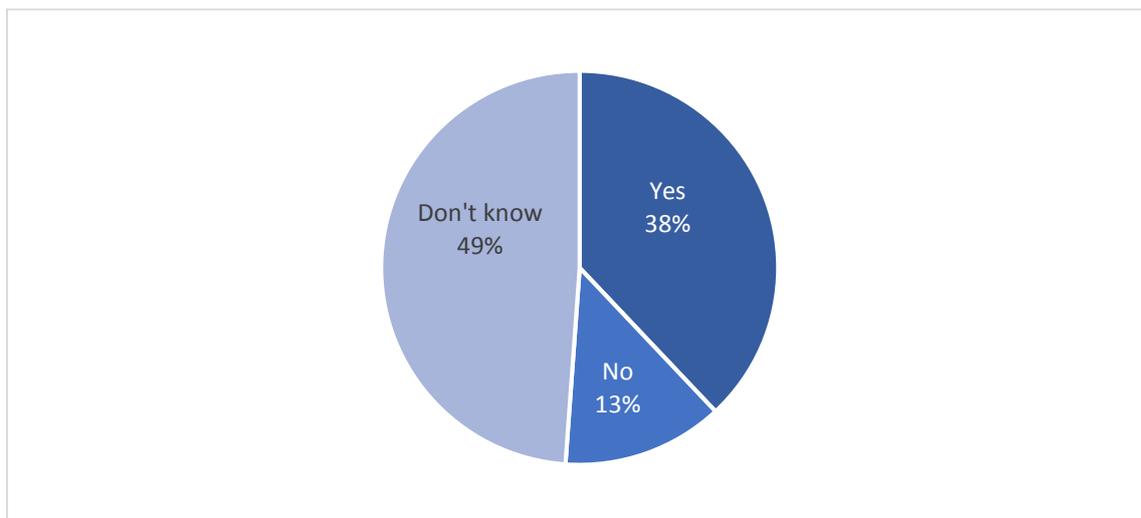
“Weak on new technology, but flexible enough to cover most scenarios. Allows introduction of new technology if training is sound.”

(Business owner interview)

6.6 Flexibility

Responses from the GOC Citizen Space survey are mixed on the question of whether the draft Standards are sufficiently flexible. Half of respondents are reluctant to commit either way, perhaps due to the uncertain nature of future industry developments (Figure 20). Of those who stated a view, the majority feel that the Standards are sufficiently flexible.

Figure 20: Whether the Standards are sufficiently flexible



Source: Citizen Space interviews, Base: All respondents (351)

Many of those who were less positive are concerned about the impact of online business on the future of the UK optical industry and felt that the draft Standards did not adequately address the ‘threat’ to the industry that these operators represent.

In terms of how flexible the standards are to deal with future change, amongst business owners taking part in depth interview, most raised issues regarding the way the Standards would deal with changing/new technologies.

In depth interviews, responses from registrants were almost all positive, the only negative comment focuses on the rapidly changing nature of the industry and how the Standards may not be able to cope with those changes.

Participants in one of the internal GOC focus groups agreed that the draft Standards are quite flexible to a range of businesses.

7. Impact and implications of the Standards

Chapter summary

The majority (81%) of respondents to the GOC Citizen Space survey agree that the GOC's expectations are clear. Optical businesses are slightly more positive than individual registrants. A minority of respondents however suggested that some greater clarity would be useful.

Some business owners asked for more detail on who exactly the Standards would apply to. A small number of student supervisors were unclear on what the GOC is aiming to achieve via the Standards.

Over half (57%) of survey respondents agree that optical businesses will be able to comply with the new Standards. Optical businesses are more positive than individual registrants. That said, 23% said it will not be easy for businesses to comply with the Standards.

When asked if they foresee any barriers that would prevent an optical business from complying with the Standards, just under a third said they did – individual registrants were more likely to foresee barriers. Barriers mainly relate to:

- Commercial pressures (to achieve sales targets)
- The cost of implementation from a financial and time perspective
- Staffing pressures

Many respondents suggested it will be more challenging for smaller businesses to implement the Standards because large businesses will have departments dedicated to implementing change. However, some focus group attendees disagreed, proposing that smaller businesses are more agile and quicker to respond to change.

Most business owners feel that the Standards are practical, and they can be applied in everyday situations.

Survey respondents also largely agree (70%) that the Standards can be applied by different types of optical businesses. Individual registrants tend to be slightly more positive than business registrants.

In terms of implications of using the Standards, there tends to be a positive view from the sector. However, some concerns were raised about accountability. Some individual registrants raise the point again about smaller businesses perhaps being impacted more than larger businesses. Half of optical businesses taking part in interviews do not predict any significant implications for businesses. The main implication highlighted relates to staff training and supervisory arrangements.

When asked whether the Standards will have a positive or negative impact on various groups, survey respondents are in most agreement (64%) that the Standards will have a positive impact on GOC registrants and patients and the public. 48% agree that the Standards will have a positive impact on business owners and directors; however, 18% predict a negative impact.

However, 60% of respondents agreed the Standards will have a positive impact on optical practice. Positive impacts are linked to driving up standards and improving the quality of care.

This section examines views of how the Standards are likely to impact on the optical industry as a whole, and on individual businesses and stakeholders within the sector.

7.1 Expectations of conduct and behaviour

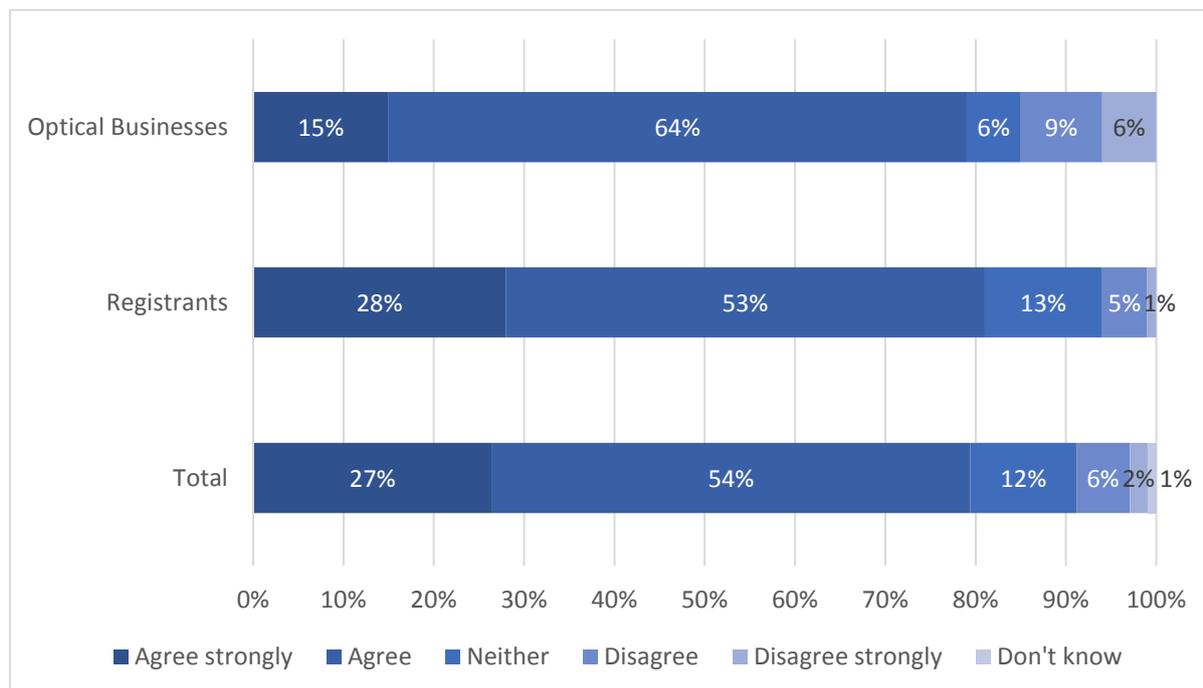
Respondents completing the GOC Citizen Space survey were asked whether they felt that the GOC's expectations of optical businesses are clear in relation to the draft Standards.

81% of respondents agree that expectations are clear – 27% being in strong agreement with this statement (Figure 21). Optical businesses are slightly less positive than registrants, but by far the majority of this group agree that the expectations are clear and only a relatively small minority (15%) disagree.

"I have not had time to examine the document in fullest of detail, but from an overview it seems to highlight the need for the optometrist to be able to have the time and space to serve their GOC duty without hindrance from the commercial expectations of the business."

(Survey, Optometrist)

Figure 21: Whether the GOC's expectations of optical businesses are clear



Source: Citizen Space interviews, Base: Total (351); Individual registrants (278); Optical Businesses (33)

Of the few registrants who answered this question in depth interviews, two were particularly conflicting: one suggested that perhaps the Standards are ‘a bit over the top’ and the other referred to the ‘limited information’ in relation to students highlighting that this may be because of the existence of ‘their own set of standards’. The other response felt the draft Standards set out the expectations fully and highlighted the importance of governance and audit: *‘making sure the governance and audit is done for them as they can get neglected, and for us to liaise with universities will be much more important in the future, and to monitor their progress will be hugely important.’*

Student supervisors were split down the middle as to whether they feel the draft Standards adequately outline the GOC’s expectations of the conduct and behaviour expected of students in a business environment. While half feel that expectations are laid out very clearly in the document, the other half felt that greater detail was required as the Standards are not explicit enough in this regard. One respondent also commented that greater protection for students from businesses would help their early career and learning.

7.2 Expectations for the sector

Business owners felt GOC's expectations were clear, however, concerns were raised about who the Standards would apply to (*'One of our contact lens suppliers will continually switch to a lower product until a patient complains – will they be beholden to these standards? This is all going to hit me, but not suppliers which are not working within the spirit of the law.'*). One respondent felt the expectations were *'modest'*, however, further commented that they lacked the appreciation of *'commercial pressures on consultation time'*.

Equally, registrants felt GOC's expectations were on-the-whole clear with most indicating that compliance was expected and proffering hopes that the Standards would improve the over-due compliance of the few.

