

Standards for optometrists, dispensing opticians and optical students – consultation

March 2015

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Introduction

1. This consultation seeks to gain feedback from our stakeholders including patients and the public on:
 - 1.1. our proposed framework for setting standards for optometrists, dispensing opticians and optical students;
 - 1.2. draft standards of practice for optometrists and dispensing opticians (Annex 1); and
 - 1.3. draft standards for optical students (Annex 2).
2. The consultation will run from **16 March** to **7 June 2015** and applies to the whole of the UK.

How to respond

3. We welcome all responses to the consultation. You can respond by using the online response form on our website, which can be accessed through the following link: www.optical.org/en/utilities/standards-response-form.cfm
4. All consultation responses must be submitted by **7 June 2015**.
5. The consultation is being conducted by an independent agency called Collaborate Research on behalf of the General Optical Council. They will receive your responses directly and produce an independent report, summarising the responses received and setting out conclusions and recommendations for further action.
6. **You will have the option for your response to remain anonymous**, by completing the appropriate section of the consultation response form. We would however encourage named responses where possible. We would particularly like to be able to identify responses from representative organisations so that Collaborate Research can reflect in its report that the response is on behalf of members / stakeholders rather than an individual response.
7. The data presented in Collaborate Research's report will be summarised and supported by direct quotes from some of the responses received. These quotes will either be attributed to a named respondent or anonymised, depending on your preference as indicated in the consultation response form.
8. Alongside the report, we intend to publish the individual responses that we have received, unless you have indicated that your response is to remain private.

9. All data submitted to Collaborate Research will be stored securely and in accordance with data protection principles.
10. If you are unable to submit a response using our online response then further details of how to submit your written feedback are given in the response form attached to the end of this document.
11. We do not usually accept responses by telephone or in person. We normally ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to provide your response in writing please contact us on +44 (0)20 7307 3473 to discuss any reasonable adjustments that would help you to respond.

About us

12. 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.
13. We are the regulator for the optical professions in the UK and register the following healthcare professionals and organisations:
 - optometrists** – approximately 13,800 in total
 - dispensing opticians** – approximately 6,100 in total
 - optical students** – approximately 4,500 in total
 - optical businesses** – approximately 2,400 in total
14. There are currently around 26,800 registrants in total. Our primary legislation is the Opticians Act 1989 (as amended) (The Act), and we also have a series of related rules that describe how we carry out our statutory functions. Our legislation can be found on our website at http://www.optical.org/en/about_us/legislation/index.cfm
15. The GOC has four main functions:
 - setting standards for optical education and training, performance and ethics;
 - approving qualifications leading to registration;
 - maintaining a register of those who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
 - investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Further detail of the legislation detailing the role of the General Optical Council in setting standards can be found in Annex 3.

Our commitment to consultation

16. We believe it is important that the people affected by our work have a say in how we deliver it. We believe it is vital to consult all the groups with an interest in the GOC: patients, the public, our registrants, optical organisations, healthcare organisations, employers, other regulators, staff and other stakeholders.
17. How we consult with our stakeholders is set out in our *Consultation Framework*¹, available in the consultation section of our website.
18. We have prepared this consultation with reference to the principles of good regulation² namely, being: proportionate, targeted, consistent, transparent, accountable and agile. We have interpreted these as follows:
 - **Proportionate** – we will identify and target the issues of greatest risk to public safety. We will seek to remove unnecessary bureaucracy.
 - **Targeted** – we will ensure that our activity is focused on the areas of greatest risk, or where there is most benefit to public safety.
 - **Consistent** – we will work in collaboration with UK health regulatory bodies and other partners to develop consistent and complementary policies and procedures.
 - **Transparent** – we will explain and publicise decisions, and make public, wherever possible, Council information, activities and proceedings. We will make roles and responsibilities clear.
 - **Accountable** – we will seek, and respond to, the views of stakeholders and partners. We will consider and review the consequences of our actions through evaluation.
 - **Agile**³ – we will anticipate change and take timely action. We will ensure that we can respond to changes in the optical sector and improvements in technology.

Section 1 - Background

Standards Review

19. The GOC is currently undertaking a review of all of the standards it produces for its registrants. The aims of this review are as follows:
 - 19.1. Clarify the GOC's role in setting standards and the roles played by professional bodies in producing guidance for practitioners.

¹ *GOC Consultation Framework* (2010): www.optical.org/en/get-involved/consultations/how-we-consult.cfm

² Better Regulation Executive (2000), *Five principles of good regulation*.

³ Added by the PSA (formerly CHRE) (2010), *Right-touch regulation*.

- 19.2. Ensure we are meeting our statutory obligation to produce standards of conduct, competence and performance.
 - 19.3. Provide clarity for registrants and the public about the standards we expect.
 - 19.4. Ensure our standards reflect developments in optical practice, including increased divergence across the UK.
 - 19.5. Ensure the standards take account of the learning and outcomes from recent healthcare reviews, such as the Francis Inquiry, and reflect current good practice.
 - 19.6. To ensure that standards maintain safety and protection for patients and the public.
20. The review commenced on the basis that it should be targeted and proportionate and it was not assumed that changes would be required.
 21. This consultation focuses on the development of standards for optometrists, dispensing opticians and optical students. The standards are intended to make clear our expectations of registrants. They are also designed to promote higher standards across the optical professions by, in particular, encouraging registrants to use their professional judgement in applying the standards in any given situation.

Current approach and constraints

22. We currently produce a 'Code of Conduct' ('the Code') for optometrists, dispensing opticians and optical students which provides a list of 19 standards for all to meet.
23. The Code was last published in 2010 and contains a list of high level bullet points capturing the principles registrants are expected to comply with. The code sets the GOC 'standards' that are currently referred to in fitness to practise proceedings.
24. The principles within the code are primarily focused on the required behaviour rather than the performance of registrants, although some bullet points touch on specific performance related issues such as record keeping. The fact that the standards have a limited focus on performance-related issues creates a reliance on the guidance produced by other organisations when considering fitness to practise cases relating to deficient professional performance.
25. When compared to the standards of other healthcare regulators, the GOC standards are less detailed when outlining the expectations for registrants, which may lead to uncertainty and inconsistency.
26. Currently, the same standards apply to qualified optometrists and dispensing opticians as they do to optical students. This does not take account of the fact that optical students are training to become fully qualified professionals and the

training programme will ensure that they fully meet the standards when they graduate. This seems disproportionate and sets unrealistic expectations for students in terms of the standards, particularly those relating to performance, and does not take account of the role of support from tutors and the training provider to ensure that patient safety is not compromised.

Section 2 – Summary of evidence to inform revision of standards

27. We have developed the new standards of practice by gathering information and learning from the following sources:

27.1. standards of other regulators;

27.2. guidance produced by professional bodies;

27.3. outcomes of healthcare reviews, such as the Francis Inquiry;

27.4. national guidance, including from the Professional Standards Authority (PSA); and

27.5. learning from fitness to practise cases.

28. The development of the standards has also been influenced by the responses to our call for evidence which took place between July and October 2014. Council approved the statement summarising the responses to the call for evidence at its meeting in November 2014.

Patient and public input

29. In order to ensure that the work of the GOC (including the development of standards) reflects the needs and expectations of patients and the wider public we have started a programme of public perceptions research. This work is being carried out by an independent agency, ComRes, who held four focus groups in October 2014 (two in Wales and two in London). These focus groups were used to develop our public perceptions survey, the results of which will be published in March 2015, and discussed at a stakeholder seminar, and will feed into the consultation on the standards of practice.

30. We will separately publish a literature review which has considered the literature produced by other healthcare regulators on patient expectations. This allowed us to identify where patients have common expectations of all healthcare professionals and reflect these in new standards. It also helped to identify areas to explore further with patients and the public in this consultation. The literature review will be uploaded to our website at:
www.optical.org/en/get-involved/consultations/index.cfm

Section 3 - Proposed approach for consultation

31. We have produced an initial impact assessment in relation to our approach to setting standards (our 'standards framework'), details of which can be found in Annex 4. In the light of this analysis, we are consulting on the following approach.

New framework for standards

32. The GOC's role as the regulator of the optical professions is to set standards of practice which protect and promote the health and safety of patients and the public. Registrants need to understand and apply these standards. They must be clear that they need to meet these standards in order to maintain their registration and that we must consider any complaints regarding their fitness to practise by reference to the standards. They must also be clear on how the standards set by the GOC differ from guidance produced by other organisations within the optical sector.

33. It is important for the GOC to clearly outline when and how we will produce standards, and other supplementary material, and how this relates to guidance produced by others.

34. We have produced a statement on the new standards framework and this outlines the GOC's statutory role in setting standards and makes it clear these are the principles that registrants must apply and against which they will be held accountable. This is presented in *Figure i*.

