

Annual review of performance 2018/19

General Optical Council



About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of 10 statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation. We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

Our organisational values are: integrity, transparency, respect, fairness and teamwork. We strive to ensure that our values are at the core of our work. More information about our work and the approach we take is available at www.professionalstandards.org.uk

Contents

1. The annual performance review	1
2. What we found – our judgement.....	3
3. Guidance and Standards.....	4
4. Education and Training	6
5. Registration	11
6. Fitness to Practise.....	17

This report looks at the GOC’s performance against our Standards of Good Regulation between January 2019 and September 2019. As part of our discussion about some of the Standards, we refer to the GOC’s plans for future work. This report was, however, drafted before the Covid-19 pandemic reached the UK. This has led to a range of emergency measures to enhance the ability of public bodies across the UK to provide an effective response to tackle the pandemic. It is also placing unprecedented pressure on health and care professionals and their regulators. This may well mean that regulators need to change their plans and priorities to ensure that their resources and processes concentrate on the most crucial areas of patient and public safety. We recognise that this means that some of the plans referred to in this report may be delayed.

About the General Optical Council

The General Optical Council (GOC) regulates the optical professions in the United Kingdom. Its work includes:

- Setting and maintaining standards of practice and conduct
- Assuring the quality of optical education and training
- Maintaining a register of students, qualified professionals and optical businesses
- Requiring optical professionals to keep their skills up to date through continued education and training
- Acting to restrict or remove from practice registrants who are not considered to be fit to practise.

As at 30 September 2019, the GOC was responsible for a register of 27,783 optical professionals and students and 2,778 optical businesses. Its annual retention fee for optical professionals was £340 for 2018/19.



At a glance

Annual review of performance

Regulator reviewed: **General Optical Council**

Standards of good regulation

Core functions

Met

Guidance and Standards

4/4

Education and Training

4/4

Registration

6/6

Fitness to Practise

8/10

1. The annual performance review

- 1.1 We oversee the 10 health and care professional regulatory organisations in the UK, including the GOC.¹ More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.
- 1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.
- 1.3 These performance reviews are our check on how well the regulators have met our Standards of Good Regulation (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:
- it tells everyone how well the regulators are doing
 - it helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

- 1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:
- Setting and promoting guidance and standards for the profession
 - Setting standards for and quality assuring the provision of education and training
 - Maintaining a register of professionals
 - Taking action where a professional's fitness to practise may be impaired.
- 1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over the performance review year, we gather evidence for each regulator to help us see if they have been met.
- 1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all of this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards. We use this to decide the type of performance review we should carry out.

¹ These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, the Pharmaceutical Society of Northern Ireland and Social Work England.

- 1.7 When considering information relating to the regulator's timeliness, we consider carefully the data we see, and what it tells us about the regulator's performance over time. In addition to taking a judgement on the data itself, we look at:
- any trends that we can identify suggesting whether performance is improving or deteriorating
 - how the performance compares with other regulators, bearing in mind the different environments and caseloads affecting the work of those regulators
 - the regulator's own key performance indicators or service standards which they set for themselves.
- 1.8 We will recommend that additional review of their performance is unnecessary if:
- we identify no significant changes to the regulator's practices, processes or policies during the performance review period; and
 - none of the information available to us indicates any concerns about the regulator's performance that we wish to explore in more detail.
- 1.9 We will recommend that we ask the regulator for more information if:
- there have been one or more significant changes to a regulator's practices, processes or policies during the performance review period (but none of the information we have indicates any concerns or raises any queries about the regulator's performance that we wish to explore in more detail) or;
 - we consider that the information we have indicates a concern about the regulator's performance in relation to one or more Standards.
- 1.10 This targeted review will allow us to assess the reasons for the change(s) or concern(s) and the expected or actual impact of the change(s) or concern(s) before we finalise our performance review report.
- 1.11 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk

2. What we found – our judgement

- 2.1 In October 2019, we carried out an initial review of the GOC's performance from 1 January 2019 to 30 September 2019. The performance review period was reduced due to the previous year's longer period of review.² Our review included an analysis of the following:
- Council papers, performance and committee reports and meeting minutes
 - Policy and guidance documents
 - Statistical performance dataset
 - Third party feedback
 - A check of the GOC register
 - Information available to us through our review of final fitness to practise decisions under the Section 29 process.³
- 2.2 As a result of this assessment, we carried out a targeted review of Standard 2 of the Standards of Good Regulation for Education and Training, Standards 2 and 3 of the Standards of Good Regulation for Registration, and Standards 4, 5, 6 and 9 of the Standards of Good Regulation for Fitness to Practise.
- 2.3 We obtained further information from the GOC relating to these Standards through targeted written questions.
- 2.4 From the findings from our targeted review, we determined that the GOC had not met Standard 6 and Standard 9 for Fitness to Practise. The reasons for this are set out in the following sections of the report.

Summary of the GOC's performance

- 2.5 For 2018/19 we have concluded that the GOC:
- Met all of the Standards of Good Regulation for Guidance and Standards
 - Met all of the Standards of Good Regulation for Education and Training
 - Met all of the Standards of Good Regulation for Registration.
 - Met eight of the 10 Standards of Good Regulation for Fitness to Practise. The GOC did not meet Standard 6 and Standard 9.
- 2.6 This represents a similar performance to last year, when the GOC did not meet Standard 3 for Registration and Standard 6 for Fitness to Practise.

² Next year's performance review will revert back to a 12 month review period.

³ Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

3. Guidance and Standards

- 3.1 The GOC has met all of the Standards of Good Regulation for Guidance and Standards during 2018/19. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

- 3.2 In our last performance review we commented on the GOC's plans to publish the Standards for Optical Businesses (the Standards) and run a programme of implementation activities. In April 2019 the Standards were published and they came into effect in October 2019, replacing the Code of conduct for business registrants. According to the GOC, the aim of developing the Standards was to:

- make GOC's expectations of business registrants much clearer;
- raise awareness of the role of the GOC in setting standards;
- take account of changes within the optical sector and healthcare more generally;
- reflect public expectations; and
- reflect changes made to the Standards of Practice for Optometrists and Dispensing Opticians.

- 3.3 The Standards reflect changes in optical practice including the use of new technology, expanding scopes of practice and multidisciplinary working. The Standards were the subject of consultation and appear to set out up to date requirements.

- 3.4 We are not aware of concerns about the GOC's existing Standards for individuals and are satisfied that this Standard is met.

Standard 2: Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

- 3.5 Guidance on specific areas of the GOC standards relating to practice or law, including conflict of interest and whistleblowing is available on the GOC website.

- 3.6 In our last performance review we mentioned the GOC had been working with the Driver and Vehicle Licensing Agency (DVLA) to produce guidance for registrants to help them understand their responsibilities in notifying the DVLA where a patient is unfit to drive in circumstances where the patient will not or cannot notify the DVLA. The GOC commissioned research to enable a better understanding of registrants' responsibilities in this area and used the findings to develop awareness of vision and safe driving.