Just one respondent expressed surprise that the Standards were necessary. Two respondents felt the expectations are relatively clear although one of the respondents raised the issue that it would be unrealistic, for a business which is solely funded by GOC eye tests, to meet them.

A large minority of student supervisors felt that the GOC, by publishing this document, is aiming to encourage and promote best practice, and boost the perception of the optical industry. A smaller group felt that the GOC are aiming to create a standardised level of care across the board. A final group are unsure what the GOC is aiming to achieve – this was for a variety of reasons: one respondent cited the GOC's communication as being overly confusing, while another was unsure the Standards would achieve anything unless they were properly enforced.

"I think the intention is good and it will benefit the profession if these are brought into place."

(Student supervisor interview)

"To protect the public and the staff really, transparency, communicating clearly, patient consent, patients need to be safe in your environment. Quite frankly, the stuff in this document I find easy to do as it comes naturally."

(Business owner interview)

"I think and hope it's to bring in line that, I - as a registrant – have to comply with certain things, and it brings businesses in line."

(Registrant interview)

7.3 Applying the Standards in everyday situations

Of the comments from business owners, most indicated they felt the Standards are practical and can be applied in everyday situations. One negative response suggested they were impractical and contained too many clauses which are *'incredibly subjective'*.

Three negative comments focus on issues of clarity and where interpretations come into play:

"I think some of them are very straightforward, others are a bit woolly – what do you actually mean by these?... peoples' standards of hygiene are very different."
(Business owner interview)

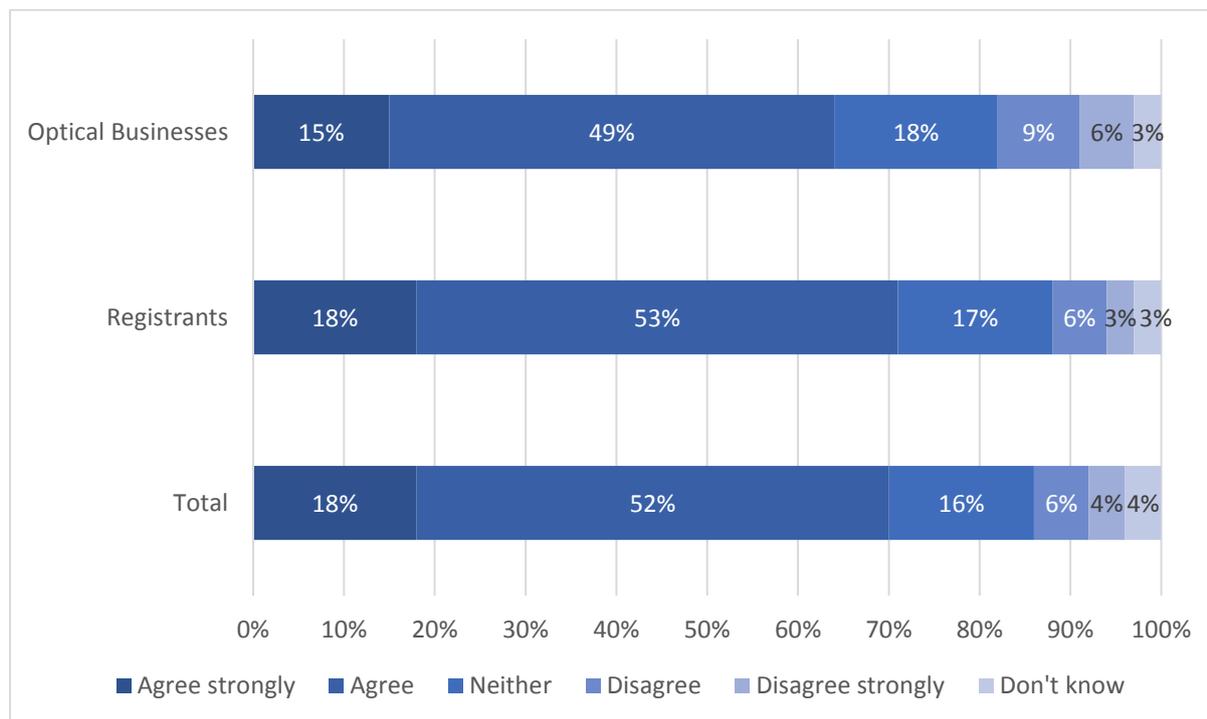
Of the comments received from registrants, three quarters indicated they feel the Standards are practical and can be applied in everyday situations. Furthermore, they showed support for what the Standards are aiming to achieve:

"Working in practice, I don't see any reason why they couldn't as they're quite logical, it should be the way you're working anyway. It should easily be achievable."
(Registrant interview)

The Standards were thought by student supervisors to be practical and able to be implemented in everyday situations by the majority of respondents; this group suggested that the broad phrasing and straightforward topics covered by the document would enable a business to meet requirements from day-to-day. A small minority generally agree with this view, on the whole, but cite some points which might be impractical to implement easily. One respondent also raised concern that the Standards might create a two-tier system between those GOC-registered businesses implementing them every day and those non-registered businesses which might not.

Respondents to the GOC Citizen Space survey were asked if they felt the Standards could be applied to different types of optical businesses, and generally this was the case, with 70% of respondents agreeing with this statement (Figure 22). Optical businesses were a little more likely to disagree with this statement than registrants (15% vs 9%).

Figure 22: Whether the Standards can be applied to different types of optical businesses



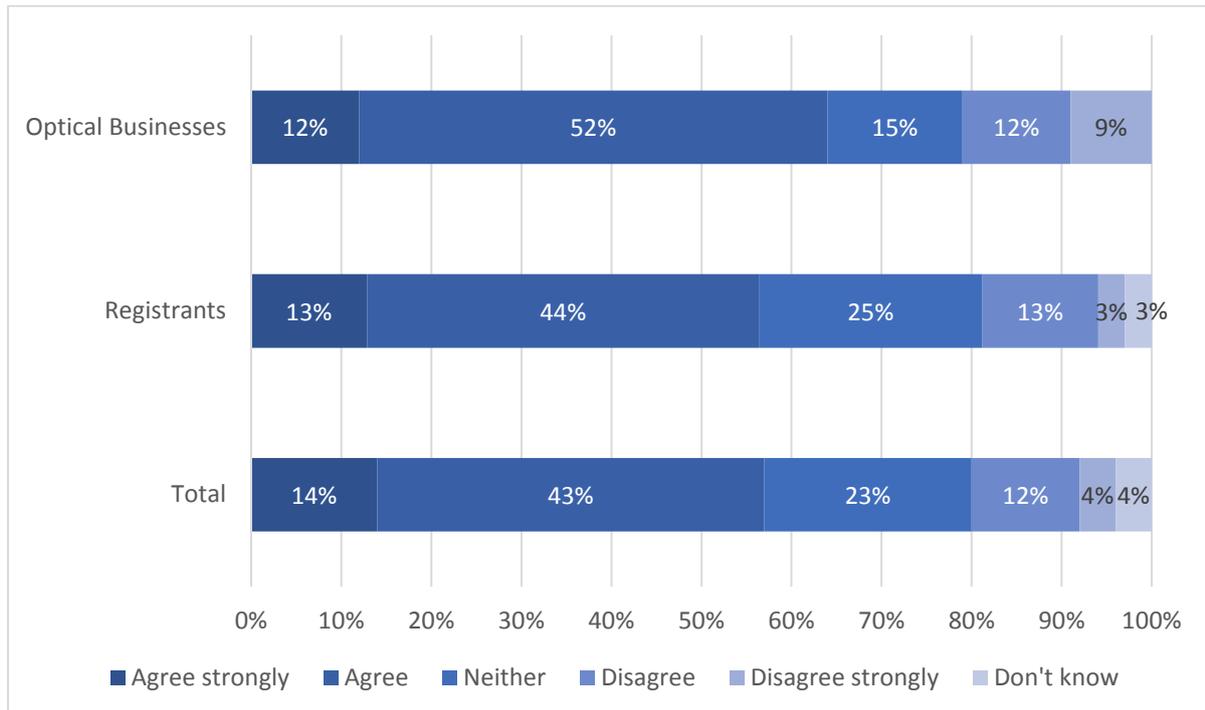
Source: Citizen Space interviews, Base: All respondents (351)

Certain types of businesses were identified as potentially falling beyond the scope of the Standards, particularly online businesses (see Section 6) and those based outside of the UK. A few respondents were unclear whether the Standards would be applicable to manufacturers. Services provided by hospitals were also queried in this respect.

7.4 Compliance

57% of GOC Citizen Space survey respondents agreed that optical businesses will be able to comply with the new Standards, and encouragingly, 64% of the optical businesses taking part in the survey agreed with this statement (Figure 23). However, 21% of optical businesses feel they will not be able to comply with the new Standards.