35. While the GOC standards are intended to be self-contained, the framework also states that in order for registrants to be clear about the standards, the GOC may need to provide supplementary material to, for example:

35.1. address issues that are relevant to all healthcare professionals, such as consent, duty of candour and maintaining sexual boundaries (often in response to a direction from Government or the Professional Standards Authority);

35.2. explain legal requirements which are complex or confusing in nature (e.g. regulations on the sale and supply of optical appliances, use of medicines);

35.3. address issues arising persistently in fitness to practise cases; or

35.4. provide clarity in circumstances where third party guidance is conflicting.

36. Finally, the framework recognises that other organisations play an important role in producing guidance to help registrants to apply their professional judgement in deciding how to meet our standards in any given situation.

37. The statement emphasises the importance of members of the optical professions in using their own professional judgement in order to meet the standards. This reflects the fact that the standards are intended to set out outcomes which could be achieved in a number of different ways depending on the context.

Figure i.

GOC standards framework

Standards of the General Optical Council

The General Optical Council is the regulator for the optical professions with statutory responsibility for setting standards of practice. Our new standards of practice are designed to promote higher standards across the optical professions by making it easier for registrants to understand what we expect in terms of ethics and performance.

The new standards of practice bring together in one place, and in an easy-to-digest format, all the information registrants need to understand our expectations. The standards provide clear statements of what is expected, explaining *what* registrants 'must' or 'must not' do. However, we are not prescribing *how* the standards should be met. The standards provide a flexible framework to enable registrants to use their professional judgement to decide how to apply the standards in any given situation. They may want to refer to guidance produced by professional bodies and other organisations in doing so, but the GOC's standards should always be the first point of reference.

We recognise that this is a change from the current situation, where the high-level nature of the GOC Code of Conduct means that registrants often refer to guidance produced by professional bodies and other organisations to more fully understand the standards they should meet as opposed to how to apply them. However, our new standards of practice are designed to address this issue by making clear our expectations as the regulator and making clear that the role of guidance produced by professional bodies and other organisations is to help registrants use their professional judgement in applying our standards.

Supplementary material published by the General Optical Council

It is important for the standards to make clear our expectations and so we have made them as self-contained as possible. However, to enable registrants to fully understand the standards they must meet we will provide some supplementary material. In order to understand our expectations, registrants will need to read the standards in conjunction with any supplementary material.

The GOC may need to produce supplementary material to, for example:

- address issues that are relevant to all healthcare professionals, such as consent, duty of candour and maintaining sexual boundaries (often in response to a direction from Government or the Professional Standards Authority);
- explain legal requirements which are complex or confusing in nature, such as regulations on the sale and supply of optical appliances or the use of medicines);
- address issues arising persistently in fitness to practise cases; or
- provide clarity in circumstances where third party guidance is conflicting.

Guidance provided by other organisations

It is important that all registrants are clear about the standards they must meet. Our standards of practice, and any supplementary material, will be designed to provide such clarity.

In considering concerns about a registrant's fitness to practise we will refer to our standards of practice and any supplementary material that we have published.

Other organisations including professional bodies and employers may choose to produce guidance that can help registrants to use their professional judgement in applying the standards set by the GOC.

The guidance provided by such organisations defines their own expectations of their members or employees and may be more detailed than that issued by the GOC. It is likely to be of particular value in providing guidance on issues relating to clinical practice where registrants may seek to reference more detailed material to assist with their clinical decision making.

The General Optical Council does not have control over the material produced by others but we will seek to work with other organisations to ensure that the guidance they produce is compatible with our standards.

Format of standards

38. The standards have been drafted as a clear set of statements that are consistent with the standards set by other healthcare regulators.
39. There are explanatory statements under each headline standard to make clear the expectations of the GOC. This presentation allows the grouping of like expectations under clearly defined headings.
40. During the development of the standards of practice it became clear that students who are practising under supervision and whose level of competence, experience and judgement would develop throughout the course of their studies would find it difficult to meet the same standards of performance expected of optometrists and dispensing opticians. With this in mind, we decided to produce separate draft standards for optical students that are consistent with the standards for optometrists and dispensing opticians, but reflect the fact that students go through different stages of development and operate under supervision.
41. This approach will also help ensure the standards are future proof given the GOC's intention to cease requiring all students to register, subject to a change in legislation, which we are hoping to achieve through the planned healthcare regulation bill⁴. Should the required legislation be secured, we would no longer set standards for all students, but would use the proposed student standards

⁴ Council published a statement on student regulation on 16 December 2013:
www.optical.org/en/Registration/the-register/reviewing-our-approach-to-regulation.cfm.

as the basis for guidance for training institutions in dealing with complaints about the conduct or performance of students.

42. We intend to publish the two sets of standards as A5 booklets. The standards are presented in annexes 1 and 2.

Consultation and information-gathering

43. We need to conduct further consultation to both fill the current gaps in available information and better our own understanding to:

- 43.1. understand the impact of the proposed new standards on our various stakeholder groups;
- 43.2. ensure that the resulting standards are clear and accessible;
- 43.3. ensure that our standards are suitable for the optical context and can be applied in practice, notwithstanding differences in optical practice across the four nations of the UK; and
- 43.4. ensure that the proposed standards do not discriminate against any particular group of registrants, patients or the public.

44. We need to better understand:

- 44.1. the clarity and understanding of the role of the GOC in setting standards and how this differs from the role of other organisations;
- 44.2. the likely impact of the content of the revised standards in terms of equality, diversity and inclusion, ensuring they do not discriminate against any particular group;
- 44.3. the likely impact of the content of the revised standards on our key stakeholder groups;
- 44.4. areas of practice where it would be helpful for us to provide supplementary material;
- 44.5. the clarity and accessibility of the content of the revised standards; and
- 44.6. the accessibility of the format of the revised standards.

45. The responses to the consultation will help us to finalise the new standards and our plans to implement and evaluate them.

Please complete the consultation response form below in order to provide your feedback on the proposed standards framework and draft standards.

Section 5 – Implementation

46. We will refine the content and presentation of the standards following the consultation. Collaborate Research will produce an independent report which will present the consultation findings, draw conclusions and present recommendations to the GOC for consideration.

47. The GOC will consider this report at its Council meeting in July 2015, together with revised standards, taking into account the responses to the consultation. The Council will then make a decision on how it wishes to proceed, dependent on the nature and extent of the recommendations made within the report.
48. During the consultation period, the GOC will work on an implementation plan for the new standards to take account of all of our stakeholders. The aims of the implementation plan will be to:
 - 48.1. raise awareness of the standards; and
 - 48.2. offer support and guidance about applying the standards in optical practice, including the use of professional judgement by our registrants.
49. A more detailed implementation plan will be presented to Council in July 2015.
50. We intend to monitor the impact of the new standards and will evaluate this over the period of implementation and on a regular basis thereafter.

Standards for optometrists, dispensing opticians and optical students

Consultation response form

How to respond

The simplest way to provide a response is through our online consultation response form, which can be accessed here:

www.optical.org/en/utilities/standards-response-form.cfm

If you are unable to submit your feedback online, then please use the form below to submit your written feedback by **7 June 2015**:

This form should be emailed or posted to:

Collaborate Research
96 Mantilla Road,
London.
SW17 8DU.

Email: info@collaborateresearch.co.uk

If you are unable to provide your response in writing or you require the consultation form in a different format, please contact us on +44 (0)20 7307 3473 to discuss reasonable adjustments that would help you to respond.

Publication of consultation responses

Unless you state otherwise we will assume you are happy for us to publish your response, including your name, and to share it with other appropriate bodies and stakeholders. We would however encourage named responses where possible and particularly from representative organisations so that we can reflect that the response is on behalf of members / stakeholders rather than an individual response.

Please tick here if you are only happy for us to share your responses anonymously:

Your name or the name of your organisation:

Which category of respondent best describes you?

- Member of the public
- Optical patient
- Optometrist
- Dispensing optician
- Student – optometry

- Student – dispensing
- Education or training provider – undergraduate or pre-registration
- Education or training provider – postgraduate or CET
- Optical professional body
- Optical complaints body
- Optical insurer
- Optical defence / representative organisation
- Commissioner of optical care
- Optical business registrant
- Other optical employer
- Healthcare regulator
- Other (please specify below)

Questions

We have a number of structured questions below. You do not have to answer all of the questions when responding – please feel free to respond just to the questions you feel are relevant to you. There are opportunities within the document to provide your specific comments on both the framework for standards and the standards themselves.

1: Does the new framework for standards as outlined in *Figure 1*. make clear the GOC’s new approach to setting standards and how these standards are distinct from the guidance provided by other organisations?

- Yes No

Please give your reasons below:

2: Do you support the GOC’s new approach to setting standards?

- Yes No

Please give your reasons below:

3: Do you support there being two sets of standards, one for optometrists and dispensing opticians and one for students?

- Yes No

Please give your reasons below:

The remainder of the questions relate to the standards for optometrists and dispensing opticians and standards for optical students. Please indicate whether you are responding with respect to just one set or both sets of standards.

- Only optometrists and dispensing opticians
- Only optical students
- Both

4: Do the standards make it clear what the GOC expects from our registrants?

- Yes No

Please give your reasons below:

5: Do the standards cover all relevant areas of optical practice and/or optical training?

