



PERFORMERS LIST REVIEW – CONSULTATION

Joint response from the Association of British Dispensing Opticians, the Association of Optometrists the College of Optometrists and the Federation of Ophthalmic & Dispensing Opticians

Together ABDO, AOP, the College and FODO represent the 10,000 optometrists and over 5,000 dispensing opticians in the UK who provide high quality and accessible eye care services to the whole population.

1. Has the list system delivered the more effective disciplinary process envisaged for it? How might it be improved?

No. The level of risk in optics is extremely low, as is the level of clinical complaints and claims. Any system needs therefore to be proportionate to that risk.

In optics, the local listing system includes only optometrists and excludes registered dispensing opticians which make up one third of the registered workforce.

If lists are to be retained, the sensible thing would be to bring dispensing opticians into listing, and make sure the system is efficient and up-to-date for all.

This would improve patient safety by bringing all registered professionals within the listing system and therefore ensuring that staff who work under their supervision were also appropriately brought within regulation.

2. What practical difficulties are there with the system from your perspective and that of your performers? How might these be resolved?

The current system is overly bureaucratic for performers and creates an unnecessary administrative burden for practitioners. This problematic system could be vastly improved by scrapping the PCT lists and using the General Optical Council register which is already in place.

3. If we abandoned the Performers List system, what would you put in its place?

We would support the abolition of PCT performers lists. . The General Optical Council register- which is both up-to-date and available on line – could be used by both PCTs and the public instead.

4. What has been the impact of introducing the GMC's GP register? Could this obviate the need for lists to be held by PCTs? How would this work for doctors and other performers?

The registers held by the regulators are more than sufficient for the purposes of listing performers and therefore holding additional lists only adds to the administrative burdens placed on contractors and practitioners. The General Optical Council already has up-to-date and immediately available lists of practitioners including those with advanced qualifications.

5. How far do you think it would be possible to use the GP register, or other databases at the GMC, to store "soft" information on doctors as recommended in the Shipman Inquiry? What safeguards would be necessary to prevent inappropriate access? Are there other ways of sharing such information with other PCTs and employers on a need to know basis?

Given the low level of risk in optics, we would be against soft information being collected on grounds of both practicality and fairness.

If soft information were however to be collected, it would be of paramount importance that access to such information be very tightly controlled. However it should be freely available to the registrant concerned and possibly also the local Director of Public Health.

Such information ought to be available to other PCTs and employers on a need-to-know basis. Perhaps the local Director of Public Health could act as a professional "guardian" for the registrant to ensure that information were not released inappropriately.

6. Do you have any examples of good practice you could share with us?

No. Our experience of working with PCTs and Health Boards to date has been that they are largely bureaucratic and far from inspiring confidence. It is for this reason that we argue for a very simple and easily understood system proportionate to the very low level of risk in optics.