Figure 23: Whether optical businesses will easily be able to comply with the Standards

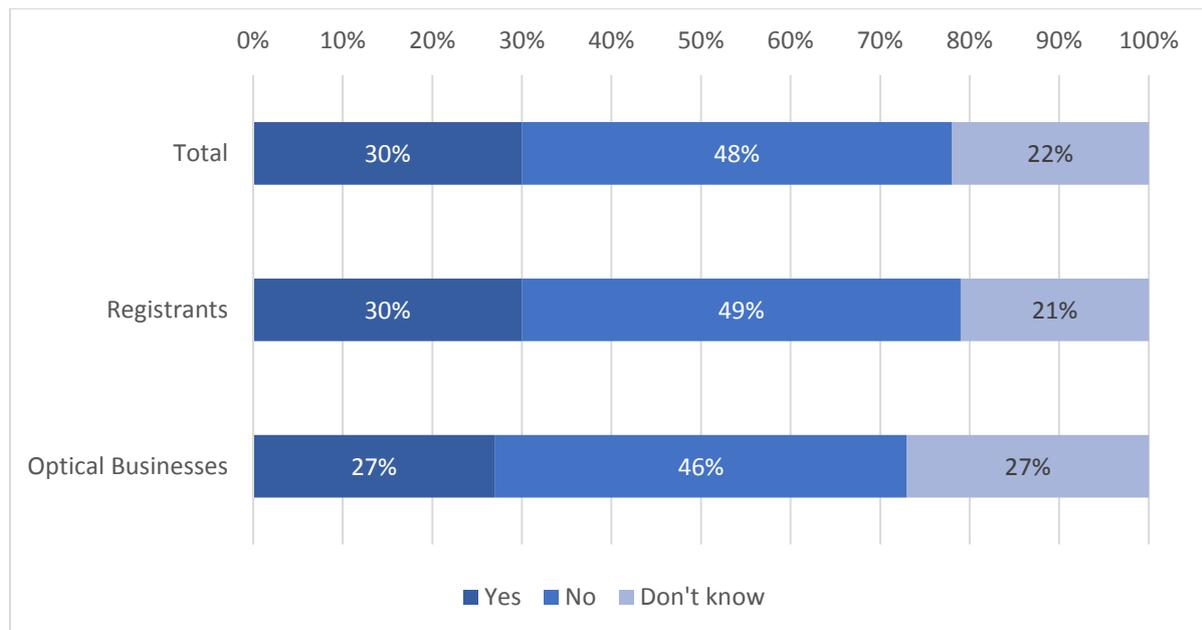


Source: Citizen Space interviews, Base: Total (351); Individual registrants (278); Optical Businesses (33)

7.5 Barriers to complying with the Standards

Although half of all GOC Citizen Space survey respondents did not foresee any barriers that would prevent them from complying with the draft Standards, three out of ten respondents envisaged there would be barriers (Figure 24). The proportion of registrants and optical businesses who felt this way was similar.

Figure 24: Barriers preventing an optical business from complying with the Standards



Source: Citizen Space interviews, Base: Total (351); Individual registrants (278); Optical Businesses (33)

The types of barriers that were envisaged primarily related to three main factors:

- Commercial pressures (to achieve sales targets)
- The cost of implementation from a financial and time perspective
- Staffing pressures

“I don’t see any actual real barriers, but I can see there might be issues brought up saying we don’t have time to give students half a day off a week (for example) or the time to supervise everyone and monitor staff progression, there shouldn’t be barriers, but it might be brought up as potential issues. Commercial pressures vs professional judgement - that’s where you’ve got the two angles.”

(Student supervisor interview)

When asked about barriers in depth interviews, registrants were split. Just under half saw no barriers which would prevent compliance with the Standards; one of those responses suggested that the industry must comply regardless: *‘I don’t see any barriers myself at all. I think if the GOC puts up standards you have to bring down any barriers you think you have.’*

Of the registrants who suggest there may be barriers, most respondents focused on time (*‘Just in terms of data protection alone, its requires an awful lot of input from businesses, and will require a lot more time.’*), one referred to profits (*‘Ideological concerns about making money, which may be a big problem.’*) and one referred to the culture within a business and its willingness to change (*‘In terms of barriers – it’s all about culture and this comes from the top and it’s got to be fed down.’*).

No real barriers were identified by student supervisors as they suggest businesses will be following such best practice already. The main barrier predicted by a smaller minority of respondents was how businesses would be able to balance commercial pressures against allowing individual registrants time and freedom to use their professional judgement. One respondent noted that a culture change may be required by businesses, but that that should be no real barrier to implementation. Another respondent noted that existing space and facilities may not easily be able to be adapted.

One stakeholder organisation expressed a concern that the GOC should not be placing additional burdens on businesses unless there was a clear need to do so:

“In revising the standards, the GOC should only impose new burdens on businesses where this is justified, risk-based and proportionate... Where the standards impose new requirements that carry costs or administrative burdens, the GOC should assess the costs and benefits of these changes and invite stakeholders’ views on its analysis, so that businesses and others can understand what is changing and challenge the proposals where necessary. In particular, where the standards introduce new minimum requirements (as opposed to recommending good practice), the GOC should make the case for this.”

(Stakeholder organisation)

Notwithstanding the points above, many respondents felt that it would be harder for small businesses to implement the Standards than it would be for larger businesses, since the latter have whole departments dedicated to implementing these kinds of changes. This view was expressed in the survey responses and in registrant focus groups; however, some focus groups expressed the opposite view, suggesting that smaller businesses would be more agile and quicker to respond to change.

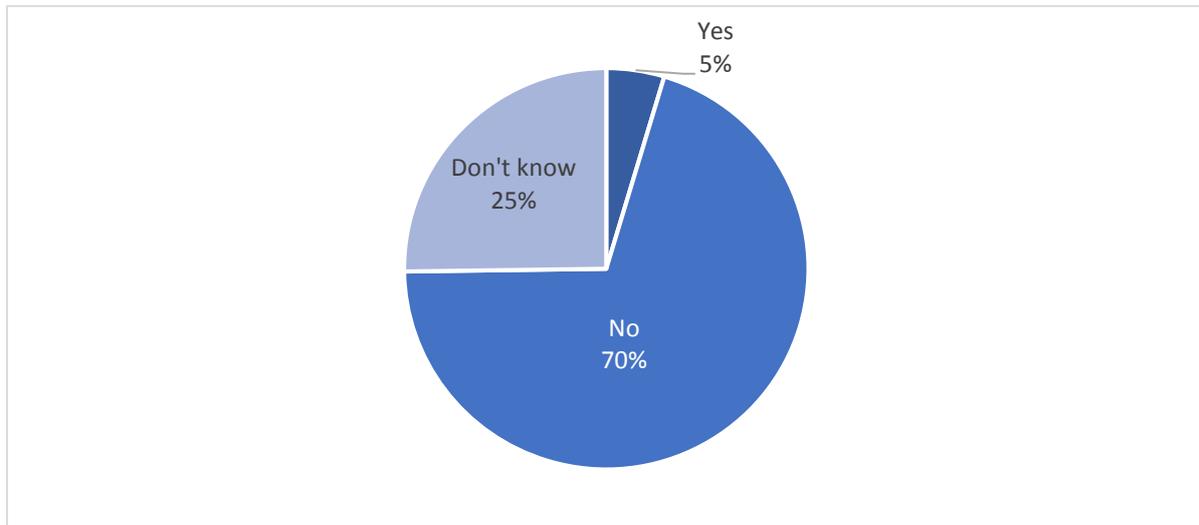
“Lack of staff, and limited facilities that may not be able to meet the ideal standards that have been set.”

(Survey, Dispensing Optician)

7.6 Discrimination in the Standards

As part of the consultation, respondents were asked if there were any areas of the Standards that could potentially discriminate against stakeholders with specific characteristics. Although the majority of respondents had no areas of concern, a quarter felt they did not know enough to be sure either way, and one in twenty respondents had specific areas of concern (Figure 25).

Figure 25: Any areas of the Standards which would discriminate against stakeholders



Source: Citizen Space interviews, Base: All respondents (351)

A small number of survey respondents provided supporting comments in answer to this question, although not all appeared to be directly related to the subject of discrimination, for example:

“They are quite general in the language rather than specific. It would be possible for someone to audit their practice based on these points.”

(Student supervisor interview)

“It’s all common sense a lot of it. If you run your own business, you’re aware of HR and obligations as a director.”

(Business owner interview)

“I think within reason, yes, but I think it’s tricky. The difficulty is that you’ve got to be vague at some points but then it does leave it open to interpretation, but overall they’ve done a pretty good job, and it’s got to be readable but most of it makes sense to me.”

(Registrant interview)

A small number of respondents stated that the needs of those who are unable to provide informed consent are not fully met in the draft Standards, and there needs to be more

detail provided, particularly following the introduction of GDPR (see section 6.4) which is seen as having created problems for information-sharing with carers and relatives.

“With the new GDPR in place it is now impossible for carers to help elderly parents - for example replacing broken glasses when someone is in a care home or hospital, as the patient concerned is not able to give prior permission for their needs to be discussed.”

(Survey, Dispensing Optician)

One respondent commented that there is no mention in the Standards of access to buildings for the disabled. A few respondents also observed that employees with learning difficulties may struggle to work within the requirements of the Standards.

7.7 Implications of using the Standards

Business owners did not always respond directly to the question about the implications of using the Standards. This group of respondents instead took the opportunity to raise issues of accountability both in terms of who these Standards would apply to and the strength with which businesses would respond to them because of fragmentation in the profession.

- One response highlighted a simplistic administration implication
- Another sought to highlight that the implications are likely to be different for optometrists in hospitals compared to optometrists on the High Street.

Of registrants who felt that there will be implications, these typically focus on smaller businesses and the problems they may have due to their size (as noted in the section above), however, overall the comments were positive in terms of the Standards forcing an improvement to the management of relevant businesses. One respondent focused on their own circumstances highlighting it would have little impact as the necessary frameworks were already in place, however, they acknowledge that this may not be the case for others.

Half of optical businesses responding believed that there would be no significant implications for businesses that would mean some change is required of them, as they believe that most businesses follow these guidelines and best practice already. A sizable

minority noted that businesses will need to look much more closely at their training and supervisory arrangements when these Standards are introduced. One respondent noted that businesses may face a cost to ensure they have appropriate facilities which comply with the guidelines.

“Smaller independents might have more on their shoulders and look at this and have to make some changes.”

(Registrant interview)

“It might mean a contractual change or a change in standard operating procedures too, it’s more of an admin function or the head office of a business.”