- Yes No

Please give your reasons below:

6: Are the standards sufficiently flexible to accommodate any changes in practice and education that may occur in the next five years?

- Yes No

Please give your reasons below:

7: Are the standards presented in a way that is clear, accessible and easy to use?

- Yes No

Please give your reasons below:

8: Is there anything missing, incorrect or unclear in the standards?

Yes No

Please specify below:

9: Are there any specific issues or barriers that could prevent stakeholders from implementing or complying with the standards?

Yes No

Please specify below:

10: Are there any aspects of the standards that could have an adverse or negative impact on certain groups of patients, optometrists, dispensing opticians, optical students, optical businesses, optical training institutions or any other groups?

Yes No

Please specify below:

11: Are there any areas of the standards that could discriminate against stakeholders with specific characteristics? Please consider sex, age, race, religion or belief, disability, sexual orientation, gender reassignment, pregnancy or maternity, caring responsibilities or any other characteristics.

Yes No

Please specify below:

12: Overall, do you expect that the standards will achieve the objectives set out in

paragraph 19?

Yes No

Please give your reasons below

13: Overall, do you expect that the standards will be beneficial to, and have a positive impact on, optical practice and education?

Yes No

Please give your reasons below

14: Do you have any other comments that you wish to make on the new framework for standards, the new standards for optometrists and dispensing opticians or the new standards for students?

Please specify below:

More about you:

The GOC strives to be as diverse as the public it protects and welcomes consultation responses from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity. We monitor the diversity of all the individuals who respond to our consultations to ensure that we have heard from a diverse range of people and that we can identify where further engagement or consultation may be required. To help us to monitor this, please complete the following questions if you feel comfortable to do so. Providing this information is optional, but we would be grateful for your co-operation. Information provided will be treated in the strictest confidence under the Data Protection Act 1998 and will be used for monitoring purposes only. No information in this section will be published or used in any way which allows any individuals to be identified.

Age

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

Disability

Do you consider yourself disabled?

- Yes – please specify _____
- No
- Prefer not to say

[The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities]

Gender

- Female
- Male
- Prefer not to say

My gender identity is different from the gender I was assigned at birth

- Yes
- No

I describe my gender identity as _____

Sexual orientation

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual
- Other
- Prefer not to say

Marital status

- Civil partnership
- Divorced/legally dissolved same-sex civil partnership
- Married
- Partner
- Separated
- Single
- Not stated
- Prefer not to say

Maternity leave

Are you pregnant, on maternity leave, or returning from maternity leave?

- Yes
- No
- Prefer not to say

Ethnic origin

- Prefer not to say

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other white background – please specify _____

Mixed / multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed / multiple ethnic background – please specify _____

Asian / Asian British

- Indian

- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background – please specify _____

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background – please specify

Other ethnic group

- Arab
- Any other ethnic group – please specify _____

Religion/Belief

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion / faith – please specify _____
- Prefer not to say



Standards of practice

for optometrists and dispensing
opticians

Standards of Practice

Our Standards of Practice define what we expect of all registered optometrists and dispensing opticians in terms of ethics and performance.

The General Optical Council

We are the regulator for the optical professions with statutory responsibility for setting standards of practice.

Content

This document sets out the standards that you must meet as an optical professional. It includes standards relating to your behaviour and your professional performance.

These standards consist of a set of principles that you must apply at all times. These principles are all equally important and are not listed in order of priority. We do not specify how you should meet our standards. In doing so, you must exercise your professional judgement, taking into account the statements contained within this document.

Your role as a professional

As a healthcare professional you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards.

You are professionally accountable and personally responsible for your practice and your behaviour. This means you must always be able to justify your decisions and actions.

If someone raises concern about your fitness to practise, we will refer to these standards when deciding if we need to take any action. You will need to demonstrate that your decision making was informed by these standards and that you have acted in the best interest of your patients.

Making the care of your patients your first and overriding concern

The care, well-being and safety of patients must always be your first concern. This is at the heart of being a healthcare professional. Even if you do not have direct contact with patients your decisions or behaviour can still affect their care and safety.

The Standards

1. Listen to patients and respect their needs, concerns, views and preferences
2. Communicate effectively with your patients
3. Ensure that patients are at the heart of the decisions made about their care
4. Obtain valid consent
5. Show care and compassion for your patients
6. Keep your knowledge and skills up to date
7. Recognise, and work within, your limits of competence
8. Conduct appropriate assessments, examinations, and treatments
9. Maintain adequate patient records
10. Ensure that supervision is undertaken appropriately and complies with the law
11. Work collaboratively with colleagues in patients' interests
12. Protect and safeguard patients, colleagues and others from harm
13. Ensure a safe environment for your patients
14. Show respect and fairness to others and do not discriminate unfairly
15. Maintain confidentiality and respect your patients' privacy
16. Maintain appropriate boundaries with others
17. Be honest and trustworthy
18. Do not damage the reputation of your profession through your conduct
19. Respond to complaints effectively
20. Be candid when things go wrong

1. Listen to patients and respect their needs, concerns, views and preferences

You must:

- 1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.
- 1.2 Listen to patients and take account of their views, preferences and concerns, responding honestly and appropriately to their questions.
- 1.3 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.
- 1.4 Be sensitive and responsive in giving information and support when dealing with relatives or other people close to the patient.
- 1.5 Where possible, modify your care and treatment based on your patient's needs and preferences without compromising their safety.

2. Communicate effectively with your patients

You must:

- 2.1 Use appropriate language and communication skills to give patients information in a way they can understand.
- 2.2 Ensure your patients know in advance what to expect from the consultation, giving them the opportunity to ask questions or change their mind before proceeding.
- 2.3 Be alert to unspoken signals which could indicate a patient's lack of understanding, discomfort or lack of consent.
- 2.4 Ensure that you and everyone you are responsible for has the appropriate language skills to communicate and work effectively with patients and their carers, colleagues and others.
- 2.5 Ensure that patients or their carers have all the information they need about their prescriptions, optical devices, drugs and eye conditions.
- 2.6 Ensure that patients or their carers have shown the ability to use, administer or look after any optical device, drugs or other treatment that they have been prescribed or directed to use.

3. Ensure that patients are at the heart of the decisions made about their care

You must:

- 3.1 Assist patients in exercising their rights and making informed choices.
- 3.2 Fully explain the options available to patients in terms of the examination, treatment and sale of optical devices. This includes the right of a patient to refuse treatment or have a chaperone or interpreter present.
- 3.3 Allow your patients to make their own decisions about their care and respect the choices they make.
- 3.4 Consider all information provided by your patients, including where they have undertaken research in advance of the consultation. Explain clearly if the information is not valid or relevant.
- 3.5 Encourage patients to ask questions and take an active part in the decisions made about their treatment, prescription and aftercare.
- 3.6 Support patients in caring for themselves, including giving advice on the effects of life choices and lifestyle on their health and well-being and supporting them in making lifestyle changes where appropriate.

4. Obtain valid consent

You must:

- 4.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given:
 - 4.1.1 Voluntarily
 - 4.1.2 By the patient or someone authorised to act on the patient's behalf
 - 4.1.3 By a person with the capacity to consent
 - 4.1.4 By an appropriately informed person
- 4.2 Be aware of your legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. Also be aware of differences within the four nations of the United Kingdom.
- 4.3 Ensure that consent is informed by explaining what you are going to do and ensuring that patients are aware of risks and options.
- 4.4 Ensure that the patient's consent remains valid at each stage of the examination, treatment or during any research in which they are participating.

5. Show care and compassion for your patients

You must:

- 5.1 Treat patients, their families and carers with dignity, and show empathy and respect.
- 5.2 Respond with humanity and kindness to circumstances where patients, their family and carers may experience pain, distress or anxiety.
- 5.3 Ensure that you show compassion in the care that you provide, for example, when communicating information about a patient's vision that may cause distress or worry.
- 5.4 Ensure that you demonstrate equal care, empathy and compassion for your colleagues.

6. Keep your knowledge and skills up to date.

You must:

- 6.1 Be competent in all aspects of your work, including clinical practice, supervision, teaching, research and management roles, and do not perform any roles in which you are not competent.
- 6.2 Comply with the Continuing Education and Training (CET) requirements of the General Optical Council as part of a commitment to maintaining and developing your knowledge and skills throughout your career as an optical professional.
- 6.3 Be aware of current best practice, taking into account relevant developments in clinical research, and apply this to the care you provide.
- 6.4 Reflect on your practice and seek to improve the quality of your work through activities such as reviews, audits, appraisals or risk assessments. Implement any actions arising from these.

7. Recognise, and work within, your limits of competence

You must:

- 7.1 Recognise and work within the limits of your scope of practice, taking into account your knowledge, skills and experience.
- 7.2 Be able to identify when you need to refer a patient to another practitioner in the interests of the patient's health and safety, and make appropriate referrals.
- 7.3 Ensure that you have the required qualifications relevant to your practice.
- 7.4 Ensure that you understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, i.e. sight testing and the sale and supply of optical devices.