- 3.7 During this review period the GOC consulted on draft guidance in this area. Following the consultation, which closed in June 2019, the GOC published its final guidance on disclosing confidential information in late February 2020. This is outside this review period and we will comment on this further in next year's report.
- 3.8 In the meantime, we are satisfied that this Standard is met.

Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulator's work

- 3.9 As explained in Standard 1 above, the GOC published the Standards for Optical Businesses in April 2019. In our last performance review, we mentioned that the GOC had taken account of stakeholder views, including by a public consultation, to inform the development of these standards.
- 3.10 During this performance review period, as noted in Standard 2 above, the GOC consulted on draft guidance for GOC registrants for disclosing confidential information about patients. Following the consultation, the GOC said it had a 'good response rate' and an initial examination of the data indicated broad support for the guidance from individual registrant respondents.
- 3.11 As part of the review process we contacted a number of stakeholders directly seeking feedback. One professional body told us that the GOC had taken its feedback into account in developing the new standards for businesses.
- 3.12 We have seen evidence that the GOC has taken on board stakeholder views and experiences to inform its standards development. We are satisfied that this Standard is met.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

- 3.13 On 1 October 2019 when the Standards for Optical Businesses came into effect, the GOC launched a new microsite to support the new Standards.⁴ The GOC said the microsite is intended to present the new business standards in an accessible and searchable format, making it easy for optometrists, dispensing opticians and optical business owners to find the information they require. The website hosts supporting guidance, Frequently Asked Questions (FAQs) and videos with tips about how to apply the standards in practice. The website also includes a blog which will feature interviews with opinion leaders and business registrants.

⁴ <https://standards.optical.org/>

- 3.14 The Standards are available in other formats and languages are available on request with a contact telephone number and email address given on the relevant page of the main GOC website. The main website also allows users to adjust the text size and use audio facilities as well as having the option to read it in English or Welsh. There is also a page on the microsite for visitors to provide feedback on the site's accessibility.
- 3.15 We are satisfied that this Standard is met.

4. Education and Training

- 4.1 As we set out in section 2 of this report, we conducted a targeted review of Standard 2 for Education and Training. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the targeted review, we concluded that the GOC has met all of the Standards of Good Regulation for Education and Training during 2018/19. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process

- 4.2 In our last performance review we said we would monitor the GOC's Education Strategic Review (ESR), which is one of the GOC's strategic priorities as part of its 2017-2020 Strategic Plan. The GOC's Council agreed an indicative timeline with the aim of introducing changes to regulatory requirements for optical education from September 2020.
- 4.3 In the last period of review, we noted that the GOC launched a consultation on new education standards and learning outcomes in November 2018. The consultation ran until February 2019 and received 539 responses.
- 4.4 Respondents expressed concern over a number of proposals set out in the consultation. Respondents also had concerns around the implementation timescale, especially education/training providers, who emphasised the time needed to make syllabus changes. The GOC recognised that more work was needed around the detail of the proposals, both in terms of the technical scope of specific outcomes and also how these outcomes would be quality assured.
- 4.5 Following the consultation, the GOC revisited the educational standards and learning outcomes and worked with relevant stakeholders to address their concerns. A series of seminars ran during May and July 2019 to develop a revised set of proposals. The workshops also explored feasible timeframes for implementation and sustainable models for delivery.

- 4.6 The GOC also created two Expert Advisory Groups (EAGs) to develop the education standards and learning outcomes further with input from across the sector.
- 4.7 A revised set of proposals and implementation plan was presented to its Council in November 2019 and subsequently approved. The GOC revised its implementation plan into three stages:
- Stage one: to develop learning outcomes for students, education standards for providers, a common assessment framework and a quality assurance framework. This is due to be completed in the summer of 2020.
 - Stage two: to work with education providers to ensure they are ready for implementation of the new education standards and approving new courses.
 - Stage three: following successful GOC approval, education providers will begin teaching the new courses.⁵
- 4.8 We will continue to monitor this work and will comment on any developments in more detail in future performance reviews.
- 4.9 Following our call for feedback, three optical professional bodies raised concerns regarding the GOC's ESR consultation and stakeholder engagement. However, two of them also welcomed the GOC's recent openness and improved willingness to engage. The third also told us about other concerns it had raised with the GOC about the ESR and its education quality assurance. We noted that the GOC had engaged directly with the professional body about this.
- 4.10 We have seen evidence that the GOC is actively improving its engagement with stakeholders and is continuing its engagement as it looks to develop the ESR. We have seen no evidence of a risk to public protection in its approach and we will continue to monitor any further developments. We are satisfied that this Standard is met.

Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration

- 4.11 We carried out a targeted review of this Standard to establish: firstly, whether the GOC identified any public protection risks following the findings of its annual monitoring sector report 2017/18; and secondly, what changes, if any, had been made to the decision-making process of the Education Committee following the GOC's governance review.

⁵ The GOC does not anticipate all providers being ready at the same time. It has therefore developed three tranches for implementation, between 2022 and 2024.

Annual Monitoring Reporting 2017/18 – Sector Report

- 4.12 Each year, the GOC publishes an Annual Monitoring Report (the Report). The Report is based on the annual monitoring reporting form completed by all GOC-approved education providers. The form requests information relating to programme changes, programme delivery, GOC conditions, lessons learned, good practice and any further information the GOC may request in any given year.
- 4.13 During the period of review, the GOC published the Report for the period 2017/18. The Report identified that resourcing of programmes, in terms of staffing, accommodation and clinical equipment was a risk for several programmes. Difficulties in recruiting, retaining and replacing staff and low student numbers appear to present a particularly high risk to Ophthalmic Dispensing programmes.
- 4.14 We sought further information from the GOC about whether it had identified any significant risks to the public. The GOC explained that following the recommendations outlined in the Report, it has not identified any immediate risks to public protection. However, the GOC said it will continue to monitor risks identified in relation to education programmes such as funding pressures.
- 4.15 The GOC appears to have identified areas where it will better capture information from education providers. The GOC said it has taken steps to improve the quality of data it receives about student progression and expects to be able to monitor student progression more effectively. The GOC also explained that it has engaged with its stakeholders and held workshops with education providers to discuss how to make the data it collects more comparable. Following the workshops, the GOC said it has revised this year's annual monitoring and reporting form.⁶
- 4.16 Based on the Report's recommendations, the GOC will make refinements and enhancements for the 2018/19 annual monitoring report process, and use the information obtained to contribute to its ESR. The GOC explained that, where it has identified a risk to public protection in relation to an education provider and/or programme, action has been taken.

Governance review

- 4.17 In July 2019, following a review of its governance arrangements, the GOC made changes to the structure of its statutory committees, including its Education Committee. It established an Advisory Panel which would be constituted of the members of the four advisory committees (Education, Standards, Registration and Companies), although these four committees will remain established in line with constitutional requirements. The GOC said that the Advisory Panel would be more flexible in how it would meet, advise and contribute to the work of the GOC.