(Registrant interview)

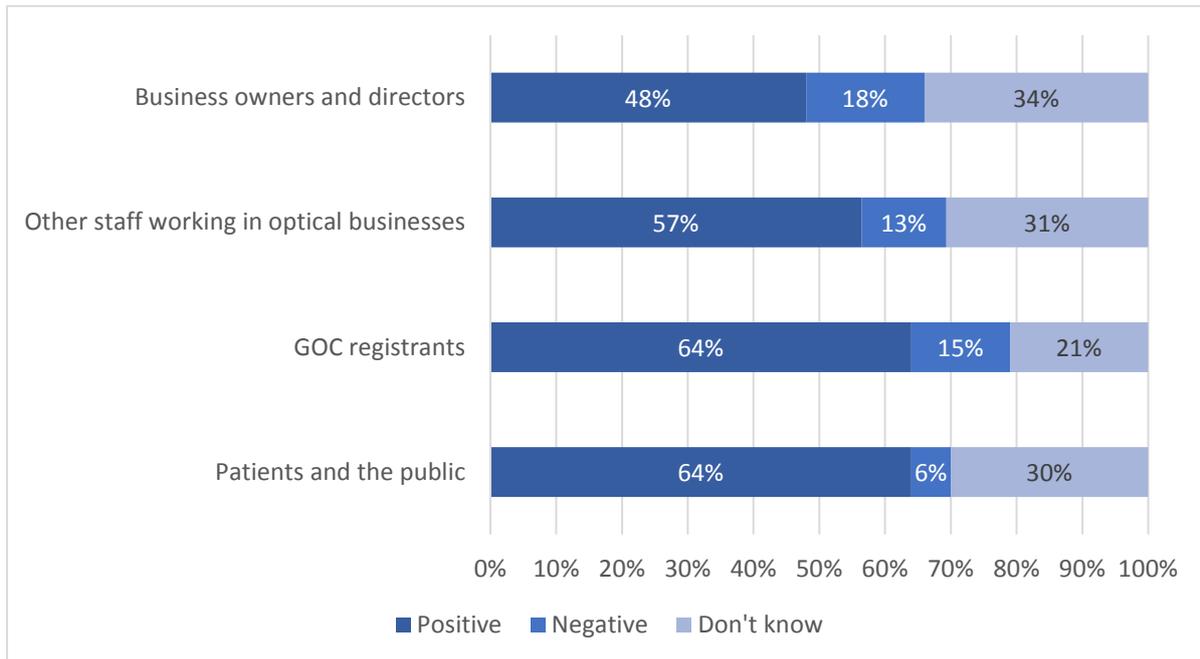
“There are some businesses that already meet these... The GOC is sticking to its clinical base and not considering that it’s a retail market – people are being sold things that don’t fit them etc. you’ve got to ensure that spectacles are manufactured to standards too – this should be given in detailed guidelines.”

(Business owner interview)

7.8 Impact on business, students and the industry

The consultation research also examined how the Standards are likely to impact on different stakeholders within the industry. The GOC Citizen Space survey respondents were mostly of the view that the Standards would have a positive impact on all sectors of the industry, with the most positive impact likely to be felt by patients and the public, and GOC registrants (Figure 26). The impact on other staff working in optical businesses and business owners and directors was also expected to be largely positive, although one in five respondents predicted a negative impact on business owners and directors.

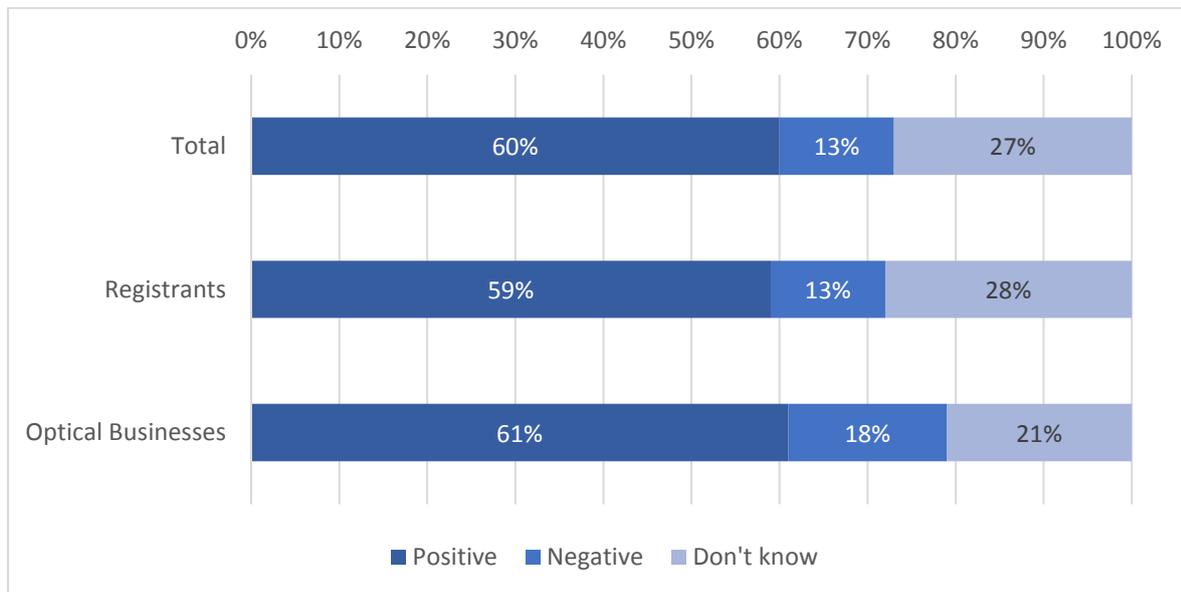
Figure 26: Whether the Standards will have a positive/negative impact on different groups



Source: Citizen Space interviews, Base: All respondents (351)

Expectations of the impact of the Standards on optical practice were positive amongst registrants and optical businesses, with 60% expecting that the Standards would have a positive impact (Figure 27). Nevertheless, a sizeable minority (13%) were concerned that the Standards would have a negative impact.

Figure 27: Whether the Standards will have a positive/negative impact on optical practice



Source: Citizen Space interviews, Base: Total (351); Individual Registrants (278); Optical Businesses (33)

Feedback from the internal GOC focus group with decision makers suggests that the impact will be minimal, and some businesses may need to invest more where needed (presumably to meet the Standards). Most of the participants in this group went on to state that they believe the Standards will aid whistle-blowing cases.

Business owners gave several highly detailed responses to the question of whether the Standards will have a positive or negative impact. The greatest proportion of respondents believe the Standards will have a minimal impact on registrants and optical businesses, with the majority suggesting that compliance will not be onerous to competent business owners. A significant volume also expressed positive views of the impact linked to driving up standards and increasing the quality of care.

Some respondents highlight the lack of differentiation between having a code-of-conduct and the Standards, with one respondent suggesting the Standards may be seen as 'aspirational'. Negative comments include one who felt the Standards are unnecessary and 'insulting [to] the integrity of the practitioners'. Another respondent felt the impact of the Standards will be dependent on the level of penalties for non-compliance.

A number of comments were defensive in their tone and in their view of the impact of the Standards. They spoke about how they feel their businesses are negatively represented:

“Never been happy with the GOC mantra of “protecting the public” – think it displays the industry in a very negative light.”

(Business owner interview)

Of registrants, five felt that the Standards would have no impact simply because they are already working in a compliant way. Three further comments feel a positive impact will be seen, mentioning a move toward a *‘more clinical approach to patient care’*. Two people feel more time would be needed to understand/see any impact and three felt the Standards could be onerous - particularly on smaller practitioners who may have to *‘re-think the way they work’* and may find it difficult to *‘implement the new guidelines’*.

Most student supervisors suggest the introduction of these Standards will have a positive impact on the sector by boosting the public’s perception with professionals and businesses being held accountable for their actions. A slightly smaller group feel the Standards will have minor impact as most of the practices outlined in the document are already followed by businesses. A small minority feel the document will have little impact unless it is properly enforced. One respondent believes the Standards will act to provide more protection for individual registrants.

“It would probably have a positive impact on the industry and show that the profession is meeting standards for allowing businesses to run as optician practices, so it would show it in a good light and make it more accountable.”

(Student supervisor interview)

“We won’t need to change anything, but they might make us think.”

(Business owner interview)

“Most competent practice owners will be operating in this way.”

(Business owner interview)

Several respondents commented that they expected the Standards to have a positive impact on optical practices by providing a greater degree of certainty and ensuring staff feel

supported and valued. Others feel that as the majority of practices follow the best practice outlined in the draft Standards they would have little impact.

“For large businesses that are already registered it is unlikely to have any impact, as their main drivers are commercial i.e. operating a business that customers wish to engage with. So, although the GOC view will of course be noted where it reflects good practice, it is likely to be something that has already been addressed. That being said, it may provide a useful checklist / benchmark for all businesses.”

(Survey, ‘other’ respondent type)

A small number expressed some concern that the draft Standards may mislead the public into assuming that they are adhered to by all businesses and not just those who are registered.

A minority also suggested that a more prescriptive standard could mean that some businesses choose not to register, which is predicted to have a negative consequence for consumers.

8. Summary and conclusions

8.1 The consultation

The overarching aim of the GOC's *Standards for Optical Businesses* document is to promote positive behavioural change in the optical sector, taking into account learnings from recent healthcare reviews. With this goal in mind, the consultation on the draft Standards has gathered feedback from across the optical industry to ascertain the degree to which the Standards are likely to achieve this.

The fact that a broad range of stakeholders across the industry have demonstrated their willingness to engage in this consultation highlights the importance they place on developing a set of standards that are well-designed, clearly structured and applicable across the whole industry.

8.2 Reactions to the Standards

Analysis of the feedback received via this consultation shows that the new draft Standards are welcomed across all key stakeholder groups and are seen as a positive step that will encourage and promote Standards, with some suggesting many businesses already meet the 'best practice' described in the Standards. Patients and the public expect all businesses to have to meet the same standards for eye care.

Overall feedback from registrants, students, academics and optical businesses consulted via the GOC's Citizen Space survey and via qualitative research was that the Standards are felt to be accessible, well-structured and clear.

8.3 Areas for review

On closer scrutiny, some respondents had queries about specific aspects of the wording where the meaning is not felt to be explicitly clear, or where ambiguous wording leaves the meaning open to interpretation by the reader. Further scrutiny and refinement of the wording and terminology will be beneficial, and it will be important for the GOC to be able to demonstrate to stakeholders that they are listening and responding to this feedback.