8. Conduct appropriate assessment, examinations and treatments

You must:

- 8.1 Conduct an adequate assessment, taking into account the patient's history, including symptoms, personal beliefs, and psychological, social and cultural factors.
- 8.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done promptly so as not to compromise patient safety and care.
- 8.3 Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.
- 8.4 Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.
- 8.5 Provide effective patient care and treatments based on current best practice.
- 8.6 Only provide or recommend examinations, treatments, optical devices or drugs if these are clinically justified, and in the patient's best interests.
- 8.7 When in doubt, consult with professional colleagues appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.
- 8.8 Respect a patient's right to obtain a second opinion from another healthcare professional.

9. Maintain adequate patient records

You must:

- 9.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.
- 9.2 As a minimum, record the following information:
 - 9.2.1 The date of the consultation.
 - 9.2.2 Your patient's personal details.
 - 9.2.3 The reason for the consultation and any presenting condition.
 - 9.2.4 Relevant medical, family and social history, including any medication being taken or treatment received.
 - 9.2.5 Details of the clinical examination you conducted and your findings.
 - 9.2.6 The treatment and advice you provided, including any optical device or drugs prescribed.
 - 9.2.7 Consent to any treatment.
 - 9.2.8 Details of any supervised or delegated aspects of patient care.
 - 9.2.9 Details of referrals for additional treatment or other clinical tests, including a copy of the referral letter.
 - 9.2.10 Any other information necessary for the patient's care.
 - 9.2.11 Your name and signature, or other identification of yourself as the author.

10. Ensure that supervision is undertaken appropriately and complies with the law

The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor, those being supervised and those undertaking a supervised task. This applies to supervision of pre-registration trainees and those undertaking delegated activities. If undertaking a supervisory role, you must:

- 10.1 Ensure that you are sufficiently qualified and experienced to undertake the functions you are supervising.
- 10.2 Be on the premises and in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients.
- 10.3 Retain clinical responsibility for the patient.
- 10.4 Ensure that no untoward consequences, detrimental to the patient, can arise from the actions of those being supervised.
- 10.5 Ensure compliance with all legal requirements governing the activity.

11. Work collaboratively with colleagues in patients' interests

You must:

- 11.1 Work collaboratively with colleagues within the optical professions and other health and social care practitioners in the best interests of your patients, ensuring that your communication is clear and effective.
- 11.2 Ensure that you refer a patient only where this is clinically justified, done in the patient's interests and does not compromise patient care or safety. When making or accepting a referral you must ensure it is clear who has responsibility for the patient's care.
- 11.3 Ensure that those individuals to whom you refer or delegate have the necessary knowledge and skills so that patient care is not compromised. When delegating you remain responsible for the delegated task and for ensuring that it has been performed to the appropriate standard.
- 11.4 Ensure that patient information is shared appropriately with others, and clinical records are accessible to all involved in the patient's care.
- 11.5 Where disagreements occur between colleagues, aim to resolve these for the benefit of the patient.

12. Protect and safeguard patients, colleagues and others from harm

You must:

12.1 Protect and safeguard children, young people and other vulnerable people from abuse including by:

12.1.1 Being alert to signs of abuse and denial of rights.

12.1.2 Considering the needs and welfare of your patients.

12.1.3 Reporting concerns to an appropriate person or organisation.

12.1.4 Acting quickly in order to prevent further risk of harm.

12.1.5 Keeping adequate notes on what has happened and what actions you took.

12.2 Promptly report concerns about your patients, colleagues, employer or other organisation if patient or public safety might be at risk and encourage others to do the same. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law.

12.3 If you have concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, stop practising immediately and seek advice.

12.4 If patients are at risk because of inadequate premises, equipment, resources, employment policies or systems, put the matter right if that is possible and/or raise a concern.

12.5 Ensure that any contracts or agreements that you enter into do not restrict you from raising patient safety concerns including restricting what you are able to say when raising the concern.

12.6 Ensure that when reporting concerns, you take account of your obligations to maintain confidentiality as outlined in 15.

13.Ensure a safe environment for your patients

You must:

13.1 Ensure that a safe environment is provided to deliver care to your patients, and take appropriate action if this is not the case (see 12). In particular:

13.1.1 Be aware of and comply with health and safety legislation.

13.1.2 Ensure that the practice environment and equipment is hygienic.

13.1.3 Ensure that equipment is appropriately maintained.

13.1.4 Follow the regulations on substances hazardous to health.

13.1.5 Dispose of controlled, clinical and offensive materials in an appropriate manner.

13.1.6 Minimise the risk of infection by implementing appropriate infection controls including hand hygiene.

13.2 Have adequate professional indemnity insurance and ensure that the practice in which you work has adequate public liability insurance. This includes the following:

13.2.1. If insurance is provided by your employer, you must confirm that adequate insurance is in place.

13.2.2. If you work in multiple practices, you must ensure that there is adequate insurance to cover each working environment.

13.2.3. Your professional indemnity insurance must provide continuous cover for the period you are in practice.

13.2.4. Your professional indemnity insurance must cover complaints that are received after you stop practising, as these might be received years later – this is sometimes referred to as ‘run-off’ cover.

13.3 Ensure that when working in the home of a patient or other community setting, the environment is safe and appropriate for the delivery of care.

13.4 In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must:

13.4.1. Use your professional judgement to assess the urgency of the situation

13.4.2. Provide any care within your scope of practice which will benefit the patient

13.4.3. Make your best efforts to refer or signpost the patient to another healthcare professional or source of care where appropriate.

14. Show respect and fairness to others and do not discriminate unfairly

You must:

- 14.1. Respect a patient's dignity, showing politeness and consideration.
- 14.2. Promote equality, value diversity and be inclusive in all your dealings and do not discriminate unfairly on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief.
- 14.3. Ensure that your own religious, moral, political or personal beliefs and values do not prejudice patients' care. If these prevent you from providing a service, ensure that you refer patients to other appropriate providers.
- 14.4. Respect peers and colleagues' skills and contributions and do not discriminate unfairly.
- 14.5. Be aware of how your own behaviour might influence colleagues and students and demonstrate professional behaviour at all times.
- 14.6. Refrain from making unnecessary or disparaging comments which could make a patient doubt your colleagues' competence, skills or fitness to practise, either in public or private. If you have concerns about a colleague's fitness to practise, then please follow the standards in section 12.
- 14.7. Support colleagues and offer guidance where they have identified problems with their performance or health or they have sought your help, but always put the interests and safety of your patients first.
- 14.8. Consider and respond to the needs of disabled patients and make reasonable adjustments to your practice to accommodate these.
- 14.9. Challenge colleagues if their behaviour is discriminatory and be prepared to report behaviour that amounts to the abuse or denial of a patient's or colleague's rights, or could undermine patient safety.

15. Maintain confidentiality and respect your patients' privacy

You must:

- 15.1. Keep confidential all information about patients in compliance with the law, including information which is handwritten, digital, visual, audio or retained in your memory.
- 15.2. Ensure that all staff you employ or work with, are aware of their obligations in relation to maintaining confidentiality.
- 15.3. Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or writing online including on social media.
- 15.4. Co-operate with formal inquiries and investigations and provide all relevant information that is requested in line with your obligations to patient confidentiality.
- 15.5. Provide an appropriate level of privacy for your patients during consultation to ensure that the process of information gathering, examination and treatment remains confidential. Different patients will require different levels of privacy and their preferences must be taken into account.
- 15.6. Only use the patient information you collect for the purposes it was given, or where you are required to share it by law.
- 15.7. Securely store and protect patient records to prevent loss, theft and inappropriate disclosure, in accordance with data protection law.
- 15.8. Confidentially dispose of patient records when no longer required in line with data protection requirements.

16. Maintain appropriate boundaries

You must:

- 16.1. Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional practice, and take special care when dealing with vulnerable people.
- 16.2. Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.

17. Be honest and trustworthy

You must:

- 17.1. Act with honesty and integrity to maintain public trust and confidence in your profession.
- 17.2. Avoid or manage any conflicts of interest which might affect your professional judgement. If appropriate, declare an interest, withdraw yourself from the conflict and decline gifts and hospitality.
- 17.3. Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient safety.
- 17.4. Ensure that you do not make false or misleading statements when describing your individual knowledge, experience, expertise and specialties, including by the use of titles.
- 17.5. Be honest in your financial and commercial dealings and give patients clear information about the costs of your professional services and products before they commit to buying.
- 17.6. Do not make misleading, confusing or unlawful statements within your advertising.

18. Do not damage the reputation of your profession through your conduct

You must:

- 18.1. Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.
- 18.2. Ensure your conduct in the online environment, particularly in relation to social media, whether or not connected to your professional practice, does not damage public confidence in you or your profession.
- 18.3. Be aware of and comply with the laws and regulations that affect your practice.