⁶ Shortly after this reporting period the GOC updated its annual monitoring form guidance, publishing the 2018/19 version on 1 October 2019.

- 4.18 The GOC's Council also made other changes to the Education Committee. This involved delegating to the Registrar some of the GOC's statutory functions which had previously been delegated to the Education Committee. These included the responsibility to keep informed 'as to the instruction at each approved establishment and the assessment which leads to the approved qualification' and 'to appoint visitors to visit approved training establishments'. Additionally, the Education Committee will no longer carry out high-level reviews of new programme applications.
- 4.19 The GOC explained that it had decided it was no longer appropriate for the Committee to have decision-making powers because it was difficult managing conflicts of interest and there was also a need for more consistent and timely decision-making. The Committee did not have a formal role in direct risk management of education programmes and its core role to provide advice on policy-related matters remains.
- 4.20 The GOC told us that it took steps to satisfy itself that the revisions made to its governance structure meet its legal requirements. The changes were reviewed by the its Head of Legal, who confirmed that the amalgamated Advisory Panel complies with the statutory requirements because it carries out the functions specified in the relevant sections of the Opticians Act 1989 (the Act).⁷ We noted that the Act requires the various committees to give advice to the GOC about their respective areas of activity; it does not require the Education Committee to carry out all of the functions which the GOC had previously delegated to it. We are satisfied that the GOC has taken sufficient steps to assure itself with legal compliance.
- 4.21 We also noted that the GOC had decided to remove the Committee's decision-making powers for the reasons outlined above and for it only to carry out its statutory advisory role. We consider that this is appropriate. According to the Advisory Panel Terms of Reference, notes of each meeting will be circulated to the next public Council meeting. This too is appropriate, to promote transparency about how the Advisory Panel works and the advice it gives.

Conclusion against this Standard

- 4.22 We are satisfied that this Standard is met. The GOC has confirmed how it considered the risks arising from the information it collects through its annual monitoring of education providers. It explained that it has made changes to its monitoring in light of this information. The GOC also explained why it changed its governance structure, including in relation to the Education Committee, and how it assured itself that these changes were consistent with the relevant legal requirements.

Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

- 4.23 The GOC continues to take action if concerns are identified.

⁷ These are sections 2, 3, 5, 5B and 12 of the Opticians Act 1989 (as amended).

- 4.24 According to its website, the GOC carried out 10 quality assurance visits to Accredited Training Providers during the period of review, four for Ophthalmic Dispensing and six for Optometry. Of the four visits to education providers for Ophthalmic Dispensing, conditions were imposed on two education programmes; of the six visits to education providers for Optometry, conditions were imposed on four education programmes.⁸
- 4.25 In September 2019 the GOC announced that student intake at the University of Portsmouth had been suspended. This meant the University would not be admitting any new students as a condition of the Optometry Programme's continuing provisional approval.
- 4.26 The GOC had identified a number of areas of the Master of Optometry (MOptom) programme that caused concern, and initiated a Serious Concerns Review (SCR). The SCR process is designed to allow the GOC to explore concerns and to work with the provider to resolve them. It appears that the University was not able to resolve these concerns satisfactorily and therefore the intake was suspended for the 2019 cohort. The GOC also said that arrangements are in place to support students to find suitable alternative course placements.
- 4.27 Following this decision, the GOC conducted a quality assurance visit in November 2019 and found that the concerns had not been sufficiently addressed. Following the visit, on 9 December 2019, the GOC issued a notice of its intention to withdraw provisional approval for the MOptom programme. The university was given one month to object to the decision. No objections were received, and provisional approval was withdrawn from 10 January 2020. This falls outside the review period and we will therefore comment further on this in our next report.
- 4.28 The GOC has mechanisms in place to address any risks it has identified, it takes action if the quality assurance process identifies concerns about education and training establishments and withdrawing provisional approval, as in this case, is an example of the GOC managing this risk. We have no concerns in relation to the action the GOC has undertaken and we have no evidence of a risk to public protection as a result.
- 4.29 We are satisfied that this Standard is met.

Standard 4: Information on approved programmes and the approval process is publicly available

- 4.30 The GOC has maintained and updated the section of its website dedicated to its training courses and quality assurance process during this performance review period. Reports for all this year's quality assurance visits are available on the website, apart from the most recent, which is still being finalised (mentioned at Standard 3 Education and Training above).
- 4.31 The GOC website continues to provide relevant details on the quality assurance process, the 'Approval Status' and handbooks detailing how to

⁸ The report for the most recent of the six optometry visits is still being finalised, so we cannot yet say whether conditions were imposed following this visit.

apply for accreditation, the visits and possible outcomes, the relevant competencies, and the Supervisions policy.

- 4.32 The quality assurance schedule, dates of the last GOC visit and latest reports from visits are provided on the website. Four new training programmes were granted GOC approval during this review period, of which all four were subject to conditions which are published on the GOC website.
- 4.33 We are satisfied that this Standard is met.

5. Registration

- 5.1 As we set out in section 2 of this report, we conducted a targeted review of Standard 2 and Standard 3 for Registration. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the targeted review, we concluded that the GOC has met all of the Standards of Good Regulation for Registration during 2018/19. Examples of how it has demonstrated this are indicated below each individual Standard

Standard 1: Only those who meet the regulator’s requirements are registered

- 5.2 We have seen no evidence to suggest that the GOC has added to its register anyone who has not met the registration requirements. We are satisfied that this Standard is met.

Standard 2: The registration process, including the management of appeals, is fair, based on the regulator’s standards, efficient, transparent, secure, and continuously improving

- 5.3 We carried out a targeted review of this Standard to establish: firstly, how the GOC measures accuracy of new entries to the register; and secondly, to clarify data we received from the GOC regarding outcomes of registration appeals.