8.4 Gaps and coverage

While most of the consultation respondents were comfortable that all relevant areas and topics were covered, several gaps were identified, particularly in relation to how the Standards would be enforced, and the potential for unregistered businesses to fall outside the authority of the GOC's Standards.

Online businesses were identified as a significant concern for the UK optical industry, particularly since they are currently able to sell spectacles and contact lenses to patients without requiring them to first have their eyes examined by a qualified optometrist. The areas of data protection and GDPR were highlighted as requiring clearer and more specific guidance.

8.5 Technology and the future

While most respondents to the consultation felt that the wording of the draft Standards was sufficiently flexible to accommodate future developments, many felt that it was impossible to predict exactly what would be required in the future. Consequently, there is likely to be a need for frequent reviews of the Standards in order to keep pace with the rapid changes in the industry, suggesting that a five-year timeline may potentially be too long between reviews.

8.6 Impact and implications

Turning to the impact and implications of the Standards on the optical industry, the majority of registrants and businesses felt that the Standards would have a positive impact on optical practice, and would impact positively on patients and the public, registrants, other staff working in optical businesses, business owners and directors.

Of the respondents who felt the impact could be negative, these concerns were partly linked to the increased burden that would be required of businesses to ensure their implementation. Some stakeholders expressed strong views that the GOC should not be placing additional burdens on businesses unless there was a clear need to do so. Linked to this was a concern that the challenges of implementation may result in some businesses avoiding registration altogether, potentially resulting in unintended consequences of an increase in unethical and illegal practices.

Encouragingly, there is strong support from within the industry to maintain engagement in this consultation and work collaboratively with the GOC to arrive at a final set of Standards.

Appendix 1 – Specific detail on each of the 12 Standards

This section summarises the collective feedback from focus groups. Comments received on standards from individuals (e.g. via the Citizen Space survey and the interviews) have been incorporated into the body of the report and highlighted in quotes, where appropriate.

Introduction

One focus group asked why the Standards are not intended to apply to everyone (ref. the heading ‘Who do these standards apply to?’, suggesting that the current wording creates a two-tier system because the GOC can’t pursue businesses which aren’t registered.

There was also a request that the GOC shows greater candour about the fact that nothing has been done since July 2015 when the GOC Council adopted the position to seek an extension to their powers to include compulsory registration.

Other comments asked for:

- Greater clarification on the responsibilities of locums
- Mentioning pre-registration students
- Clarification over whether business owners should be taking care of ‘other staff in public-facing roles’

Some concerns were raised in one focus group that there is a potential conflict with confidentiality and GDPR in the text under the heading ‘When there are concerns’. More guidance was requested here, or in standard 2.4.

Individual statements in the standards

1.1 Patient care is delivered in a suitable environment

1.1.1 ‘Ensure that you have public liability insurance that covers every environment in which your business operates’

One registrant focus group suggested this be rephrased as ‘shall’ or ‘must’ to strengthen this requirement, given that the GOC is holding businesses to account.

1.1.2 'Ensure that your staff have appropriate professional indemnity insurance to cover their activities where this is necessary, and take reasonable steps to check that this is in place'

One registrant focus group suggested the GOC needs to consider devolution and differing local requirements here.

1.1.4 'Obtain equipment, medications and medical devices from reputable sources'

Two registrant focus groups and two student focus groups suggested the word 'reputable' was open to interpretation.

1.1.10 'Ensure that relevant staff are briefed and trained on what to do if an emergency situation arises'

One registrant focus group asked for a definition of 'relevant staff' and another asked for clarity on what constitutes an emergency situation (optical emergency, or a fire/flood?).

1.1.12 'Put matters right where patients are, or may be, put at risk due to the condition of equipment or premises'

One registrant focus group suggested this statement is already covered in the rest of 1.1. They went on to suggest this is normal business practice anyway and it could be combined with 1.1.3. Some quantification was also requested, e.g. 'within a reasonable timeframe'.

1.2 Patients can expect to be safe in your care

1.2.2 'Promptly address concerns about colleagues, businesses or other organisations if patient or public safety might be at risk. These concerns may be identified by you or your staff. Where staff have raised concerns, this is sometimes referred to as whistleblowing and certain aspects are protected by law. Further guidance can be sought from the GOC policy on whistleblowing'

One registrant focus group suggested this statement could be combined with 1.2.3 and 1.2.5. Another group felt this conflicts with the openness/candour of a business mentioned later. Two registrant focus groups felt that a reference to whistle-blowing documentation would be useful.

1.2.4 'Safeguard patients against abuse by ensuring that relevant staff have up-to-date Disclosure and Barring Service (DBS) checks in place'

One registrant suggested this needs defining – is it registrants or ancillary staff? Furthermore, DBS doesn't apply in Scotland (the equivalent is Protecting Vulnerable Groups (PVG)).

1.2.5 'Have a process for staff to report any safeguarding concerns they have and encourage them to do so'

One registrant focus group felt this crosses over with the NHS. Appropriate rewording might be 'follow local policies'.

1.2.6 'Be prepared to restrict trading in areas of concern if continuing to carry on business may damage the reputation of the profession'

One student focus group felt the wording is woolly and open to interpretation. How would people be held to account on this point?

1.3 Communication is clear and effective

1.3.1 'Promote awareness and understanding of the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses to patients'

Two registrant focus groups asked how this would be enforced. It could be reworded to 'Have access to...'

1.3.2 'Make information available to patients in a way they understand, taking into consideration individual needs and requirements'

One registrant focus group felt the wording is woolly – how would you measure this and how would you enforce it?

1.3.3 'Ensure that commercial pressures do not inhibit staff from allowing patients the time they need to process information given and the opportunity to change their mind before care is provided'

One registrant focus group suggested this could be rephrased as "...do not inhibit patients from processing info..." to make clear the patient is being supported. It was also suggested to make this point clearer e.g. don't let commercial pressures influence clinical judgement or patient choice.

1.3.4 'Make clear information available regarding any change to existing products or appliances supplied, to ensure that patients have the right to decide about their own care'

One registrant focus group questioned whether this point is relevant. It could be removed. If retained, it should be specific – at the moment, unsure what it applies to. Also, this is duplicated elsewhere in the document; already in NHS contract.

‘1.3.7 Require your staff to communicate sensitive information with care and compassion’

One registrant focus group felt this is quantify and enforce. This point already covered by 1.3.5.

1.4 Patients can give informed consent to treatment

1.4.4. ‘Do not impose sales targets that have an adverse effect on patient care’

One registrant focus group felt this is a very grey area, particularly considering staff receive performance-related bonuses, or may be on performance-management programmes. More clarity is required here as opticians are both healthcare providers and retailers. If the GOC properly enforce this, then multiples would struggle.

1.4.5. ‘Implement a practice protocol for documenting where patients have refused or withdrawn consent.’

One registrant focus group commented that this is part of the patient record. This document blurs lines between staff, clarity is required between registrant and ancillary roles. It is important this is documented.

2.1 Your business practices are open and transparent

2.1.2 ‘Ensure that all public-facing staff are clearly identifiable and have roles appropriate assigned, with clear lines of accountability’

One registrant focus group suggested that ‘clear lines of accountability’ is vague and requires greater clarity.

2.1.7 ‘Encourage staff to declare any conflicts of interest, where they arise, and withdraw themselves from such conflicts. The joint regulatory conflicts of interest statement² sets out what is expected’

One registrant focus group felt there is a broad difference in the interpretation of this conflict of interest statement between practices. Also, the footnote is missing in the draft document.

2.1.8 ‘Provide clear information that can be given to patients about costs of professional services’

One registrant focus group identified this as a potential barrier for businesses, and also may create a problem regarding VAT. Clear information should be provided about costs, yes, but

not regarding professional services. Another focus group felt that 'charges' would be a better word – Boots and Asda has already started doing this.

2.1.9 'Have a clear protocol for staff to follow when something goes wrong with a patient's treatment or care, which includes offering an apology to the patient and outlining what will be done to prevent recurrence'

One registrant focus group suggested the GOC's existing duty of candour information could be referred to here.

2.2 You ensure compliance with relevant regulations

2.2.1 'Advertise only in ways that are not misleading, confusing or unlawful'

One student focus group suggested the words 'misleading and confusing' are subjective, depending on the target audience and could therefore be open to interpretation.

2.2.3 'Ensure that all data is obtained, processed, stored and destroyed in a manner compliant with the law'

One registrant focus group suggested that a reference could be made here to information governance.

2.2.4 'Ensure that those individuals or organisations to which you refer patients have the necessary qualifications and registration so that patient care is not compromised'

One registrant focus group explained that most likely it will be the individual, not the *business*, doing the referral. If you are referring within a local scheme, you will be referring to a department, not to an individual. This statement would benefit from clarifying to be specific e.g. does this apply to private care or cosmetic clinics?

2.2.5 'Promote equality, value diversity and be inclusive in all dealings with staff, patients and others and do not discriminate on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief'

One registrant focus group stated that on a lot of software used in practice, there is no 'Prefer not to say' option, so risk alienating a minority here.

A link could be made here to the relevant law/act.

2.3 You have a system of clinical governance in place

2.3.1. 'Encourage staff to discuss difficult cases or significant events in practice and learn from each other. A mechanism for this might be peer review'

One registrant focus group felt this could be merged and condensed with 2.3.5, 2.3.6 and 2.3.8.

2.3.2. 'Learn from mistakes made by your organisation and staff and, where it is possible to do so, put mechanisms in place to prevent recurrence'

One registrant focus group identified this as an overlap with 2.1.9 – these could be combined.

2.3.3 'Audit patient records on a regular basis to identify themes and issues. Address any concerns arising to ensure consistency and quality of patient care'

One student focus group queried the use of the word 'regular'. They felt there should be clarity over the expected timeframe within which patient records are audited.