19. Respond to complaints effectively

You must:

- 19.1. Operate a complaints system or ensure that your place of work has one in place, making patients aware of their opportunities to complain to yourself, your employer and the General Optical Council or seek mediation through the Optical Consumer Complaints Service.
- 19.2. Respect a patient's right to complain and ensure that the making of a complaint does not prejudice patient care.
- 19.3. Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.
- 19.4. Provide any information that a complainant might need to progress a complaint including your General Optical Council registration details and details of any registered specialty areas of practice.

20. Be candid when things go wrong

You must:

- 20.1. Be open and honest with patients when things go wrong with their treatment or care. If a patient under your care has suffered harm or distress or there may be implications for future patient care, you must:
 - 20.1.1. Tell the patient or, where appropriate, the patient's advocate, carer or family that something has gone wrong.
 - 20.1.2. Offer an apology.
 - 20.1.3. Offer appropriate remedy or support to put matters right (if possible).
 - 20.1.4. Explain fully and promptly what has happened and the likely short-term and long-term effects.
 - 20.1.5. Outline what you will do, where possible, to prevent reoccurrence and improve future patient care.
- 20.2. Ensure that when things go wrong, you reflect on what happened and use the experience to improve your practice, as outlined in standard 6.

Annex 2



Standards for optical students

Standards for optical students

Our Standards for optical students define what we expect of all registered students of optometry and dispensing optics.

The General Optical Council

We are the regulator for the optical professions with statutory responsibility for setting standards.

Content

This document sets out the standards that you must meet whilst training as an optical professional. It includes standards relating to your behaviour and your supervised practice. These standards consist of a set of principles that you must apply at all times. These principles are all equally important and are not listed in order of priority.

We do not specify how you should meet our standards. In doing so, you must exercise professional judgement, with the support of your training provider or supervisor, taking into account the statements contained within this document.

Your role as a professional

As a student training to become a registered healthcare professional, you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards.

Throughout the course of your training you will develop the knowledge and skills needed to be able to exercise professional judgement and make decisions about the care of your patient.

In the early stages of your training you will receive a greater level of support from your tutors and supervisors to assist your decision making. As you become more competent and experienced you will be required to take on increased responsibility for your decisions and professional judgements.

Requirement to be registered throughout your period of study

Failure to register or follow these standards may affect your ability to register and practise as an optical professional once qualified. In serious cases you may also be removed from your training course.

If someone raises concern about your fitness to train, we will refer to these standards when deciding if we need to take any action.

You will need to demonstrate that your behaviour was in line with these standards and that you have acted professionally and in the best interest of your patients. We will apply these standards in the context of the stage of training you have reached, taking into account the level of support and guidance you will have received from those supervising your training.

Making the care of your patients your first and overriding concern.

The care, well-being and safety of patients is at the heart of being a professional. Patients will often have the same expectations of students as they would of qualified healthcare professionals and they must always be your first concern from the beginning of your study and through to your pre-registration practice and beyond.

These standards for optical students can be applied in the context of your study, taking account of the fact that you will develop your knowledge, skills and judgement over the period of your training.

Once your training is complete and you register as a practising optical professional you will then be expected to meet the separate *Standards of practice for optometrists and dispensing opticians*.

The Standards

1. Listen to patients and respect their needs, concerns, views and preferences.
2. Communicate effectively with your patients
3. Ensure that patients are at the heart of the decisions made about their care.
4. Obtain valid consent
5. Show care and compassion for your patients
6. Recognise, and work within, your limits of competence
7. Conduct appropriate assessments, examinations and treatment under supervision
8. Maintain adequate patient records
9. Ensure that supervision is undertaken appropriately and complies with the law
10. Work collaboratively with peers and colleagues in patients' interests
11. Protect and safeguard patients, colleagues and others from harm
12. Ensure a safe environment for your patients
13. Show respect and fairness to others and do not discriminate unfairly
14. Maintain confidentiality and respect your patients' privacy
15. Maintain appropriate boundaries
16. Be honest and trustworthy
17. Do not damage the reputation of the profession through your conduct
18. Respond to complaints effectively
19. Be candid when things go wrong

1. Listen to patients and respect their needs, concerns, views and preferences

You must:

- 1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.
- 1.2 Listen to patients and in conjunction with your tutor or supervisor take account of their views, preferences and concerns, responding honestly and appropriately to their questions or referring to your tutor or supervisor for advice.
- 1.3 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.
- 1.4 Be sensitive and responsive in giving information and support when dealing with relatives or other people close to the patient.
- 1.5 Where possible, in consultation with your tutor or supervisor, modify your care and treatment based on your patient's needs and preferences without compromising patient safety.

2. Communicate effectively with your patients

You must:

- 2.1 Use appropriate language and interpersonal communication skills to give patients information in a way they can understand. Work with your tutor or supervisor to achieve this.
- 2.2 Ensure your patients know in advance what to expect from the consultation, giving them the opportunity to ask questions or change their mind before proceeding.
- 2.3 Be alert to unspoken signals which could indicate a patient's lack of understanding, discomfort or lack of consent.
- 2.4 Develop and use the appropriate language skills to communicate and work effectively with patients and their carers, colleagues and others. Consult your tutor or supervisor when unsure of how to proceed.
- 2.5 Ensure that patients or their carers have all the information they need about their prescriptions, optical devices, drugs and eye conditions.
- 2.6 Ensure that patients or their carers have shown the ability to use, administer or look after any optical device, drugs or other treatment that they have been prescribed or directed to use.

3. Ensure that patients are at the heart of the decisions made about their care.

You must:

- 3.1 Assist patients in exercising their rights and making informed choices.
- 3.2 Ensure that the options available to patients for the examination, treatment and sale of optical devices are explained to patients by you, your tutor or supervisor or another student. This includes a patient's right to refuse treatment or have a chaperone or interpreter present.
- 3.3 Allow your patients to make their own decisions about their care and respect the choices they make. Where you are unsure, consult your tutor or supervisor.
- 3.4 Consider all information provided by your patients, including where they have undertaken research in advance of the consultation. Explain clearly if the information is not valid or relevant. Work in consultation with your tutor or supervisor to achieve this.
- 3.5 Encourage patients to ask questions and take an active part in the decisions made about their treatment, prescription and aftercare.
- 3.6 In conjunction with your tutor or supervisor, support patients in caring for themselves, including giving advice on the effects of life choices and lifestyle on their health and well-being and supporting them in making lifestyle changes where appropriate.

4. Obtain valid consent

You must:

- 4.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given:
 - 4.1.1 Voluntarily
 - 4.1.2 By the patient or someone authorised to act on the patient's behalf
 - 4.1.3 By a person with the capacity to consent
 - 4.1.4 By an appropriately informed person
- 4.2 Be aware of your legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. Also be aware of differences within the four nations of the United Kingdom.
- 4.3 Ensure that consent is informed by explaining what you are going to do and ensuring that patients are aware of risks and options. This applies to any examination, treatment or research that the patient is participating in.
- 4.4 Ensure that the patient's consent remains valid at each stage of the examination, treatment or during any research in which they are participating.

5. Show care and compassion for your patients

You must:

- 5.1 Treat patients, their families and carers with dignity, and show empathy and respect.
- 5.2 Respond with humanity and kindness to circumstances where patients, their family and carers may experience pain, distress or anxiety.
- 5.3 Ensure that you show compassion in the care that you provide, for example, when communicating information about a patient's vision that may cause distress or worry.
- 5.4 Ensure that you demonstrate equal compassion and care for your peers and colleagues.

6. Recognise, and work within, your limits of competence

You must:

- 6.1 Recognise the limits of your scope of training including your knowledge, skills and experience.
- 6.2 Be able to identify when you need to refer to your tutor or supervisor for further advice and guidance
- 6.3 Ensure that you understand and comply with the requirements of student registration with the General Optical Council and the legal obligations of undertaking any restricted functions.

7. Conduct appropriate assessments, examinations and treatment under supervision

You will develop your clinical skills over the course of your training, becoming more proficient as you near the end of your studies.

As part of your training, you will apply these clinical skills in a real-life setting under the direction of your tutor or supervisor gradually taking more responsibility for patients as your skills develop. In conjunction with your tutor or supervisor, you must:

- 7.1 Conduct an adequate assessment, taking into account the patient's history, including symptoms, personal beliefs, and psychological, social and cultural factors.
- 7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done promptly so as not to compromise patient safety and care.
- 7.3 Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.
- 7.4 Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.
- 7.5 Provide effective patient care and treatments based on current best practice.
- 7.6 Only provide or recommend examinations, treatments, optical devices or drugs if these are clinically justified, and in the patient's best interests.

- 7.7 When in doubt, consult with your tutor or supervisor appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.
- 7.8 Respect a patient's right to obtain a second opinion from another healthcare professional.

