

## **Call for evidence on the Opticians Act and consultation on associated GOC policies – Sector summary for practitioners and practices**

**About this document:** UK optical bodies (ABDO, AOP, College of Optometrists and FODO) and ONI, OS, OW and LOCSU, provide this summary of views on the GOC call to evidence and consultation.

**Summary:** We have undertaken an extensive review of the existing legislation and consider the Act to be a successful piece of patient protection legislation, evidenced by high standards, innovation in practice and technological enhancement, alongside a low incidence of harm and relatively low levels of patient complaints and fitness to practise sanctions.

We therefore welcome and agree with the GOC's view that states "There will need to be strong evidence to argue for change".

We feel there might need to be some limited changes to GOC policies related to the Act and will support the GOC to review its policies to help ensure misunderstandings about the Act do not cause unnecessary disruption, inhibit innovation or prevent needs to be met in a sustainable way.

**Section specific feedback:** We provide the following feedback on the eight sections in the GOC document.

1. **GOC objectives for reform (section 1)** - Sets out eight objectives that the GOC will consider when assessing consultation responses. These are unobjectionable provided they are applied objectively. However, in our view, the GOC should ensure it emphasises its overarching statutory objective to protect the public.
2. **Restricted activities and registers (section 2)** – Asks general questions about restricted activities and registers. There is a consensus that all registrants should work within their scope of practice although this may evolve over time, the Act does not and has not prevented that from happening. Please see section 4 for more detail.
3. **Business regulation (section 3)** - We agree that it is important to have proportionate and consistent regulation of optical businesses, and to avoid excessive, costly and duplicate regulation of primary eye care. It is important to remember that the cost burden of any additional work undertaken by the GOC will fall on registrants and therefore patients.
4. **Testing of sight (section 4)** - It is important to take care with the language used when responding to this section and to not muddle meaning when referring to refraction, testing of sight, sight test, eye examination and related phrases.

For example, we understand that some people dislike the term 'sight test' and may wish to change it, however 'sight test' is the legally protected function on which eyecare in the UK is built. In the context of this consultation, we therefore recommend using the term, sight test.

We all agree that the UK has well functioning, accessible and efficient primary eye care services and at the heart of this is the comprehensive sight test that all patients can access in a timely manner. Nothing should compromise access to this universal model of care.

There is unanimity, on public and patient protection grounds, that:

- Restrictions on who can test sight should remain as now.
- The sight test should not be split – it should continue to include both refraction and the concurrent eye health examination.
- Splitting a sight test would not be in the patient or public interest as doing so would present an unnecessary and avoidable risk to patient health and could potentially have financial implications for patients and the wider NHS.

**Put simply there is no evidence to support separating a refraction (the testing of sight) and eye health examination.**

We have also spent significant time looking at the GOC proposal with respect to its 2013 statement on dispensing opticians performing a refraction and agree that;

- i. There is no reason to change Section 24 and 26 of the Act (it remains a robust piece of patient protection legislation).
- ii. It would be incorrect to use the term delegation when referring to any part of a sight test, as a sight test cannot be delegated in context of Section 24 and 26 of the Act.
- iii. It is important to support multidisciplinary teams working in a way that is consistent with the Opticians Act. Therefore GOC and/or professional guidance may help dispensing opticians support optometrists or medical practitioners to perform a sight test.

**In technical terms, this means that any GOC statement or sector guidance must be consistent with Sections 24 and 26 of the Act.** This is why, in our view, the best approach would be for the GOC to update its 2013 statement in a way that meets the objectives above. We are currently working together on a form of words that would achieve this and will share this with you no later than 11th July 2022 (one week before the consultation response deadline) so that you can review this and take account of it your own responses.

**Fitting of contact lenses (section 5)** - There is general consensus that it is important to maintain this restriction in the best interests of patients, and to reduce the risks associated with contact lenses that have not been correctly fitted, or supplied without advice on safe handling and wearing schedules. It is important to avoid suggestions that current challenges around enforcement mean that this protection should be abandoned, as that would simply increase risk for millions of people on the basis that a small proportion of contact lens users and companies based abroad today do not comply with UK legalisation.

5. **Sale and supply of optical appliances (section 6)** - There is a slight divergence of views about whether it is reasonable and practicable to restrict the sale and

supply of optical appliances to additional groups of vulnerable patients, such as people with learning disabilities or dementia. However there is agreement that any change in guidance should be evidence based and premised around the protection of patients and minimise the risk of unintended consequences. There is, however, a general consensus developing that the restrictions relating to the supply of sports eye wear to children should be maintained to protect the wearer and other participants, as well as optimising vision.

6. **Delivery of remote care and technology (section 7)** – We all support evidence based and safe care. More thought needs to be given to how technology might improve access to care in some cases, alongside how remote care should be regulated to provide patients/public with sufficient levels of protection.

We also all agree that it is important to avoid mixing terminology - e.g., remote care, technology and AI mean different things to different people. For example, there is a significant difference between an optometrist remote triaging a patient with regard to urgency, in comparison to a wholly delivered episode of remote care with no oversight.

When responding to this section of the document we have all agreed to take extra care with use of terminology and to, where possible, provide examples to help avoid misunderstandings.

7. **Any other areas (section 8)** - The GOC invites stakeholders to raise any other points which are not covered by the GOC call for evidence and consultation, including any potential gaps in regulations, guidance etc. We will all consider this following consultation with members and other stakeholders.

At this stage, given we are in broad agreement the current Opticians Act is a robust piece of patient protection legislation, and this call for evidence and consultation should not result in any significant changes, we do not envisage proposing any other major areas the GOC should spend further time, and registrant resources, on.