2.4 Confidentiality is respected

2.4.2. 'Ensure that a private environment is available for patient care when necessary'

One respondent focus group felt that 'a suitably private environment' might be better – this is a retail environment too, and people come for a chat/discussion as well as tests. This point is open to interpretation as it stands.

2.4.3. 'Store information about staff and recruitment securely and confidentially'

One respondent focus group suggested this is merged with 2.4.5 and 2.4.6.

2.4.5. 'Update IT systems appropriately to maintain security'

One respondent focus group suggested that this should include backing up images and files.

3.1 Your staff are able to freely exercise their professional judgement

3.1.1 'Support staff in public-facing roles to have the confidence to make decisions appropriate to their role'

One registrant focus group questioned how this would be measured/enforced.

3.1.2 'Make sure that commercial pressures do not inhibit the exercise of professional judgement and compromise patient safety'

One registrant focus group felt this is a good point and should be included. Another suggested this is open to interpretation – not all practices can carry all types of frame from all suppliers – so narrows patient's options already.

3.1.3 'Allow staff sufficient time to accommodate patients' individual needs within the provision of care where justified'

One registrant focus group felt more clarity was needed on what is meant by 'sufficient time'.

3.1.5 'When introducing new products or changing current products, ensure that they are clinically justified, and staff have the ability to apply professional judgement when deciding if the product is right for individual patients'

One registrant focus group agreed this is a good point, but there is a conflict between having freedom to choose products and the needs of the business (retail). Another felt the wording 'ensure that they are clinically justified' is unrealistic.

3.1.6 'Encourage staff to undertake learning and development in professional decision-making'

One registrant focus group suggested this entire statement is too vague and open to interpretation.

3.2 Staff are suitably trained, qualified and registered

3.2.5. 'Provide an appropriate system for the monitoring of staff objectives and training needs'

One registrant focus group felt this would be more challenging for smaller businesses.

3.3 Staff are suitably supervised

3.3.1 'Ensure that only staff with sufficient levels of qualification and experience act as supervisors, and require them to be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary to protect patients'

One registrant focus group felt this is very difficult to police. One registrant focus group and one student focus group suggested the wording should be stronger and more definite (i.e. replace the word 'sufficient').

One of the GOC internal focus groups queried whether this statement may conflict with business interests, and would it be over-used?

3.3.2 'Encourage staff to record details of any supervision undertaken in the patient record'

One registrant focus group questioned the word 'encourage'. Does this mean you don't have to do it? What level of detail is required? A lot of ambiguity here.

3.3.4 'Monitor progress of new staff'

One registrant focus group asked what action should be taken in response to this: *"You can monitor – but if they're good or bad, do you have to actually do anything?"*

3.3.5 'Have appropriate systems in place to address and manage poor performance'

One student focus group asked 'how is this defined?'. They stated that the wording is very loose and that 'poor performance' could be interpreted by businesses as 'sales performance' (which the group presumed is not the intended meaning of this statement).

3.3.6 'Provide students with sufficient information to know who to contact if they have an issue with any aspect of their supervision'

One student focus group felt that more explanation is needed here about who to contact when things go wrong as students.

3.3.7 'Provide for pre-registration students to have protected time to study'

All students participating in focus groups requested greater detail on this particular statement and questioned how much study time each student should be allocated. Students suggested this statement would be too easy for businesses to get around and would not help to ensure consistency in the allocation of time for study.

3.4 Staff collaborate with others, where appropriate

3.4.1 'Support staff to only make referrals when appropriate and clinically justified'

One registrant focus group felt this is easy to mis-interpret. Is this 'support staff' or 'to support staff'? Also, the word 'only' was felt to imply a negative slant. Referrals will only increase if registrants are unsure, especially in an increasingly litigious world. Phrasing should be more supportive to allow use of professional judgement

3.4.2 'Facilitate the sharing of appropriate and relevant information in a timely manner'

One registrant focus group felt the whole of this statement is unclear.

3.4.3 'Make sure that further information can be requested from the patient, their carer(s) or any other healthcare professional as necessary'

One registrant focus group suggested this should be reworded to make it clearer that this happens only *after consent* is given.