8. Maintain adequate patient records

You must:

- 8.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.
- 8.2 As a minimum, record the following information:
- 8.2.1 The date of the consultation.
 - 8.2.2 Your patient's personal details.
 - 8.2.3 The reason for the consultation and any presenting condition.
 - 8.2.4 Relevant medical, family and social history, including any medication being taken or treatment received.
 - 8.2.5 Details of the clinical examination conducted and your findings.
 - 8.2.6 The treatment and advice you provided, including any optical device or drugs prescribed.
 - 8.2.7 Consent to any treatment.
 - 8.2.8 Details of any supervised or delegated aspects of patient care.
 - 8.2.9 Details of referrals for additional treatment or other clinical tests, including a copy of the referral letter.
 - 8.2.10 Any other information necessary for the patient's care.
 - 8.2.11 Your name, GOC registration number, signature (or other identification of yourself as the author).
 - 8.2.12 Details of the supervisor including name and GOC registration number.

9. Ensure that supervision is undertaken appropriately and complies with the law

The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor, those being supervised and those undertaking a supervised task.

This applies to supervision of pre-registration trainees and those undertaking delegated activities. When being supervised, you must:

- 9.1. Ensure that you are supervised by someone sufficiently qualified and experienced to undertake the functions they are supervising.
- 9.2. Ensure that your supervisor is on the premises and in a position to oversee the work you undertake and is ready to intervene if necessary in order to protect patients.
- 9.3. Ensure that your supervisor retains clinical responsibility for the patient.
- 9.4. Ensure that the actions you undertake will not have untoward consequences, detrimental to the patient.
- 9.5. Ensure compliance with all legal requirements governing the activity.

10. Work collaboratively with your peers, tutors, supervisors or other colleagues in patients' interests

You must:

- 10.1 Work collaboratively with your peers, tutors, supervisors, other colleagues within the optical professions and other health and social care practitioners in the best interests of your patients, ensuring that your communication is clear and effective.
- 10.2 Ensure that if work is delegated to you, you have the necessary knowledge, skills and experience so that patient care is not compromised. Seek advice from your tutor or supervisor if you do not feel you are able to perform the delegated task.
- 10.3 Ensure that patient information is shared appropriately with others, and clinical records are accessible by all involved in the patient's care.
- 10.4 Where disagreements occur between you, your tutor or supervisor, peers or other colleagues, ensure that these do not impact on patient care and aim to resolve them for the benefit of the patient.

11. Protect and safeguard patients, colleagues and others from harm

You must:

11.1. Protect and safeguard children, young people and other vulnerable people from abuse including by:

11.1.1. Being alert to signs of abuse and denial of rights.

11.1.2. Considering the needs and welfare of your patients.

11.1.3. Reporting concerns to an appropriate person or organisation, whether this is your tutor, supervisor or training institution.

11.1.4. Acting quickly in order to prevent further risk of harm. Seek advice immediately if you are unsure of how to proceed.

11.1.5. Keeping adequate notes on what has happened and what actions you took.

11.2. Promptly report any concerns about your patients, peers, colleagues, tutor, supervisor, training institution or other organisation, if patient or public safety might be at risk and encourage others to do the same. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law.

11.3. If you have concerns about your own fitness to practise due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, do not participate in any further clinical training and seek advice from your training institution immediately.

11.4. If patients are at risk because of inadequate premises, equipment, resources, employment policies or systems, put the matter right if that is possible and/or raise a concern with your training institution.

11.5. Ensure that when reporting concerns, you take account of your obligations to maintain confidentiality as outlined in 14.

12. Ensure a safe environment for your patients

You must:

- 12.1 Ensure that a safe environment is provided to deliver care to your patients, and take appropriate action if this is not the case by raising your concerns with your training institution (see 11). In particular:
 - 12.1.1 Be aware of and comply with health and safety legislation.
 - 12.1.2 Ensure that the practice environment and equipment is hygienic.
 - 12.1.3 Ensure that equipment is appropriately maintained.
 - 12.1.4 Follow the regulations on substances hazardous to health.
 - 12.1.5 Dispose of controlled, clinical and offensive materials in an appropriate manner.
 - 12.1.6 Minimise the risk of infection by implementing appropriate infection controls including hand hygiene.
- 12.2 In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must:
 - 12.2.1 Use your professional judgement to assess the urgency of the situation
 - 12.2.2 Provide any care within your scope of practice which will benefit the patient.
 - 12.2.3 Make your best efforts to refer or signpost the patient to another healthcare professional or source of care where appropriate.

13. Show respect and fairness to others and do not discriminate unfairly

You must:

- 13.1 Respect a patient's dignity, showing politeness and consideration.
- 13.2 Promote equality, value diversity and be inclusive in all your dealings. Do not discriminate unfairly on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief.
- 13.3 Ensure that your own religious, moral, political or personal beliefs and values do not prejudice patients' care. If these prevent you from providing a service, ensure that you consult your tutor, supervisor or training institution to make alternative arrangements.
- 13.4 Respect peers and colleague's skills and contributions and do not discriminate unfairly.
- 13.5 Refrain from making unnecessary or disparaging comments about your peers, tutors, supervisors, training institution or other colleagues which could make a patient doubt their competence, skills or fitness to practise, either in public or private. If you have concerns about a colleague's fitness to practise or the performance of your training institution or placement, then please follow standard 11.

13.6 Consider and respond to the needs of disabled patients and make reasonable adjustments in conjunction with your tutor, supervisor or training institution to accommodate these.

13.7 Challenge your peers if their behaviour is discriminatory and be prepared to report behaviour that amounts to abuse or denial of a patient's or colleague's rights or patient safety.

14. Maintain confidentiality and respect your patients' privacy

You must:

14.1 Keep confidential all information about patients in compliance with the law, including information which is handwritten, digital, visual, audio or retained in your memory.

14.2 Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or writing online including on social media.

14.3 Co-operate with formal inquiries and investigations and provide all relevant information that is requested in line with your obligations to patient confidentiality.

14.4 Provide an appropriate level of privacy for your patients during consultation to ensure that the process of information gathering, examination and treatment remain confidential. Different patients will require different levels of privacy and their preferences must be taken into account.

14.5 Only use the patient information you collect for the purposes it was given, or where you are required to share it by law.

14.6 Securely store and protect patient records to prevent loss, theft and inappropriate disclosure, in accordance with data protection law.

14.7 Confidentially dispose of patient records when no longer required in line with data protection requirements.

15. Maintain appropriate boundaries

You must:

- 15.1 Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional practice and take special care when dealing with vulnerable people.
- 15.2 Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.

16. Be honest and trustworthy

You must:

- 16.1 Act with honesty and integrity to maintain public trust and confidence in your profession
- 16.2 Avoid or manage any conflicts of interest which might affect your professional judgement. If appropriate, declare an interest, withdraw yourself from the conflict and decline gifts and hospitality.
- 16.3 Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient care.
- 16.4 Ensure that you do not make false or misleading statements when describing your individual knowledge, experience, expertise and specialties, including by the use of titles.
- 16.5 Be honest in your financial and commercial dealings and give patients clear information about the costs of your professional services and products before they commit to buying.
- 16.6 Do not make misleading, confusing or unlawful statements within your communications.

17. Do not damage the reputation of the profession through your conduct

You must:

- 17.1 Ensure that your conduct, whether or not connected to your professional study does not damage public confidence in you or your profession.
- 17.2 Ensure your conduct in the online environment particularly in relation to social media, whether or not connected to your professional study, does not damage public confidence in you or your profession.
- 17.3 Be aware of and comply with all the requirements of the General Optical Council.

18. Respond to complaints effectively

You must:

- 18.1 Respect a patient's right to complain and ensure that the making of a complaint does not prejudice patient care.
- 18.2 Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.
- 18.3 Provide any information that a complainant might need to progress a complaint including your General Optical Council registration details.

19.Be candid when things go wrong

You must:

19.1 Be open and honest with patients when things go wrong with their treatment or care. If a patient under your care has suffered harm or distress or there may be implications for future patient care then seek advice from your tutor or supervisor on how to proceed. They will advise on whether further action is required such as:

19.1.1.Telling the patient or, where appropriate, the patient's advocate, carer or family that something has gone wrong.

19.1.2. Offering an apology.

19.1.3.Offering appropriate remedy or support to put matters right (if possible).

19.1.4.Explaining fully and promptly what has happened and the likely short-term and long-term effects.

19.1.5.Outlining what you will do, where possible, to prevent reoccurrence and improve future patient care.

19.2.Ensure that when things go wrong, you reflect on what happened and use the experience to improve your practice.

Annex 3: Statutory duty in relation to standards

1. The GOC has a statutory duty in respect of standards. Section 1(2) of the Opticians Act (the Act) states that, “Council shall have the general function of promoting high standards of professional education, conduct and performance among registrants.” In carrying out this function we view optometrists and dispensing opticians as healthcare professionals. This means that registrants must act at all times, in their working and personal lives, in a way that maintains public confidence.
2. The Act also sets out our role in setting standards of competence. Section 12(1) of the Act provides that:

“The Council shall from time to time establish -

 - (a) the competencies which a person must be able to demonstrate in order to be granted a qualification as an optometrist or a dispensing optician; and
 - (b) the content and the standard of education and training (including practical experience) required for the purpose of achieving those competencies.”
3. Our role in providing guidance in relation to standards of conduct and performance is also explained in the Act.
4. Section 13A(1)(a) provides that:

“The Council shall provide, in such manner as the Council considers appropriate, guidance for registered optometrists, registered dispensing opticians and student registrants, on matters relating to fitness to practise or, in the case of a student registrant, fitness to undertake training, and in particular on the standards of conduct and performance expected of them.”
5. Section 13A(2)(a) provides that:

“The Council shall provide, in such manner as the Council considers appropriate, guidance to business registrants on matters relating to fitness to carry on business as an optometrist or a dispensing optician or both, and in particular on the standards of conduct and performance expected of such registrants in carrying on that business.”
6. More generally, the legislation specifies in some detail how registrants should practise by, for example, setting out what should be involved in carrying out a sight test. So far as the regulation of healthcare professions is concerned, such detailed provision is unusual. For most regulated professions, there is a more general statutory requirement to practise in line with the standards specified by the regulator.

