

**GOC consultation:**  
**Temporary changes to our Optometry Handbook and Supervision**  
**policy**

We are consulting on proposed temporary changes to our Accreditation and Quality Assurance Handbook for Optometry and our Supervision policy as a result of the COVID-19 pandemic.

This is a targeted consultation and we are particularly interested in the views of those affected – such as education providers, students, employers and professional bodies – although members of the public are welcome to respond.

**Background**

1. We are responsible for protecting the public by setting education standards and core competencies and approving and quality assuring qualifications which meet our standards and core competencies. This matter is in relation to our standards for Optometry as set out in our Accreditation and Quality Assurance Handbook 'Routes to Registration in Optometry' (2015) (referred to as our 'Optometry handbook').
2. Due to the different COVID-landscape within which clinical experience still needs to be delivered, we recognise that rapid changes are required in order to respond to the significant challenges in the sector and to enable education providers to deliver high quality education and training.
3. The focus of this consultation is to seek views on the proposed changes to ensure that students' ability to continue to practise safely and enter our fully qualified register is maintained.

**Rationale for the changes**

4. The continuing impact of Covid-19 on education and training, as well as the optical workforce, is wide and, as yet, of uncertain duration. Whilst many education providers have successfully moved to online / remote teaching delivery and assessment, deferring or trailing some of the GOC requirements (particularly core competencies and patient episodes), these were only intended to be temporary changes until 'normality' returned. It is clear however, that the sector will have to make further and potentially longer term changes in order to deliver education and training which adequately prepares students for practice and meets our standards.
5. Key areas that are particularly affected for education and training are:
  - teaching and assessment of clinical skills –moving primarily to remote methods, although some skills still require a physical demonstration and assessment;
  - availability, nature and volume of placement provision (and the delivery of eye care services) is at present uncertain; and

- students' wellbeing and the impact of Covid-19 on their education and training, 'rights of passage' and progression, including into pre-registration placements.

We continue to consider impact, further to those that have already been considered, which are published [here](#).

### **Scope of the proposed temporary changes:**

6. These temporary changes to our Accreditation and Quality Assurance Handbook 'Routes to Registration in Optometry' ('Optometry handbook') education standards and requirements are applicable to the following:
  - For the changes affecting undergraduate education, these would only be active from 1 September 2020 for the 2020/21 academic year only.
  - For the changes affecting the College of Optometrists' Scheme for Registration or other registrable qualifications, these changes would apply to this year's (Autumn 2020) incoming cohort of students/trainees only.
7. We acknowledge that due to the structure of their courses, for the current cohorts in the University of Bradford's BSc Optometry (Accelerated Route) and University of Hertfordshire's Master of Optometry students who are currently undertaking clinical experience, these changes may need to be retrospectively applied. We would consider an application to recognise experience (which meets our criteria, once finalised and approved) from 21 March 2020 from these providers.

### **Consultation timeframes:**

8. We are running a two-week targeted consultation to act swiftly, which we believe is in the best interests of the sector. We recognise that two weeks is incredibly short, however we want to be agile and manage these temporary changes to our standards as quickly as possible.
9. The consultation opens on **23 July 2020** and closes promptly at **10:00 on 6 August 2020**.
10. Should organisations or individuals object to the two-week timeline, they are asked to submit their notice to object and a brief rationale to the GOC before the consultation closes. We would seek to organise a meeting with any concerned parties within the two weeks, to discuss their feedback to the consultation if that would expedite the process.
11. We hope that the sector will support our approach and make every effort to respond – particularly if there are any potential unintended impacts.

### **Responses**

12. Please use our online Citizen Space to respond.
13. Should you wish to discuss the consultation, please contact Philippa Mann, Head of Education, on [education@optical.org](mailto:education@optical.org).

# Proposed changes to the ‘Optometry handbook’

## GOC Stage 1 – Patient Episodes

**Summary:** We propose various changes to the handbook wording to move from a ‘minimum number of patient episodes’ to ‘an appropriate breadth of patient experience’. This is to enable clinical experience to be delivered differently in light of the limitations that the COVID-19 pandemic has put on clinical practice.

This approach would enable clinical experience to be delivered in a safe and practical way and contribute to preparing students for the new world of practice brought about by the pandemic.