Appendix 2 – GOC Citizen Space survey demographic profile

Figure 28: Gender of respondents

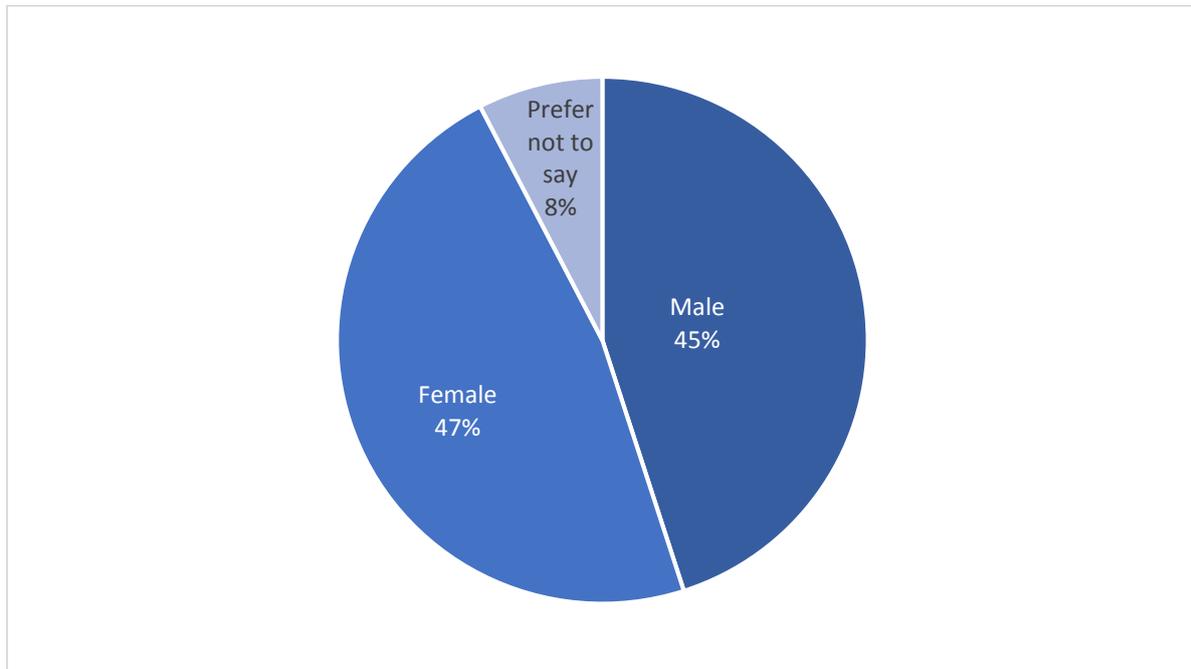


Figure 29: Age of respondents

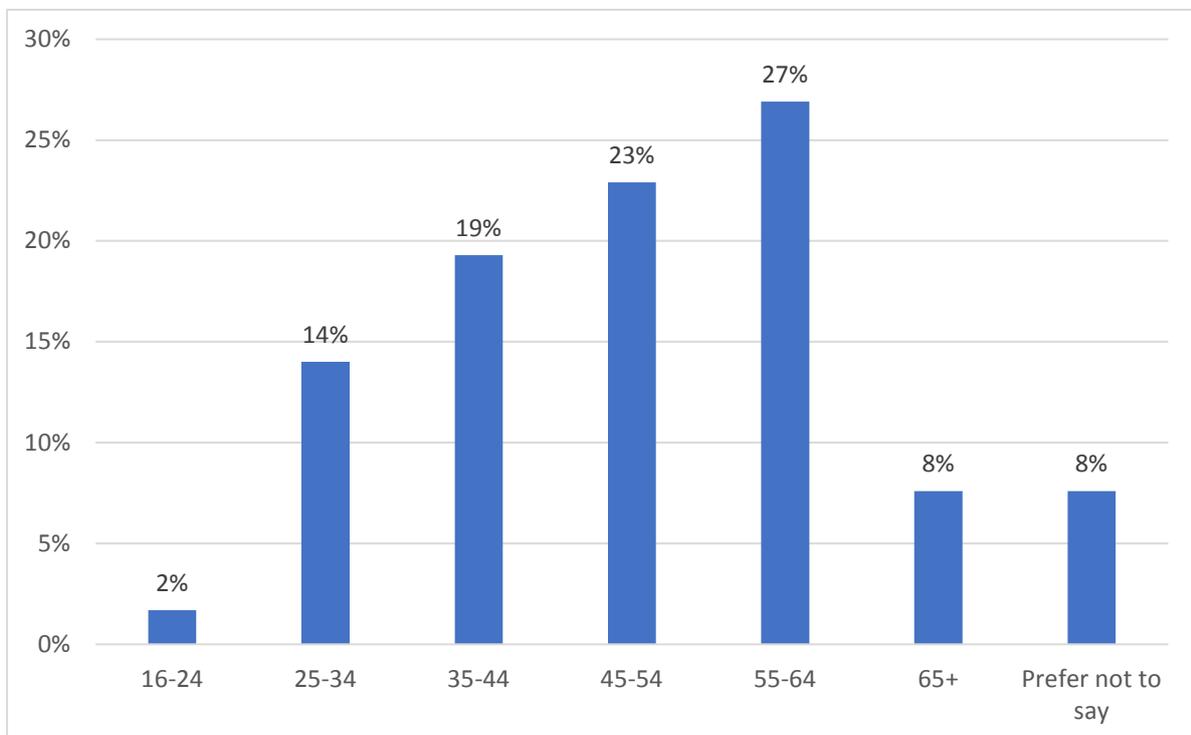


Figure 30: Sexual orientation of respondents

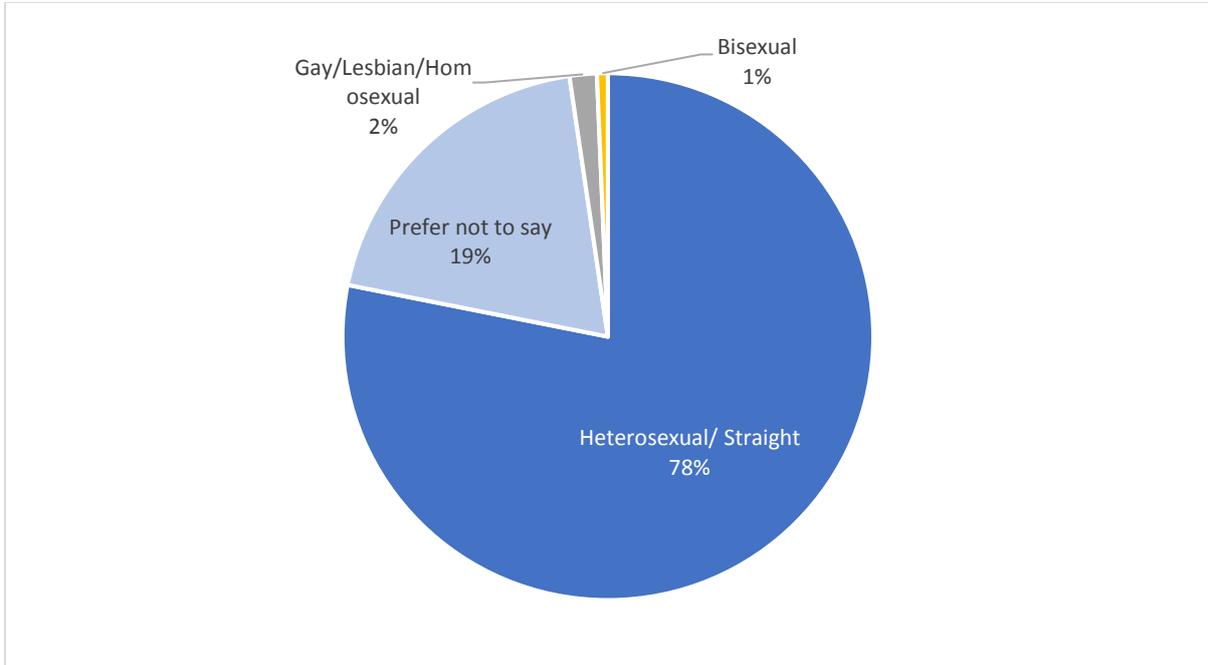


Figure 31: Disability of respondents

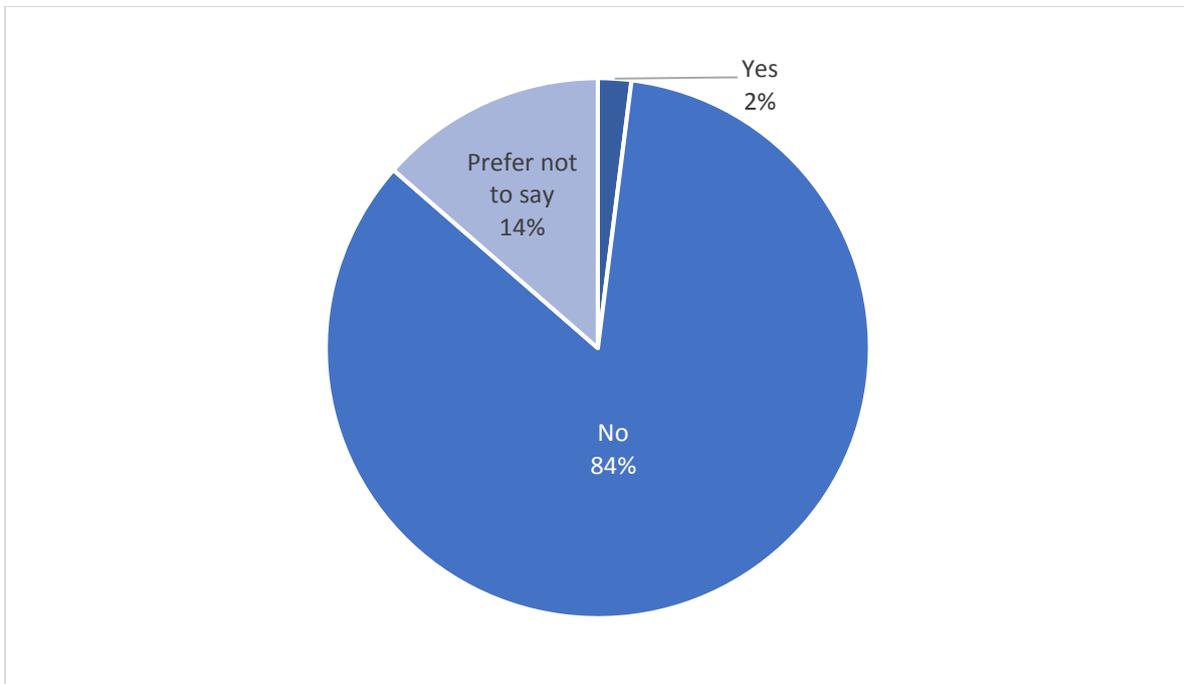


Figure 32: Gender identity is different from birth gender