Annex 4: Impact assessment

Introduction

1. This section of the consultation document provides an initial assessment of our proposed new approach to setting standards, including new standards of practice for optometrists and dispensing opticians, and standards for students. It has been prepared with reference to the GOC's consultation framework which specifies that an impact assessment should generally be carried out to inform a consultation.
2. We have considered the principles of good regulation in developing this consultation and undertaking this initial impact assessment. In our impact assessment, we assess whether each option is proportionate, targeted and transparent. More broadly as a regulator we aim to be consistent, accountable and agile in our approach to regulation and the decisions we make; we have applied these principles throughout the process of developing these options and consulting on them.
3. In this context we interpret agility to mean implementing a system of regulation that is 'future proof' and flexible enough to accommodate relevant developments.
4. Our policy objective is to minimise the risks to patients and the public that could result from unclear standards, uncertainty about the status of our standards as opposed to guidance produced by other bodies, and the inability of optometrists, dispensing opticians or optical students to use their professional judgement to apply the standards in practice.
5. We have considered two broad options:
 - **Option 1** – Continue current approach, including a high-level code of conduct for all individual registrants.
 - **Option 2** – Produce a framework defining the role of the GOC in producing standards and supplementary material, and develop more comprehensive standards for optometrists and dispensing opticians and separate standards for students, with supplementary material where necessary to make clear our expectations.
6. We have initially considered the likely effects of the options on different categories of stakeholder and on the GOC. We have also considered the impact of these options on the all four nations of the United Kingdom. The following categories of stakeholders will potentially be impacted by these proposals:
 - patients and the public
 - GOC registrants – optometrists and dispensing opticians
 - optical students and graduates

- education and training providers
- optical professional bodies
- employers
- optical complaints bodies and insurers
- commissioners of optical care
- regulators/standards bodies

Analysing the costs and benefits

7. We have included an initial impact assessment which focuses on the ‘options stage’, which:
 - identifies the options that may address the policy challenge;
 - includes a qualitative discussion of the costs, benefits and risks associated with each option; and
 - makes an initial assessment of the costs and benefits associated with each of the different options to the extent that it is possible or proportionate to do so.
8. Choosing the best option following the consultation will involve an assessment of the costs and benefits which would flow from the options selected, although this will generally inform rather than determine our decision. There are two main reasons for this. Firstly, fulfilling our statutory duties may involve taking account of issues that would fall outside a narrow consideration of costs and benefits. Secondly, it will often be difficult to quantify all the costs and benefits, in which case, it may be hard to identify which option has the highest net benefit and choose an option solely on that basis.⁵
9. We will describe the costs and benefits qualitatively, making clear who bears the costs and who receives the benefits. Benefits in particular can be hard to quantify as they tend to be more uncertain and are often spread across many members of the public.
10. In analysing costs and benefits we will apply the principle of proportionality, which means it will often be proportionate to focus on the most significant costs and benefits rather than costs and benefits which are relatively minor.
11. It is also important to consider the risks relating to particular options, such as the risk that the intended impact would not be achieved or would be delayed by problems with implementation. An option which has a high net benefit, but which carries a high risk, might be less attractive than a lower risk option which has a lower net benefit. The degree of risk will be influenced by the likelihood of it occurring and the extent to which it may be possible to mitigate the risk.

⁵ The option with the highest net benefit provides the most benefit, taking into account the costs. If two options have the same net benefit but one has much higher costs, it is likely that we would choose the one with lower costs.

12. A related issue is that of possible unintended consequences. In selecting and assessing the different options, our aim will be to think widely about the possible impacts, taking account of possible knock-on effects across the optical sector. By doing so, we will seek to minimise any unintended consequences. But it is important to be alive to the possibility that they may occur.
13. We should also consider the risk of non-compliance with regulation (in this case our standards). Our assessment of the costs and benefits that would flow from an option should therefore be based on a realistic level of likely compliance. This will involve exploring the incentives to comply, whether compliance will be practically possible and the costs of enforcement.
14. The distributional impacts which the different options would have should also be taken into account. A distributional impact is an impact which is transferred rather than being additional, for example, a policy might benefit vulnerable patients at the expense of other patients, while the net benefit remains the same. Clearly this would be a relevant consideration even though it would not be revealed by a narrow analysis of the costs and benefits.

Counterfactual

15. An important part of the analysis is identifying the extent to which the options will bring about additional costs and benefits compared with what would otherwise take place. This is achieved by developing a counterfactual, which is a benchmark situation against which to measure the impact of regulatory changes. The counterfactual seeks to take into account both the current situation and likely future developments.

Costs

16. The magnitude and nature of the costs will vary according to each option. Following the consultation, we will consider whether it is possible to undertake further analysis to assess the costs more precisely.
17. The main types of costs associated with the options relate to:
 - costs incurred by the GOC and the professions for production and publication of consumer information, implementation costs for any policy changes, and potential costs for legal advice; and
 - cost to external bodies for complying with any new standards or guidance, and potential costs for enforcement bodies.
18. We have not included detailed information about financial costs in this section, but have provided an assessment of whether the anticipated costs would be low, medium or high, or whether there would be likely to be a saving.

Benefits

19. The benefits of the options will result from addressing the specific aims identified. Our analysis is focused on how effective each option is in achieving these aims. Benefits could fall into the following categories:

- increased levels of health and safety for patients and members of the public;
- complaints about registrants are dealt with in a more timely and effective way;
- greater public awareness of the standards expected of optometrists, dispensing opticians and optical students;
- reduction in occurrence of poor practice; and
- increased confidence among the public and the professions in the system of regulation.

Risks

20. We also consider the risks and wider impacts of the options. These include:

- weaknesses of the policy options that may increase the costs or reduce the benefits;
- the likelihood of negative consequences arising; and
- wider advantages or disadvantages that may occur.

Proportionate, targeted and transparent

21. We have carried out a qualitative assessment of whether the proposals will meet the principles of better regulation.

Equality, diversity and inclusion

22. We have carried out a qualitative assessment of whether there are any impacts, unintended consequences or discrimination in relation to groups with protected characteristics.

Standards Framework - Option 1: Continue current approach, including a high-level code of conduct for all individual registrants.

23. Although this option is the most straightforward, it may not be the most effective in delivering our aims.

Costs	GOC	High – No additional financial costs associated with publication or as a result of changes for stakeholders, although some additional costs associated with further promotion might be considered. However, substantial cost for GOC as its role in setting standards would not be clearly
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		<p>distinguished from that of other professional bodies producing guidance. This would also not provide the clarity for registrants, patients and the public about the standards we set. This may ultimately result in poor patient care.</p> <p>Also, substantial costs for GOC and the optical professions as a result of not having standards that are up to date and reflect current expectations of all healthcare professionals, i.e. learning and outcomes of recent healthcare reviews and development of good practice. The standards would also not reflect recent developments in optical practice.</p>
	Registrants	Medium – Registrants would have standards produced by the regulator, but may not understand the regulator’s role or the status of the standards compared to the guidance produced by others. This may lead to confusion and ultimately result in poor patient care.
	Patients and public	Medium – Patients and the public would be able to access standards produced by the regulator, but might be subject to confusion over guidance produced by other organisations and they might receive poor patient care from registrants who are not clear about the standards expected of them.
	Others	<p>No financial cost implications from retaining current framework.</p> <p>No implications for nations of the UK.</p>
Benefits	GOC	Low – standards would be familiar to registrants, avoiding additional implementation costs for the GOC, but they would not reflect current patient expectations of healthcare professionals, recent developments in the optical sector or the outcomes of recent healthcare reviews.
	Registrants	Low - would avoid the costs of understanding the new standards, but would not have clarity about the regulator’s expectations, including areas where expectations have increased, such as candour, whistleblowing and compassion.
	Patients and public	
	Others	
Risks	GOC	High - Would continue to be a lack of clarity about our expectations of registrants and in relation to the status of material produced by other organisations.
	Registrants	High - Would continue to be a lack of clarity about the regulator’s expectations of registrants