Accuracy measures of new register entries

- 5.4 We noted in the GOC’s February 2019 Council meeting that, when looking at registration accuracy measures (KPIs) Council ‘expressed concern’ that the accuracy of new entries onto the register was decreasing. The table below shows the accuracy rating over the last six quarters.⁹

	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4	2019/20 Q1	2019/20 Q2
Percentage of accurate register entries	97%	95%	95%	95%	95%	95%

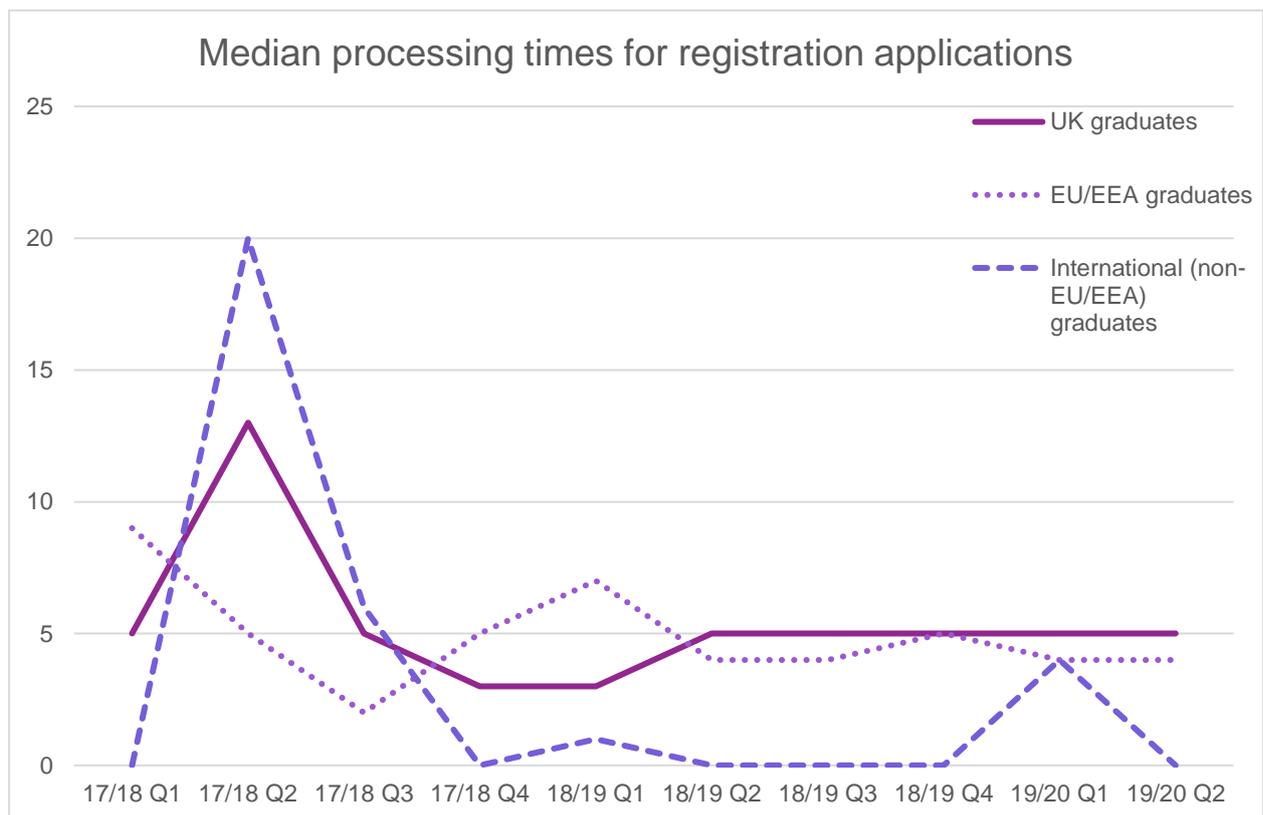
⁹ The shaded columns are the three quarters relevant to the 2018/19 review period.

Number of new registration applications	165	307	351	251	247	341
Number of registration errors	5	15	18	13	12	17

- 5.5 We asked the GOC how it measures accuracy in this regard, and what steps, if any, have been taken to improve accuracy since the GOC Council raised this as a concern.
- 5.6 As part of this targeted review it was established that the GOC classifies registration data errors into three categories depending on the level of seriousness.
- Tier 1 errors are the most serious and are reserved for errors where the applicant should not have been put on to the register
 - Tier 2 errors indicate that although the registrant was appropriately registered, the public register contains incorrect or misleading information
 - Tier 3 errors relate to instances where the registrant was appropriately registered and the public register is correct but other information submitted by the applicant was not correctly recorded on the GOC's database.
- 5.7 The GOC explained that for registration errors to be reported as inaccurate for the purposes of its KPIs, the information has to fall into either tier 1 or tier 2. Tier 3 errors are only recorded for internal team monitoring and improvement purposes and do not form part of the GOC's KPIs. The GOC outlined that the errors recorded in the KPI measure above have all been tier 2 errors. The GOC reported that since the second quarter of 2017/18, it has completed over 4,500 registration applications with no tier 1 errors.
- 5.8 The GOC explained that to prevent such inaccuracies from occurring, it relies on the monthly audit carried out by the Quality Manager who then reports to the Head of Registration. The Quality Manager also provides formal, written feedback to each officer. This feedback, according to the GOC, allows lessons to be learned and recorded and training needs or process weaknesses to be identified and changed. Despite these measures, the number of errors has remained consistent from quarter two 2018/19 onwards. It therefore appears that the GOC has not been able to prevent inaccuracies from occurring.
- 5.9 Although these registration errors have not gone as far as registering an applicant inappropriately, they do relate to missing or incorrect information on the public register. The GOC told us that it has not identified any risk to public protection as a result. We consider that it is important that the public can have confidence in the accuracy of a regulator's register. However, from the information provided, such errors do not appear for a long time, as we understand that the GOC is identifying and rectifying these through its internal checks. This therefore limits any risk there might be.

Application processing times

- 5.10 We noted in our last report that in quarter two of 2017/18 there was a sharp spike in the time taken to process applications. We concluded that this did not denote a trend of increasing processing times but we said that we would monitor this. The dataset for this review period shows that there is not a trend of increasing processing times, as the annual median in 2018/19 was five days, a reduction from the previous year, and this performance has continued into the first two quarters in 2019/20.
- 5.11 In respect of the data, we note fluctuations in the processing time for EU and non-EEA applications. However, due to the small number of applications received, the median time could be affected by an increased processing time for a small number of cases. The median processing times therefore are inherently more volatile, and the overall impact is less, particularly in relation to non-EEA applicants.



- 5.12 The GOC has been able to manage processing registration applications with the median time remaining relatively consistent.

Conclusion against this Standard

- 5.13 We consider it of some concern that, despite the quality control measures the GOC has in place, the percentage of errors has remained consistent at five per cent. Nevertheless, the GOC appears to be finding these errors and addressing them. Therefore any outstanding risk is likely to be limited but we will continue to monitor any developments in our next performance review.

5.14 The other evidence we obtained about the GOC's performance in registration did not give us any cause for concern. We are satisfied that this Standard is met.

Standard 3: Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions of their practice

5.15 The Standard was not met last year, because seven errors were identified in our accuracy check of the GOC register, which was a concern. We reported that the GOC said it had taken steps to prevent similar errors happening again. This year, we carried out a targeted review, following which we concluded that this Standard is now met.

5.16 We carried out an accuracy check of the GOC's register in October 2019. We checked the register entries related to all 32 of the final fitness to practise decisions the GOC notified us of during this review period. Our register check found no major causes for concern similar to those we had found last year which led to this Standard not being met. However, the following two observations were made:

- Five practitioners could not be found on the GOC Register; and
- One registrant who was found to be impaired but received no sanction in January 2019 had no determination published against his registration.

