



# Snapshot

Annual review of performance 2016/17



Regulator reviewed: **General Optical Council**

## Key facts & figures:

- regulates the practice of **optometrists** and **dispensing opticians** in the **United Kingdom**
- **26,814** professionals on register; **2,635** optical businesses (as at 30/09/2017)
- **£320** annual fee for registration

## Standards of good regulation

### Core functions

Annual performance review 2016/17

### Met

(number of Standards)

Guidance & Standards

4/4

Education & Training

4/4

Registration

6/6

Fitness to Practise

8/10

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# Focus on: **Activities and actions demonstrating how the GOC is meeting the Standards**

The GOC has met 22 out of 24 of our Standards of Good Regulation and, though, we have seen improvement in the GOC's performance for the Standards for Registration this year, we have not seen enough of an improvement in its performance against the fitness to practise standards.

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## **GUIDANCE AND STANDARDS: STAKEHOLDERS' VIEWS ARE TAKEN INTO ACCOUNT**

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As a result of feedback received, the GOC produced supplementary guidance on standards relating to candour and consent. It also worked with the Driver and Vehicle Licensing Agency (DVLA) to produce a bulletin for registrants to help them understand their responsibilities around notifying the DVLA where a patient is unfit to drive and will not/cannot notify the DVLA. The GOC also commissioned research to enable a better understanding of registrants' responsibilities in this area and how well the current system protects the public. The research report was published in October 2017 and the GOC intends to use the findings to inform a consultation.

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## **REGISTRATION: EVERYONE CAN EASILY ACCESS INFORMATION**

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The GOC has continued to improve its performance against this Standard, improving its processes and mechanisms. It failed to meet it in 2014/15, though it did meet it last year, we did identify one error. We did not find any errors in our accuracy check this year and therefore the Standard continues to be met.

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## **FITNESS TO PRACTISE: THE REGULATOR WILL DETERMINE IF THERE IS A CASE TO ANSWER**

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We carried out a targeted review of this Standard because we wanted to be sure that there had been no negative impact on decision-making by replacing the Investigating Committee with Case Examiners (in April 2014). We reviewed 41 cases closed by Case Examiners and found concerns in six. We were also concerned about how allegations were drafted, including not capturing the full extent of the concerns or not seeking clinical advice. However, in the majority cases we reviewed we found that decisions made were appropriate and did not raise any public protection concerns. We therefore considered this Standard to be met.

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## **FITNESS TO PRACTISE: COMPLAINTS ARE REVIEWED & THE MOST SERIOUS PRIORITISED**

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We had to consider carefully if this Standard was met. Our audit identified concerns about the processes in place for assessing risk. However, we did not identify any cases where appropriate action had not been taken when significant risk was present. We decided that the Standard is met, but we will continue to monitor the GOC's performance.

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## **FITNESS TO PRACTISE: CASES ARE DEALT WITH AS QUICKLY AS POSSIBLE**

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This Standard remains unmet. In all key timeliness measures for fitness to practise, the GOC's performance continues to decline (see the full report for more details of timescales). In our audit, we found avoidable delays in 67 of the 100 cases we reviewed, across all stages, including delays where there was no activity to progress cases. We also noted weaknesses in chasing up outstanding information requested from the parties to a complaint and no real evidence of a system of regular oversight. The GOC has introduced new processes to help it improve timeliness, but these have yet to have any impact. We will continue to monitor the GOC's performance against this Standard.

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## **FITNESS TO PRACTISE: ANYBODY CAN RAISE A CONCERN**

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This Standard is not met. We carried out a targeted review, looking at the GOC's new triage process on whether to carry out a full investigation. We identified concerns about triage decision-making in 13 out of the 45 cases we reviewed as well as concerns about cases closed by Case Examiners. Our audit revealed that not all the relevant information relating to a case is being properly considered at this stage and that, where a case is closed, the reasons are not always present and/or clear.