The proposed changes are set out below:

Current wording of GOC Handbook for Optometry	Proposed temporary change to GOC Handbook
<p><u>Section 1.4</u> Page 4</p> <p><u>Practical experience</u> Achievement of a minimum number of patient episodes covering a specified range of patient types and clinical procedures conducted under close supervision and assessment within a controlled environment, followed by completion of a period of supervised pre-registration training (undertaken in an external placement). The pre-registration placement practical experience can be integrated within the degree programme or completed separately with an alternative GOC approved provider.</p>	<p><u>Practical experience</u> Achievement of <b>an appropriate breadth of patient experience</b> covering <b>a range</b> of patient types and clinical procedures conducted under close supervision and assessment within a controlled environment, followed by completion of a period of supervised pre-registration training (undertaken in an external placement). The pre-registration placement practical experience can be integrated within the degree programme or completed separately with an alternative GOC approved provider.</p>
<p><u>Section 3.4</u> Page 13</p> <ul style="list-style-type: none"> <li>• Patient episodes are clearly categorised into the different types of patient experience outlined in the handbook (attached at Appendix F)</li> <li>• The visitor panel is provided with a print-out of the total number of safe patient episodes for the full cohort of students who attended the final year of the course (the last academic year)</li> </ul>	<ul style="list-style-type: none"> <li>• Patient <b>experience is</b> clearly <b>delineated into the different categories as</b> outlined in the handbook (attached at Appendix F)</li> <li>• The visitor panel is provided with a <b>copy of the Provider’s master record</b> of the <b>total patient experience, including clear delineation of categories and safe episodes within each,</b> for the full cohort of students who</li> </ul>

	attended the final year of the course (the last academic year)
<p><u>Section 4.1</u> Page 21</p> <p>Any clinical activity or element of practice-based learning must be carried out under the supervision of a GOC registered and approved supervisor that meets the requirements outlined in Appendix I</p>	<p>Any clinical activity or element of practice-based learning must be carried out under the supervision of <b>an appropriately</b> registered and approved supervisor that meets the requirements outlined in Appendix I</p>
<p><u>Section 4.6</u> Page 28</p> <p>4.6.1 Patient Experience The provider must demonstrate that each student has achieved the appropriate range and number of patient episodes under close supervision to ensure competence in practice and skills to enable the award of the certificate of clinical competence at Stage 1 and Stage 2.</p> <p>A full definition of what constitutes a patient episode for each individual patient experience category (A-F) is given in the table attached at Appendix F. The figures specified in the table state the <i>minimum</i> number of safe patient episodes the student must achieve for each patient experience category prior to starting a pre-registration placement.</p> <ul style="list-style-type: none"> <li>• Only episodes which are certified as safe by the supervising registrant can be counted towards the minimum required number of patient episodes.</li> </ul> <p>The provider must have an effective system in place to ensure each student has access to a sufficient range and volume of patients under each category of experience. Volunteer patients may be used to contribute to some of the required episodes to enhance the student's range of experience by providing access to unusual pathologies and a mixture of patient types.</p>	<p>4.6.1 Patient Experience The provider must demonstrate that each student has achieved <b>an appropriate breadth of patient experience</b> under close supervision to ensure competence in practice and skills to enable the award of the certificate of <b>professional</b> competence at Stage 1 and Stage 2.</p> <p>A full definition of what constitutes <b>appropriate patient experience for each individual category (A-F)</b> is given in the table attached at Appendix F. The figures specified in the table state the <i>minimum</i> safe patient episodes the student must achieve for each category prior to starting a pre-registration placement.</p> <ul style="list-style-type: none"> <li>• Only episodes which are certified as safe by the <b>supervisor</b> can be counted towards the minimum required patient <b>experience</b>.</li> </ul> <p>The provider must have an effective system in place to ensure each student has access to a sufficient range and volume of patients under each category of experience. <b>Simulated patients and scenarios</b> may be used to contribute to some of the required <b>experience</b> to enhance <b>the student's access</b> to unusual pathologies and a mixture of patient types. <b>The balance of simulated patients and/or scenarios</b></p>