5.17 As part of our targeted review, we sought clarification on these matters. In relation to the five practitioners we could not find, the reasons the GOC provided accorded with its policy and Rules on what to disclose on its public register and we were therefore satisfied with the GOC's approach.

5.18 In relation to our second observation, we were aware that the GOC's information governance policy outlined that when impairment is not found, the determination is published on the GOC register for a period of three months, after which time it is removed. However, the policy did not outline the process when impairment is found but no sanction is imposed. The GOC explained that this situation is rare and is therefore not specifically covered in its internal disclosure policy. As a result the GOC took the view that the determination was published for a period of three months in line with similar scenarios where no sanction is applied. Therefore, given the case concluded in January 2019, the three months had expired by the time we conducted the register check in October 2019. We were satisfied that the approach taken by the GOC was reasonable in the circumstances.

5.19 The GOC also explained that it has since updated its Standard Operating Procedure to make the above clear to team members and will be updating its disclosure policy to include this specific scenario. It said it would consult on the amendment with stakeholders during quarter three of 2019/20 with a view to reissuing the policy in quarter four of 2019/20.

5.20 We are satisfied that this Standard is met.

Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients, service users and members of the public can find and check a health professional's registration

5.21 A tool to search for individual registrants or registered businesses by name or GOC registration number is clearly accessible on the GOC website. Links are provided on the search function for information about the different groups that the GOC registers and the different specialty qualifications. A link to the guide to using the registers is also provided.

5.22 We are satisfied that this Standard is met.

Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner

Illegal practice caseload

5.23 In the last performance review, we mentioned the GOC's continued progress in managing its illegal practice caseload. The GOC closed 118 cases in 2018, 101 (85.6 per cent) of which were closed within 26 weeks of the complaint being received. Of the 118 cases closed, only one case was diverted to fitness to practise, with no individuals prosecuted. The majority of cases were closed due to the suspected illegal activity ceasing, lack of sufficient evidence to carry the complaint further or a finding that no offence was committed.

5.24 We also mentioned that in 2019, the GOC introduced a process for sending an information letter to non-UK suppliers of optical appliances to the UK. The GOC states that this seeks to address its concern over the risks to UK contact lens users who have not had a recent contact lens check. The letter informs the supplier of UK legislation and the potential patient safety risks from their sale processes, and aims to encourage safer practice. We outlined that the GOC needs to ensure that this approach is proportionate in the circumstances for two reasons: firstly, whether it is the GOC's role to raise a concern that UK contact lens users may not have had a recent contact lens check; secondly, whether it is the role of the GOC to contact non-UK suppliers as the GOC does not investigate complaints where the supplier is based abroad as they are not bound by UK law. The GOC says it will monitor the impact of these letters and will be able to report on this from January 2020. We will monitor the outcome of any developments in this area.

5.25 During this performance review period the GOC reported that in quarter four 2018/19, 12 new illegal practice cases were opened and 32 cases were closed. Of the 32 closures: 14 were closed because the seller was based outside of the UK, five because of insufficient or no evidence, six were referred to Trading Standards, one case was closed with a warning and six were closed because the suspected illegal activity had stopped.

5.26 We do not have comprehensive information in relation to the GOC's illegal practice caseload as it does not routinely publish information about this.

However, the GOC says it continues to meet its target of closing 85 per cent of cases within six months, and we have seen no evidence to suggest that the GOC is failing to protect the public from illegal practice.

‘Love Your Lenses’ campaign

- 5.27 We have commented on the GOC’s involvement in the Love Your Lenses campaign in previous performance reviews. The third Love Your Lenses campaign ran from 23-30 March 2019.
- 5.28 For the March 2019 campaign, the GOC changed the emphasis from a public-facing campaign to concentrating on improving the practice of registrants in delivering aftercare messages to contact lens patients. Prior to the campaign, the GOC worked with a PR agency and a group of stakeholders to develop resources for practitioners to trial as part of the campaign week. The resources included a visual aid of five top tips to share and discuss with patients, a pre-appointment questionnaire asking about contact lens behaviours, and lifestyle-based questions for the registrant to ask patients during the contact lens consultation. Registrants were invited to use these resources as part of the Love Your Lenses campaign.
- 5.29 Following the three campaigns an evaluation report was produced. It concluded that it was difficult to measure behaviour change and to know whether the GOC’s interventions were the cause of any behaviour change. However, the evaluation report said contact lens wearers were likely to be better-informed about contact lens aftercare as a result of the campaign.
- 5.30 The GOC said that the campaign ‘represented good value for money’. However, due to the limited budget available for future campaigns, the GOC said it would not be proportionate to spend more funds on trying to achieve behaviour change and it is too early to measure sustained change in any case. The GOC decided to hand over the campaign ‘to a sector body to allow the GOC to invest in new areas of work more closely linked to its core regulatory functions’.
- 5.31 We welcome the GOC’s decision to prioritise investment in work more closely linked to its core regulatory functions. We are satisfied that this Standard is met.

Standard 6: Through the regulator’s continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise

- 5.32 In our last performance review we reported that the GOC had revised the timescale for the introduction of significant changes to the Enhanced Continuing Education and Training (CET) scheme. In doing so, it had engaged with stakeholders and took their feedback into account. We have heard from professional bodies who provided broadly positive feedback about the amended CET proposals and the GOC’s engagement around them.
- 5.33 During this performance review period the GOC launched the next three-year CET cycle for 2019-2021. As part of this next cycle, the GOC has changed

guidance for registrants and increased emphasis on peer review and reflective practice.

- 5.34 The GOC also undertook an evaluation of the 2016-18 CET scheme and published a report in October 2019 shortly after the review period. We will consider the report and any action the GOC will take following its findings in the next performance review.
- 5.35 The GOC also commissioned research into learning from risk in the optical profession and published the report in October 2019 (in accordance with plans it told us about last year). The aim of the research was to identify current and future risks posed to patients and the public by optical professionals. Analysis showed that optometry and dispensing optics remain low risk when compared with other healthcare professionals such as doctors and nurses. However, the research showed that the risk profile of the professions could increase in the future as registrants take on more clinical work and encounter patients with more complex needs.
- 5.36 We are satisfied that this Standard is met and will continue to monitor this programme of work.

6. Fitness to Practise

- 6.1 The GOC has met eight of the 10 Standards of Good Regulation for Fitness to Practise during 2018/19. Examples of how it has demonstrated this are indicated below each individual Standard.
- 6.2 As we set out in section 2 of this report, we conducted a targeted review of Standards 3, 4, 5, 6 and 9. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the targeted review, we concluded that Standard 6 and Standard 9 were not met. The reasons for our judgement are set out below.

Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

- 6.3 Clear and accessible guidance on the Fitness to Practise process is provided on the GOC website which explains that anyone can make a complaint. It clearly addresses the types of complaint the GOC can investigate and the ones it cannot. Signposting is provided for complainants.
- 6.4 Information can be provided in Welsh. Font size on the website can be enlarged and reduced. Contact details are provided and complaints can be submitted by electronic form or by hand, text or telephone.

Acceptance criteria

- 6.5 In last year's review we mentioned that the GOC launched Acceptance Criteria in November 2018. The criteria are a case management tool to help the GOC's fitness to practise team decide whether to accept a complaint as an allegation of impaired fitness to practise. If a complaint does not meet the Acceptance Criteria, the GOC will not open an investigation. The criteria

apply to all complaints relating to individual registrants. In applying the criteria, the GOC takes the complaint at its highest and decides first whether there may have been a breach of the relevant GOC standards. If so, it will then consider whether the breach would amount to an allegation under section 13D of the Opticians Act 1989.¹⁰

- 6.6 The GOC considered the application of its Acceptance Criteria. It noted that it is still applying a low-risk approach and that the criteria were unlikely to produce significant reductions in the numbers of complaints becoming subject to a formal investigation process. The GOC said that from the introduction of the criteria to July 2019 only 10 complaints had been closed at triage that would previously have become formal investigations. The GOC also noted that in 2018/19, Case Examiners closed 84 per cent of cases referred to them, a high proportion which indicated that many cases which could never amount to an allegation of impaired fitness to practise were being investigated rather than being filtered out at an early stage.
- 6.7 During this performance review period the GOC continued to review its triage process. It consulted three other regulators who have triage functions which involve the undertaking of further enquiries at triage stage in deciding whether the complaint, at its highest, could amount to an allegation of impaired fitness to practise.
- 6.8 In June 2019 the GOC held discussions with its registrant defence stakeholders about proposals relating to introducing an enhanced triage function and reported receiving positive and constructive feedback. Following this, the GOC introduced an enhanced triage model as part of a four-month pilot which began in September 2019. In summary, if it is not possible to make an immediate decision as to whether a new referral either 'definitely is', or 'definitely is not', a fitness to practise matter, the referral will be subject to further enquiries and assessment, such as obtaining records, clinical input or further information from the registrant about whether any problems with their practice have already been remedied. The pilot ended on 31 December 2019, after the end of our review period, and we will comment on the findings in our next performance review.
- 6.9 The GOC said it is also reviewing the current wording of the Acceptance Criteria. It does not envisage this will involve any substantial redrafting but will look to clarify the examples of the types of complaint that it does not consider will amount to an allegation of impaired fitness to practise. The GOC will expand these to include specific reference to business registrants.
- 6.10 The GOC confirmed that there will continue to be a review process for any person dissatisfied with a decision to close a case at triage. In addition, the GOC will continue to incorporate triage decision-making within its management control checks and within the scope of its independent audit of decisions. This, the GOC says, will manage any risk that arises from the implementation of an enhanced triage function.
- 6.11 Additionally, during this review period, the GOC announced that it will be designing and developing further improvements to its case management

¹⁰ Section 13D sets out the grounds on which the fitness to practise of a GOC registrant may be impaired.

system. This will include the development of an electronic complaint form, to make it easier to make a complaint. There will be an online tool to signpost complainants to other agencies, if appropriate. We will continue to monitor any developments.

- 6.12 We note the GOC is making changes to its triage process and we will monitor any outcomes in our next performance review. In the meantime, we have not seen any evidence which raises concerns about the GOC's performance against this Standard. We are satisfied that this Standard is met.

Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

- 6.13 We have seen no evidence to suggest that the GOC is failing to share information with relevant parties.
- 6.14 The GOC has a statutory duty to notify a registrant's employer of an investigation under Section 13C Opticians Act 1989. As part of the GOC's disclosure policy, it will also notify a registrant's employer(s) if the registrant is subject to an interim order by the FTPC.
- 6.15 During this review period, the GOC informed us about some further information-sharing work it is involved with. The FTP Decision Review Group for health regulators and the Defence Stakeholder Group for the optical professions both provide learning between organisations and the GOC said that it has regular business roundtable meetings; the last meeting involved sharing information about FTP outcomes.
- 6.16 We have received no concerns or other information to suggest that the GOC is failing to share information with relevant parties. We are satisfied that this Standard is met.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

- 6.17 We looked at the data provided by the GOC about its Case Examiners, who decide whether there is a case to answer in a fitness to practise case. The data shows that the proportion of cases adjourned has been decreasing since 2016/17: 20 cases were adjourned by the Case Examiners in 2018/19, as against 70 in 2016/17. This indicates that the Case Examiners have the material to enable them to determine whether there is a case to answer.
- 6.18 There has been a decrease in the number of hearing referrals in 2018/19: 37 cases were referred for a hearing, as against an average of around 60 over the preceding three years. This is not a cause for concern, as we can expect a certain amount of variation in case outcomes, especially where caseloads are relatively small. We also note that the trend does not appear to have continued, as 34 cases have been referred for hearings in the first half of 2019/20.

- 6.19 The data we have received over the past year about the decisions made does not indicate any concerns. We will continue to monitor data about Case Examiner decisions. We are satisfied that this Standard is met.

Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

- 6.20 Following changes to the GOC's risk assessment process mentioned in our last performance report, we carried out a targeted review of this Standard to establish the impact of these changes during this performance review period.

Review of risk assessment process

- 6.21 In our last performance review we noted that the GOC had carried out a risk process review. We commented that the GOC had developed a number of strategies, including a witness care strategy and a registrant care strategy.
- 6.22 As part of our targeted review this year, the GOC clarified that it was not implementing separate strategies as listed above. Rather, it had developed an overarching risk management process to identify where staff are required to develop case specific handling strategies. These might include a witness care strategy to support a vulnerable witness, or a registrant care strategy to support a vulnerable registrant. It said the terms of the strategy will vary from case to case, depending on the needs and issues within the specific case. We consider that the GOC's approach is reasonable.
- 6.23 We noted last year that the GOC planned to update its Fitness to Practise Manual for staff to include the revised risk assessment process. This has not yet taken place as the GOC is currently considering a wider revision of the Manual. In the meantime, it has explained that the fitness to practise risk assessment process remains a stand-alone document for staff to follow. As a result, the GOC is confident there is no adverse impact in this regard.
- 6.24 In relation to the impact of the measures taken following the GOC's risk process review, the GOC explained that it has embedded its new risk assessment process within its case management system. It said this has given managers greater control over risk assessment information, and that as a result all cases are risk assessed at least every eight weeks (four weeks for triage cases).
- 6.25 The GOC's new triage pilot process (discussed at paragraph 6.8 above) is based heavily on assessing the risk to the public arising from new referrals received. The pilot process is underpinned by risk-based acceptance criteria and the process permits additional exploration at triage stage of the risks identified, to both the public, and the public interest with input from the registrant if applicable. The GOC believes this has the potential both to identify higher-risk cases at an earlier stage and to encourage registrants to take steps to mitigate risk at an earlier stage, through reflection and remediation.