		<p>in relation to the status of material produced by other organisations.</p> <p>Registrants might rely on guidance and other materials that do not accord with our standards.</p> <p>There would be risks that the standards did not reflect current expectations of all healthcare professionals, i.e. learning and outcomes of recent healthcare reviews and development of good practice or recent developments in optical practice. There would also be a lack of clarity resulting from the current standards' lack of detail. This might lead to confusion for registrants, lack of engagement and application to practice and uncertainty over what is expected during the registration or fitness to practise processes. In turn, this might lead to poor patient care.</p>
	Patients and public	<p>High - Would continue to be a lack of clarity about our expectations of registrants and patients might be subject to poor care as a result of standards that did not reflect the learning and outcomes of recent healthcare reviews, including in relation to areas such as candour, whistleblowing and compassion.</p>
	Others	<p>High - Would continue to be a lack of clarity for optical businesses and employers about our expectations of registrants and about the status of material produced by other organisations. This might mean that employers and other bodies did not provide adequate support.</p> <p>Also training providers might not offer courses consistent with our expectations and the standards might not reflect developments in the different nations of the UK.</p>
Proportionate	GOC	<p>No – because the current approach limits our ability to fulfil our statutory role in setting standards and does not make clear our expectations of registrants.</p>
	Registrants	<p>No – expectations on students during their training are disproportionate.</p> <p>The current standards do not reflect the learning and outcomes of recent healthcare reviews or recent developments in optical practice.</p>
	Patients and public	<p>No – because the current approach limits our ability to fulfil our statutory role in setting standards.</p>

	Others	No – Reliance on the guidance of other professional bodies is not proportionate in the GOC fulfilling its role as a healthcare regulator.
Targeted	GOC	No - Does not clearly outline our expectations of registrants in relation to standards or clarify the status of guidance produced by others. Also the same standards apply to students as apply to fully-qualified registrants, which is unhelpful to both students and training providers.
	Registrants	
	Patients and public	
	Others	
Transparent	GOC	No – The role of the GOC in setting the standards is not clearly defined and the role of other organisations is also unclear. Also, the standards themselves provide limited detail, making our expectations unclear.
	Registrants	
	Patients and public	
	Others	
Equality, diversity and inclusion	All	No obvious impacts, but can be explored further through the consultation with stakeholders. The current standards are not specific about the duty on individual registrants to take account of equality, diversity and inclusion requirements in practice. Also, the current Code of Conduct for individual registrants has not been recently assessed for accessibility in terms of content and format.

Standards framework - Option 2: Produce a framework defining the role of the GOC in producing standards and supplementary material, and develop more comprehensive standards for optometrists and dispensing opticians and separate standards for students, with supplementary material where necessary to make clear our expectations.

24. Producing a revised standards framework will address the aims of the review to clarify the role of the GOC and provide clarity to our registrants, patients and the public about the standards we expect. It will provide clear standards for our individual registrants which reflect current good practice, the learning and outcomes of healthcare reviews and patient expectations. Having the ability to produce supplementary material where necessary to help registrants apply professional judgement will further support our aims.

Costs	GOC	Medium – Financial costs of development, research, consultation and implementation, including training with GOC staff. Any change to the standards for individuals in future may result in the need to review the business standards to ensure that they complement each other and do not conflict.
	Registrants	Medium - Cost of learning new standards, undertaking any necessary continuing education and training or professional development to meet new standards and making modifications to practice to address deficiencies.
	Patients and public	None
	Others	Medium - Cost of adjusting to new framework for some professional organisations. This may require revision of existing documentation or publicity materials. Employers and businesses may have to review procedures in light of new standards to ensure that employees are able to meet their professional obligations.
Benefits	GOC	High - Clearer and more effective framework promoting higher standards. Meets GOC objectives to set out clear expectations of registrants and reflect the learning and outcomes of recent healthcare reviews, recent developments in optical practice and current patient expectations of healthcare professionals.
	Registrants	High – clarity in status of standards produced by the regulator and material produced by others. Would also ensure clarity about the regulator’s expectations, including areas where expectations have increased, such as candour, whistleblowing and compassion. Standards would reflect the current context of practice including current patient expectations, recent developments in the optical sector and the outcomes of recent healthcare reviews.

	Patients and public	High – Clarity for registrants results in better care for patients
	Others	<p>Medium - Clarification of status of materials produced by other professional organisations will help to provide clarity about their role.</p> <p>Clear expectations on registrants would make it easier for some organisations to fulfil their role, such as professional associations, training providers and Continuing education and training (CET) providers.</p> <p>Employers and businesses will have increased confidence that the staff they employ are meeting relevant and current expectations of healthcare professionals, delivering high quality care.</p>
Risks	GOC	Low – Clarity of expectations of registrants and in relation to the material produced by others.
	Registrants	<p>Medium - Confusion may occur as new framework and standards are implemented and there may be a lead time before materials of other organisations conform to new framework.</p> <p>Two sets of standards may affect complaints received over the transition period, as to which set applies. There may also be a risk of standards being applied incorrectly which may affect a fitness to practise hearing. Would need clear communication and training for GOC fitness to practise staff.</p>
	Patients and public	<p>Medium - Production of two sets of standards (for fully qualified registrants and students) may cause confusion over which set applies to treatment received.</p> <p>There is also the risk that standards applied incorrectly may affect a fitness to practise hearing. Would need to ensure clear communication and training for GOC fitness to practise staff.</p>
	Others	<p>Medium – Guidance produced by others will be shaped by work of the GOC.</p> <p>Some of the content of the new standards may result in the need for other organisations to change the way they operate, the processes they employ or the</p>

		<p>material they produce. This needs to be explored in the consultation, particularly with professional organisations, employers, insurers and training providers.</p> <p>The GOC will need to take account of differences in expectations in different nations of the UK so that framework applies to all – need to explore further through consultation.</p>
Proportionate	GOC	<p>Yes –</p> <p>Clearly defines the role of the GOC in a proportionate way.</p> <p>Proposes that GOC supplemental material is only produced when necessary and within clear parameters</p> <p>Different, but proportionate approach to optometrists/dispensing opticians and optical students</p>
	Registrants	Yes - More proportionate expectations relating to optical students.
	Patients and public	<p>Maybe – Production of two sets of standards (one for optometrists and dispensing opticians and the other for optical students) may cause confusion over which set applies to treatment received. This can be mitigated by clear communication from the GOC. Need to explore through consultation.</p> <p>Expectations of registrants will be more clearly expressed and where possible, will be drafted in Plain English so that they are easily understood to all.</p>
	Others	Yes – But need to take account of differences in different nations of the UK to ensure that framework is applied consistently – to explore further through consultation.
Targeted	GOC	Yes – Specifically addresses the status of the GOC standards in relation to guidance produced by other organisations. Fulfils the GOC’s statutory obligation to set standards.
	Registrants	Yes – Targeted framework to clarify the role of the GOC in producing standards as distinct from guidance produced by other organisations.
	Patients and public	
	Others	

		<p>Yes – Standards and guidance will be produced to ensure patient and public safety and protection.</p> <p>Yes – Specifically addresses the role of the GOC and other organisations in terms of standards and guidance. Fulfils the GOC’s statutory obligation to set standards.</p>
Transparent	GOC	Yes – makes transparent the GOC’s status in setting standards and clearly defines the expectations of registrants.
	Registrants	Yes – Framework and standards will be clearly published and communicated along with all development work. All stakeholders will have the opportunity to be involved in consultation activities.
	Patients and public	
	Others	
Equality, diversity and inclusion	All	<p>The revised standards would be specific about the duty on individual registrants to take account of equality, diversity and inclusion requirements in practice.</p> <p>Further guidance or signposting in this area may assist our registrants in delivering quality patient care which is accessible to all.</p> <p>Revising the content of the standards may have an impact on specific groups of registrants and patients. Any new format or presentation may also have an impact in terms of clarity and accessibility. These would need to be considered in the consultation process.</p>

GOC analysis and conclusion

25. Based on the discussion of the options above, we believe that option 2 is the best option to take forward.
26. **Option 2** would enable us to:
 - 26.1. clarify the GOC's role in setting standards and the roles played by professional bodies in producing guidance;
 - 26.2. ensure we are meeting our statutory obligation to produce standards of conduct, competence and performance;
 - 26.3. provide clarity for registrants and the public about the standards we expect;
 - 26.4. ensure our standards reflect developments in optical practice, including increased divergence across the UK;
 - 26.5. ensure the standards take account of the learning and outcomes from recent healthcare reviews, such as the Francis Inquiry and reflect current good practice; and
 - 26.6. ensure the standards maintain safety and protection for patients and the public.
27. **Option 1** is inadequate as it does not address the risks that registrants are unclear on what standards are expected of them, undermining our duty to protect and promote the health and safety of the public.
28. Under option 2 we are recognising that we need to be more explicit about the expectations on our registrants in terms of standards which ensure patient and public protection and how this is distinct from the materials produced by other organisations. We also recognise that any material produced by the GOC must take account of the learning from recent healthcare reviews, but be applicable to the optical context in terms of language and proportionality. Likewise any supplementary material produced by the GOC must be justified by a specific need.
29. We look forward to working closely with stakeholders to develop and implement our new standards framework.