<p>If an exceptional circumstance leads to a variation below the minimum number of patient episodes, the provider must notify the GOC Education Committee of the proposed alternative learning experience offered to the student to enable achievement of the appropriate learning outcome. The Committee will determine if the proposal meets the Handbook requirements.</p> <p>Page 29</p> <p>4.6.2 Core Competencies The graduate must, on completion of their route to registration have demonstrated achievement of all elements of the GOC Core Competency Framework (Stage 1 and Stage 2) in order ensure they are fit to apply to the GOC Register.</p> <ul style="list-style-type: none"> <li>• Portfolios demonstrating clear assessment and achievement of each core competency element and the required patient episodes</li> </ul> <p>Page 30</p> <p>4.6.3 Certificate of Professional Competence Stage 1</p> <ul style="list-style-type: none"> <li>• The student must demonstrate that they have achieved a <i>Certificate of Professional Competence at Stage 1</i> in order to begin their external supervised pre-registration placement</li> <li>• A <i>Certificate of Professional Competence at Stage 1</i> can only be issued if the following requirements are satisfied: <ul style="list-style-type: none"> <li>• The student must have been taught and assessed as competent against each of the</li> </ul> </li> </ul>	<p><b>relative to real patient experience for each student must be justified by a clear rationale.</b></p> <p>If an exceptional circumstance leads to a variation below the minimum <b>required</b> patient episodes, the provider must notify the <b>GOC</b> of the proposed alternative learning experience offered to the student to enable achievement of the appropriate learning outcome. The <b>GOC</b> will determine if the proposal meets the Handbook requirements.</p> <p>Page 29</p> <p>4.6.2 Core Competencies The <b>student</b> must, on completion of their route to registration, have demonstrated achievement of all elements of the GOC Core Competency Framework (Stage 1 and Stage 2) in order <b>to</b> ensure they are fit to apply to the GOC Register.</p> <ul style="list-style-type: none"> <li>• Portfolios demonstrating clear assessment and achievement of each core competency element and the required patient <b>experience.</b></li> </ul> <p>Page 30</p> <p>4.6.3 Certificate of Professional Competence Stage 1</p> <ul style="list-style-type: none"> <li>• The student must demonstrate that they have achieved a <i>Certificate of Professional Competence at Stage 1</i> in order to begin their external supervised pre-registration placement</li> <li>• A <i>Certificate of Professional Competence at Stage 1</i> can only be issued if the following requirements are satisfied: <ul style="list-style-type: none"> <li>• The student must have been taught and assessed as competent against each of the</li> </ul> </li> </ul>
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<p>Stage 1 core competencies (attached at Appendix G)</p> <ul style="list-style-type: none"> <li>• The student must have acquired the minimum amount of real patient experience with each patient group (attached at Appendix F)</li> <li>• The student must hold a certified portfolio containing a record of both their patient experience and achievement of all core competency elements;</li> <li>• This record must evidence how and when each individual element of competence was achieved by the individual student</li> <li>• The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements</li> <li>• The portfolio must evidence development of the students professional judgment through critical thinking and reflection</li> </ul> <p>Stage 2</p> <ul style="list-style-type: none"> <li>• Upon completion of the pre-registration placement the provider is required to certify to the GOC that the student has achieved professional competence at Stage 2 before granting an award approved by the GOC as entitling entry to the GOC Register of Optometrists</li> <li>• A <i>Certificate of Professional Competence at Stage 2</i> can only be issued if the following requirements are satisfied: <ul style="list-style-type: none"> <li>• The student must have been taught and assessed as competent against each of the Stage 2 core competencies (attached at Appendix H)</li> <li>• The student must have acquired the minimum amount of patient experience with each patient</li> </ul> </li> </ul>	<p>Stage 1 core competencies (attached at Appendix G)</p> <ul style="list-style-type: none"> <li>• The student must have acquired <b>an appropriate breadth of patient</b> experience <b>within each category</b> (attached at Appendix F)</li> <li>• The student must hold a certified portfolio containing a record of both their patient experience and achievement of all core competency elements;</li> <li>• This record must evidence how and when each individual element of competence was achieved by the individual student</li> <li>• The portfolio must contain a <b>record of patient experience</b> for each individual patient episode contributing to the minimum requirements</li> <li>• The portfolio must evidence development of the student's professional judgment through critical thinking and reflection</li> </ul> <p>Stage 2</p> <ul style="list-style-type: none"> <li>• Upon completion of the pre-registration placement the provider is required to certify to the GOC that the student has achieved professional competence at Stage 2 before granting an award approved by the GOC as entitling entry to the GOC Register of Optometrists</li> <li>• A <i>Certificate of Professional Competence at Stage 2</i> can only be issued if the following requirements are satisfied: <ul style="list-style-type: none"> <li>• The student must have been taught and assessed as competent against each of the Stage 2 core competencies (attached at Appendix H)</li> <li>• The student must have acquired <b>an appropriate breadth of patient</b> experience <b>within each</b></li> </ul> </li> </ul>
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<p>category (attached at Appendix F)</p> <ul style="list-style-type: none"> <li>• The student must hold a certified portfolio containing a record of both their patient experience and achievement of all core competency elements;</li> <li>• This record must evidence how and when each individual element of competence was achieved by the individual student</li> <li>• The portfolio must contain a record for each individual patient episode contributing to the minimum requirements</li> <li>• The portfolio must evidence development of the students professional judgment through critical thinking and reflection</li> </ul>	<p><b>category</b> (attached at Appendix F)</p> <ul style="list-style-type: none"> <li>• The student must hold a certified portfolio containing a record of both their patient experience and achievement of all core competency elements;</li> <li>• This record must evidence how and when each individual element of competence was achieved by the individual student</li> <li>• The portfolio must contain a record for each individual patient episode contributing to the minimum requirements</li> <li>• The portfolio must evidence development of the student's professional judgment through critical thinking and reflection</li> </ul>
<p><u>Appendix B</u> - Description of terms used in the Handbook Pages 33-34</p>	<p>ADD:</p> <p><b><u>Remote consultation</u></b> <b>Consultations undertaken with real patients using telephone, video or other virtual means, to address the patient's needs and concerns including suitable remote examination (as appropriate), advice and management</b></p> <p><b><u>Simulated patients and scenarios</u></b> <b>Simulated</b> patients may be used for some of the experience to enhance the student's access to unusual pathologies <b>and refractive errors</b> and a mixture of patient types. <b>Where actual patients carrying the pathology(s) cannot be found, these may be substituted for prepared clinical case scenarios appropriately demonstrating the required clinical signs</b></p>
<p><u>Appendix F</u> Page 39 onwards</p>	<p><b>Types of patient episodes:</b></p> <p>Below is a non-exhaustive list of the types of experience which could contribute to the achievement of A-F patient episodes.</p>