Interim orders – timeliness

- 6.26 Following concerns we raised in 2016/17 which showed a marked increase in the time taken from receipt of a complaint to the interim order committee decision, last year we noted that the GOC has made, or was in the process of making, several changes to improve its interim order timeliness. We concluded that from the data last year there had been some improvement in performance.
- 6.27 During this performance review period we can see that the GOC's performance has improved, with the median time to interim order committee decision reducing from 24 weeks in 2017/18 to 16 weeks in 2018/19. Additionally, the data from quarter one 2019/20 shows further improvement in timeliness with the median time recorded being 6.6 weeks.
- 6.28 The time taken for the GOC to obtain an interim order decision once the need for an order has been identified has remained constant at three to four weeks and we do not have a concern with the GOC's performance in this regard

Conclusion against this Standard

- 6.29 The GOC has clarified the outcomes of its risk process review and has explained that the review has helped promote and monitor compliance with its risk assessment process. Performance in relation to interim order timeliness has improved since last year. We are satisfied that this Standard is met.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

- 6.30 We carried out a targeted review of this Standard following concerns we raised in our last performance report about the GOC's management of conflicts of interest.

Management of conflicts of interest

- 6.31 Some matters came to our attention in May 2018 which were relevant to the GOC's approach to conflicts of interest among those who sit on its committees and, more generally, its involvement with external organisations. We also had concerns regarding the GOC's Management of Interests Policy (the Policy) and noted the following issues:
- Whether the fact that the individual is a 'responsible officer' is, in fact, the most appropriate test to trigger consideration of whether a conflict exists
 - How far the policy guards against employees being put under pressure by employers with an interest in the matters discussed
 - The document did not appear to prohibit members of the GOC appearing as expert witnesses in fitness to practise cases, which appears to us to provide at least a perception of conflict between the role of an expert and the duty to the GOC as prosecutor.
- 6.32 We shared these matters with the GOC, which advised us that it had commissioned internal auditors to review its management of interests policy

and related organisational processes. A draft copy of the auditors' report was shared with us in January 2019. As part of our targeted review, the GOC provided us with the Final Internal Audit Report on Conflicts of Interest (the Report).

- 6.33 The Report made a number of recommendations and the GOC has outlined actions planned and implemented in response to this:
- Annual declarations: The GOC confirmed all Council members completed a declaration in 2019 which is published on its register
 - Managing interests of Case Examiners: The GOC HR and Case Progression departments have implemented existing processes to obtain, monitor and manage the interests of its Case Examiners
 - Witness names at hearings: The GOC explained that part of its new case management meetings (to be introduced in early 2020) will be to discuss which witnesses each party will rely upon at the final hearing. Once witnesses have been identified, the GOC will carry out a conflict check with its panel members' interests to ensure that the case can proceed. The GOC confirmed that it is currently finalising this process and supporting documents
 - Use of information technology to oversee interests: As part of its IT development programme, the GOC intends to expand the use of its case management system to monitor and report on interests of GOC employees and members
 - Management of Interests Policy: The Report recommended that this policy should be reviewed and updated. The GOC is in the process of preparing a draft Policy to be considered by its senior management team in early 2020 and will consider whether an external consultation will be required. We note that, due to staff absences, the review of the Policy has been delayed, but we have not seen any evidence that this has had adverse consequences. The GOC also explained that the updated Policy will address the recommendations in the Report as well as the concerns which we have previously raised.

Agreed panel disposal

- 6.34 Last year, we noted the GOC's introduction of Agreed Panel Disposals (APD). We noted that no cases had been disposed of under this policy and said that we would continue to monitor this. During this performance review period, the GOC has also not disposed of any cases by way of APD. We will continue to monitor any developments in this area.

Conclusion against this Standard

- 6.35 We note that the GOC is taking action in response to an independent review of its management of conflicts of interest. We have seen no evidence of an unmanaged risk to the public interest in the meantime. We have seen no evidence of concerns in relation to its use of APD. We are satisfied that this Standard is met.

Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders

- 6.36 This Standard has not been met since 2014/15 and it is not met again this year.
- 6.37 We have been concerned over a number of years about the length of time taken for the GOC to progress cases through the fitness to practise process. We recognise the efforts the GOC is making to facilitate change however its performance has not so far improved significantly. Last year, we reported that the GOC remains committed to improving its performance and has continued to carry out a number of activities that are designed to improve the ongoing concerns with timeliness. However, it recognises that these may take some time to have the desired impact.
- 6.38 During this performance review and as part of this targeted review we invited the GOC to update us on any further information and progress it may wish to draw to our attention. The GOC outlined that it has implemented a number of initiatives and improvements which it says will contribute to an overall improvement in timeliness. These are as follows:
- Allegation drafting: the GOC is revisiting its approach to allegation drafting at the Case Examiner stage as it has identified that part of the process can lead to delay.
 - Upgrade in information technology: the GOC reported that updating its case management system will enable it to improve the timeliness with which it progresses cases whilst supporting the timely and accurate assessment of risk.
 - Health assessments: the GOC outlined that although it recognises that its Rules only allow health assessments to be directed by the Investigation Committee, it is exploring whether it could obtain these at an earlier stage (without Investigation Committee direction) by working collaboratively with defence representatives. We will want to be assured that any process changes such as this do not go beyond the GOC's legal powers.
 - ACRO Criminal Records Office (ACRO): the GOC has worked with ACRO to implement a formal agreement for carrying out Police National Computer checks. The GOC told us it now receives information within seven days of a request, whereas previously this could take months.
 - Communicating with NHS regional contacts and optical businesses: the GOC has identified that one of the most time-consuming elements of its investigation is the collation of optical/medical records and this is a key barrier to timely investigations. As a result, the GOC is looking to establish direct points of contact within the NHS in various regions when requesting and obtaining records where required. The GOC is also working with one large optical business to clarify expectations on the submission of patient records within an agreed timeframe with an aim to

complete this by March 2020. In both cases, the GOC aims to improve timely record collation.

- Case management hearings: the GOC outlined that in quarter four of 2019/20 it will be introducing case management meetings. The purpose of these is to address any issues which may ordinarily delay the start of a substantive hearing or cause an adjournment and could thereby reduce the overall hearing time.

6.39 We will monitor the progress and any outcomes of the GOC's work to improve timeliness in fitness to practise cases.

Dataset

6.40 The data provided by the GOC is recorded below. The data records a slight decrease in the median time from Case Examiner decision to final decision from 70 weeks in 2017/18 to 67 weeks in 2018/19 and in the median time from receipt of complaint to final decision from 124 weeks in 2017/18 to 112 weeks in 2018/19. The recent quarterly data is mixed and does not demonstrate a significant improvement. We also note that the GOC's performance against the dataset remains among the slowest of the regulators we oversee.