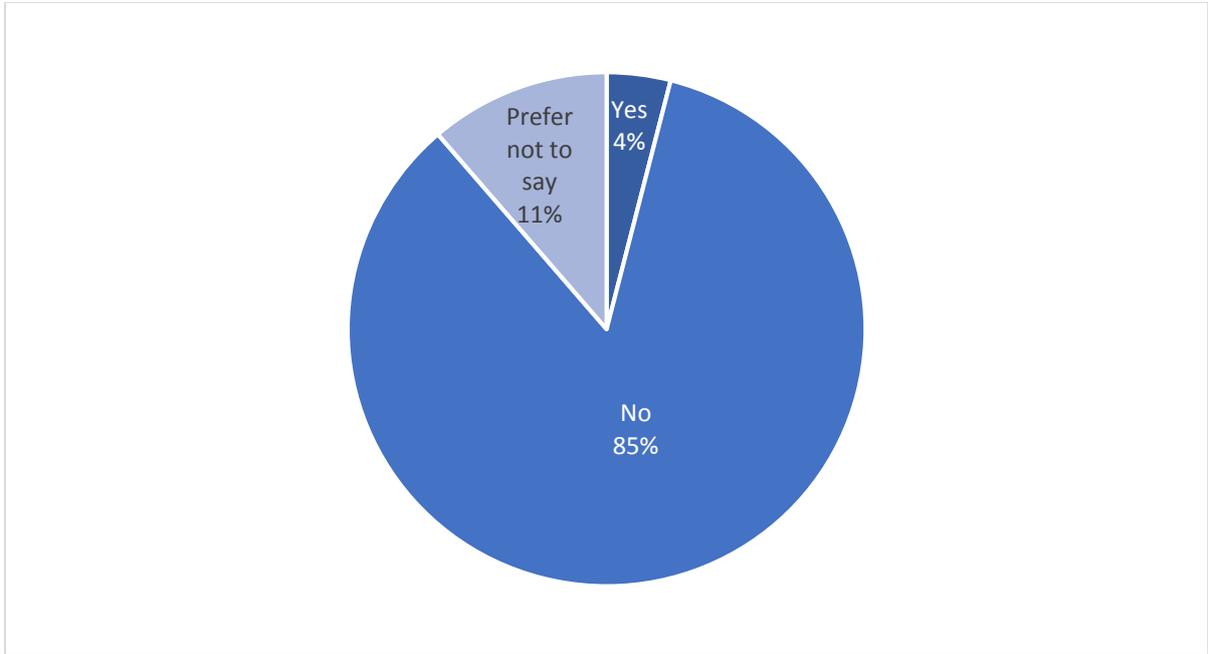


Figure 33: Pregnant or on maternity leave

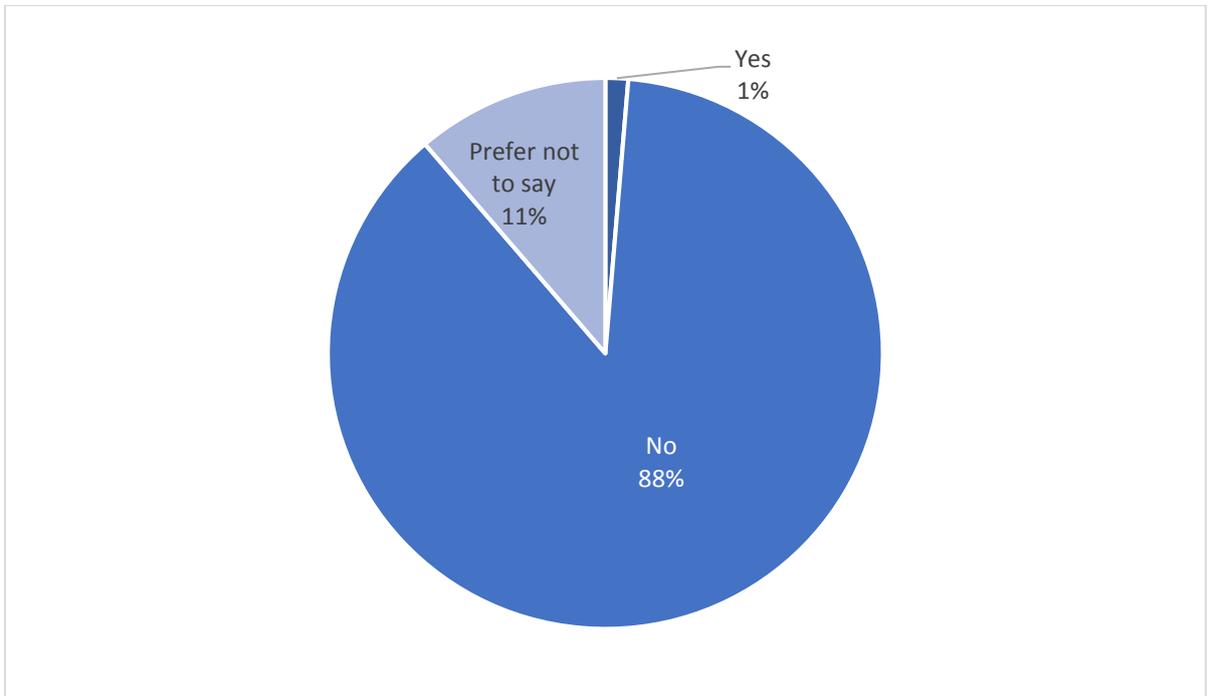


Figure 34: Ethnicity of respondents

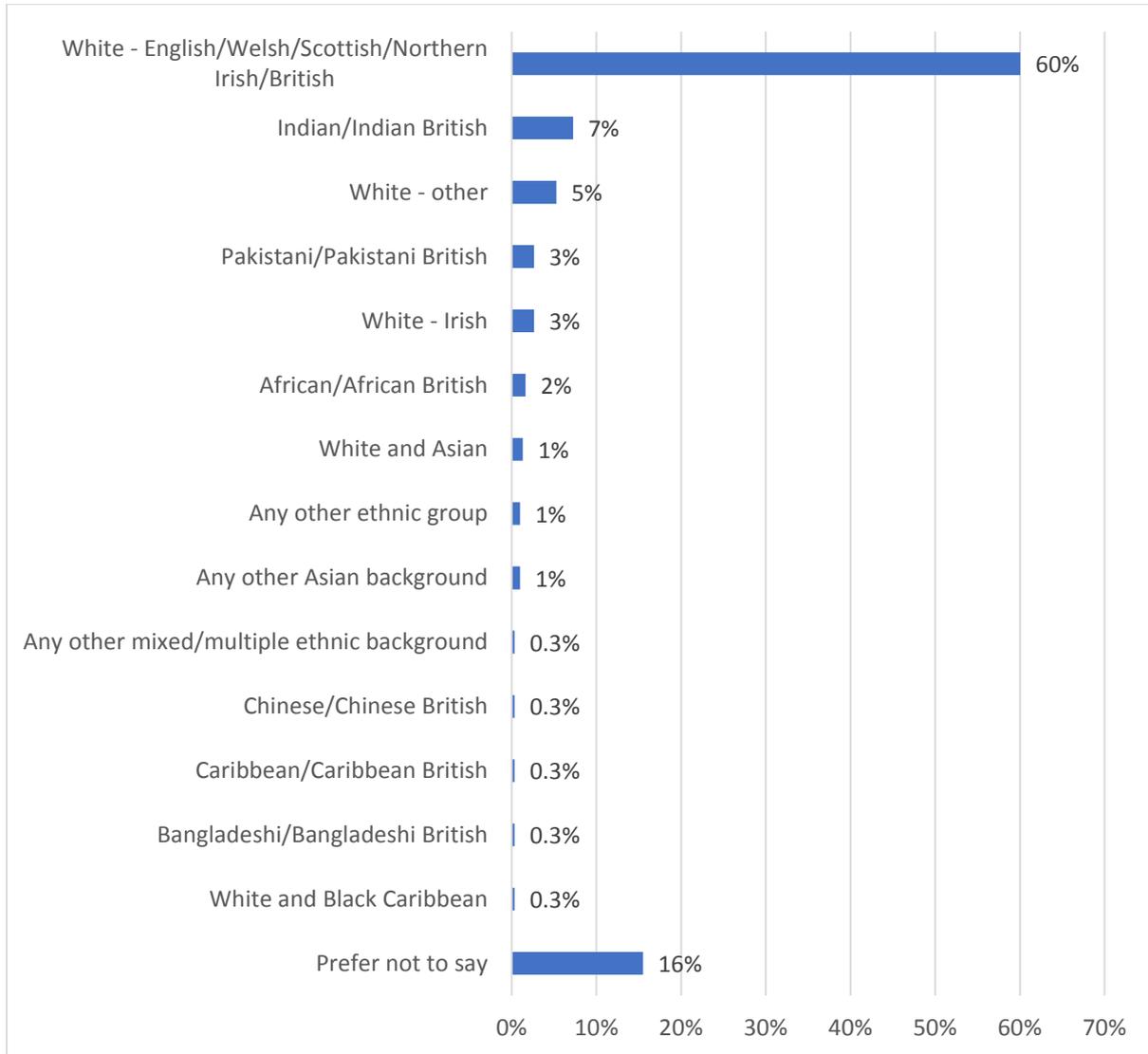


Figure 35: Marital status of respondents

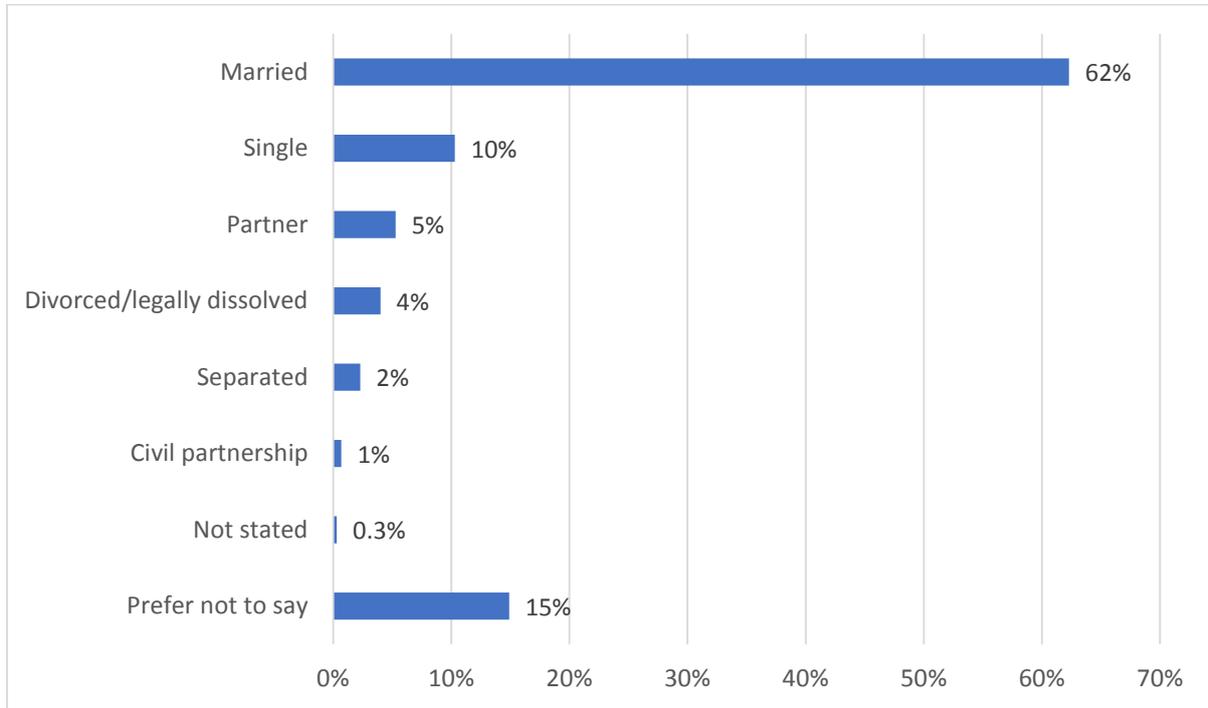


Figure 36: Carer responsibilities of respondents

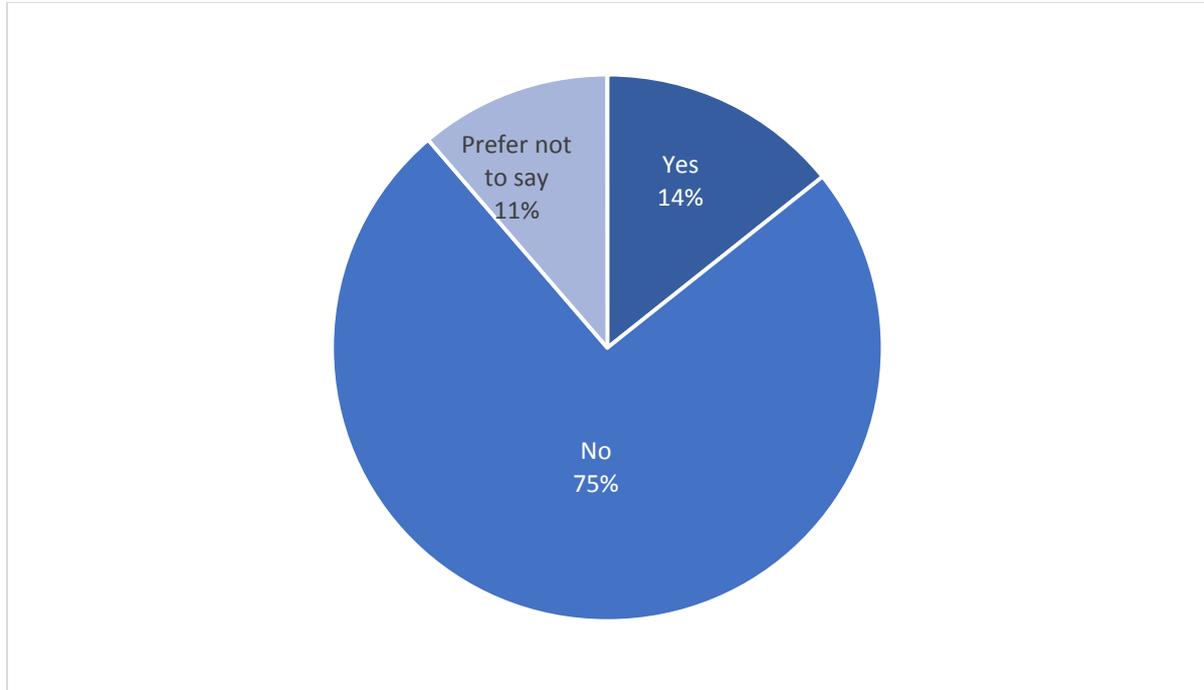


Figure 37: Religion/belief of respondents