	<p>These should be selected on suitability of the activity for attaining quality experience and may not be appropriate for some of the A-F categories.</p> <p><b>The provider is expected to ensure that students have the opportunity to experience a wide range of clinical conditions and that they gain experience with as broader range of patients as possible.</b></p> <p><b>Experience must enable individual students to develop their professional independence.</b></p> <p><b>It is expected that opportunities for students to examine real patients are maximised and that the provider sets a minimum amount of real patient episodes to provide assurance that students will achieve real patient experience. It is recommended that at least 45% of the patient experience is with real patients.</b></p> <p>Patient episodes could include, but are not limited to:</p> <ul style="list-style-type: none"><li>• real patients attending for a <b>face-to-face consultation</b></li><li>• grand rounds (may be used as part of the student's <b>face-to-face</b> experience)</li><li>• simulated scenarios that form the basis of case-based discussion which enable individual students to demonstrate their understanding and/or ability to do</li><li>• clinical audit to include case discussion of specialist techniques and evaluation of patient outcomes</li><li>• <b>simulated patients enacting a pre-determined clinical case scenario</b></li><li>• <b>patients undergoing telephone or video consultation which involves remote assessment and management of the patient</b></li></ul>
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	<ul style="list-style-type: none"> <li>• a student <b>examining</b> another optometry student <b>or clinically trained member of staff</b> and completes a patient record.</li> </ul>
<p>Stage 1 Patient Experience It is a requirement that students record their patient episodes as the different types of patient experience categories outlined in the following table under A-F.</p>	<p><b>GOC expectations regarding patient experience</b></p> <p>Stage 1 Patient Experience</p> <ul style="list-style-type: none"> <li>• It is a requirement that students record their <b>patient experience against the different categories</b> outlined in the following table under A-F.</li> <li>• <b>The provider must demonstrate that its clinical experience model enables students to gain appropriate patient and clinical experience to successfully achieve the relevant Core Competencies and be prepared to progress to the next stage. This means that patient episodes must not be trivial and should always support clinical and professional learning.</b></li> <li>• <b>The quantitative/numerical measures related to patient experience and student:patient rationale are indicative only (unless specified). We would expect a provider to ensure that significant deviations to the numerical measures are fully justified.</b></li> <li>• <b>Student:patient ratio must ensure effective learning and the provider is required to have an appropriate rationale for its ratios and numerical requirements.</b></li> <li>• <b>The provider is required to demonstrate that any group sizes are appropriate for the activity being undertaken (e.g. for the learning experience and patient safety and comfort).</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>The provider is expected to ensure that students have the opportunity to experience a wide range of clinical conditions and that they gain experience with as broader range of patients as possible.</b></li> <li>• <b>It is expected that opportunities to work with a real patients (face-to-face or remotely) are maximised and that the provider sets a minimum amount of real patient episodes to provide assurance that students will achieve real patient experience. It is recommended that at least 45% of the patient experience is with real patients.</b></li> <li>• <b>Patient experience must be carried out with appropriate student:patient ratios (including for simulated case based discussion) in order to enable individual students to develop their professional independence.</b></li> <li>• <b>In clinical examinations, where the student:patient ratio is more than 1:1, students must not count episodes they have <b>only</b> observed (without any patient interaction), although this can be used to enhance learning through reflective practice.</b></li> <li>• <b>When a student examines another optometry student or clinically trained member of staff, it is expected that they always complete a patient record. For the majority of these encounters, it is expected that these ‘patients’ have a clinical condition (e.g. refractive need, BV etc) to ensure that the episode provides experience of clinical conditions.</b></li> </ul>
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	<ul style="list-style-type: none"> <li>• <b>Mechanisms need to be in place to ensure that case scenarios are quality assured and selected from a bank such that they do not “become known” to the student cohort.</b></li> </ul>
<p>A. Primary Care Experience The experience must follow a normal optometric eye examination as closely as possible and constitute all components of a sight test as defined in the Opticians Act 1989 (amended 2005). The provider must ensure that access is given to patients with a range of refractive errors and common eye conditions.</p> <p><b>Minimum number of safe patient episodes:</b> 18 complete eye examinations</p> <p><b>Type of patients:</b> Patients attending for an eye examination or eye-care service. A student practicing on another student can only count if the student is booked in, treated and recorded as an actual patient.</p> <p><b>Type of experience:</b> All primary care episodes must be on a 1:1 (student: patient) ratio with the student as practitioner. <i>Patient episodes should be designed to fully replicate the complete patient experience when attending for an eye examination.</i> Students must not gain multiple primary care episodes with the same patient.</p>	<p>A. Primary Care Experience The experience must follow a normal optometric eye examination as closely as possible and constitute all components of a sight test as defined in the Opticians Act 1989 (amended 2005). The provider must ensure that access is given to patients with a range of refractive errors and common eye conditions.</p> <p><b>Indicative safe patient episodes: 18 episodes, which should include at least 8 complete eye examinations at a low student:patient ratio.</b></p>