Key timeliness indicators (quarterly)	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
Median time from receipt of complaint to CE decision	41	54	42	60	77	47	51	52
Median time from CE decision to final hearing	61	62	71	64	69	69	74	64
Median time from receipt of complaint to final hearing or decision	124	111	117	103	104	120	138	115

Key timeliness indicators (annual)	2015/16	2016/17	2017/18	2018/19
Median time from receipt of complaint to CE decision	44	39	47	51
Median time from CE decision to final hearing	38	66	70	67
Median time from receipt of complaint to final hearing or decision	82	121	124	112

6.41 The table below shows that there has been a marked increase in the total number of old cases since 2016/17. In our previous performance reports we have expressed concern regarding the length of time taken for cases to reach a final hearing and were told that this would improve once legacy

cases have been completed. The data we have seen shows that the number of old cases has continued to increase.

Number of open cases (at the end of the quarter) which are aged:	2016/17	2017/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20
52-103 weeks	79	102	113	119	122	114	127	133
104-155 weeks	25	39	41	41	38	36	37	36
156 weeks and over	16	18	20	28	28	28	30	32
Total over 52 weeks	120	159	174	188	188	178	194	201

6.42 We acknowledge that the GOC remains committed in taking action aimed at addressing the ongoing issues with timeliness, has put targets in place designed to improve timeliness and is closely monitoring progress against those targets. However, we have not seen an improvement in the GOC's performance regarding timeliness in all key measures.

6.43 Taking all the above into account, it is evident that, for the fifth consecutive year, there are significant concerns about the GOC's timeliness in its fitness to practise case handling. Although the GOC has advised that it has a number of projects underway with the aim of improving timeliness, these have not yet demonstrated a significant impact on the time it takes to conclude cases. Therefore, this Standard is not met. We will continue to monitor the GOC's performance against this Standard.

Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

6.44 In last year's performance review, we reported that the GOC is putting measures in place to improve customer service. During this performance review period, the GOC has worked to improve its customer service further and in April 2019 held a staff workshop to gather feedback. Following this engagement, the GOC said it needs to:

- better understand the impact of fitness to practise proceedings on all parties and to identify where the GOC is contributing to the stress of the process, so that it can address this;
- identify where improved communication and engagement with parties might produce earlier, less stressful, resolutions to cases;
- review its approach to communication in health cases, including the formality of some of the language used in communications;
- communicate more frequently with parties;

- improve the type and quality of the feedback, and equality, diversity and inclusion (EDI) data requested from case parties to help inform future process improvement work; and
- learn how to use this feedback and EDI data to inform future work that seeks to feed fitness to practise learning back to registrants and into education and standards.

6.45 Based on the above findings, the GOC has begun work on developing a formal customer care strategy and we will comment on this further in our next performance review.

6.46 We note that the GOC has identified areas of improvement and has begun work to address them. We have not received any concerns about the adequacy of updates or customer service in fitness to practise cases or seen any further evidence to suggest that this Standard is not met. We are satisfied that this Standard is met.

Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession

6.47 We address the introduction of a new four-month triage pilot launched in September 2019 under Fitness to Practise Standard 1. We said that we would monitor any developments and findings from the pilot and comment on this in the next performance report.

6.48 As noted above in Fitness to Practise Standard 5, the GOC introduced Agreed Panel Disposals as a way of closing fitness to practise cases last year. However, no cases have so far been disposed of in this way. We will continue to monitor data about the GOC's use of its new powers, but there is nothing to suggest an impact on the GOC's performance against this Standard at this time.

6.49 The Authority did not appeal any final fitness to practise decisions made by the GOC during the period under review. We are satisfied that this Standard is met.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

6.50 We carried out a targeted review of this Standard following concerns we raised with the GOC during this review period about delays in disclosing final fitness to practise decisions. The Authority has a power to appeal final fitness to practise decisions if we consider they are not sufficient to protect the public. There is a strict time limit for us to submit an appeal, so a delay by a regulator in notifying us of a decision can impair our ability to exercise our legal powers to protect the public.

Disclosure of fitness to practise decisions

6.51 During this performance review period, the GOC failed to communicate fitness to practise decisions to us in a timely manner on two occasions. In

one case we raised a concern about the delay in the GOC notifying us of the decision in the case. Despite this, we were still able to review this case as we received it within our statutory appeal window. The second case was received around 30 days after our deadline and therefore we were not able to review this case under our statutory powers. This was therefore a public protection risk, although, in this case, we did not have concerns about the decision.

- 6.52 As part of our targeted review we asked the GOC what mechanisms it has in place for disclosing fitness to practise outcomes and any lessons it has learnt following the above examples to ensure no further public protection risks occur.
- 6.53 The GOC explained that, following the concerns we raised in relation to the above cases, it made changes to relevant Standard Operating Procedures to help prompt staff to send outcomes to us in a timely way. The GOC also outlined that it is looking to upgrade its case management system, including a dedicated section for post-hearing tasks, one of which is to insert the date the determination was sent to us. It is anticipated that the system will also issue alerts if any post-hearing work is not completed. The GOC said that it expects this system to be running by the end of June 2020.
- 6.54 We note that the measures described by the GOC appear either to have been implemented or to be in the process of implementation. Nevertheless, there was a further instance of delay in notifying us of a fitness to practise decision shortly after the end of our review period. The case concluded on 11 October 2019 and we were provided with the decision on 18 November 2019. This left us with only 16 days to review the matter before the statutory deadline. We sent the GOC a learning point to stress the importance of providing final decisions promptly so that each case can be properly scrutinised and investigated further, if need be.
- 6.55 Although this recent example falls outside this review period, it suggests that there may still be difficulties at the GOC in this area.
- 6.56 It is a concern that the GOC has again failed to provide us with outcomes of fitness to practise decisions within a reasonable time. The potential impact this has on our ability to properly scrutinise a case poses a real risk to undermine our ability to protect the public and fulfil our statutory objective. This has now occurred three times over the course of a relatively short period in the context of a relatively small caseload (around 50 cases per year). We note the changes and improvements made to ensure such instances do not occur, but the recent example suggests that these have not ensured that the GOC can effectively communicate all of its fitness to practise decisions to us without delay. Therefore, this Standard is not met.

Standard 10: Information about fitness to practise cases is securely retained

- 6.57 The GOC met this standard last year, when it did not report any data breaches to the Information Commissioner's Office (the ICO). This has remained the case as the GOC again has not reported any data breaches to

the ICO this year. We have not seen any other evidence of concerns. We are satisfied that this Standard is met.

Professional Standards Authority for Health and Social Care

157-197 Buckingham Palace Road
London SEW 9SP

Telephone: **020 7389 8030**

Fax: **020 7389 8040**

Email: info@professionalstandards.org.uk

Web: www.professionalstandards.org.uk

© Professional Standards Authority
for Health and Social Care May 2020