**B. Contact Lens Experience**

The provider must ensure that the student has experience of a range of patient episodes relating to contact lens fitting and aftercare.

**Minimum number of safe patient episodes:** 12 episodes

**Type of patients:**

Patients attending for a contact lens assessment, fit, and aftercare. A student practicing on another student can only count if the student is booked in, treated and recorded as an actual patient requiring a contact lens assessment.

**Type of experience:**

Patient episodes may be carried out on a 2:1 ratio (student: patient), however, both students must interact with the patient (for example, a pair of students might examine one eye each or take responsibility for different stages of an examination ensuring they each gain sufficient experience as the practitioner). Students must not count patient episodes they have observed (without any patient interaction) in their final patient numbers, although this can be used to enhance learning through reflective practice.

**B. Contact Lens Experience**

The provider must ensure that the student has experience of a range of **contact lens fitting and aftercare episodes.**

**Indicative safe patient episodes:** 12 episodes, **to include complete fitting appointments, aftercare appointments, and clinical decision making episodes.**

**C. Binocular Vision, and Paediatric Experience**

The provider must ensure that the student has experience of patients with anomalies of binocular vision and those undergoing orthoptic assessment and/or treatment.

**Minimum number of safe patient**

**episodes:** 8 episodes including at least 3 paediatric patients, one of which must be a child under 7 years.

**Type of patients:**

Patients attending for a binocular vision assessment and/or an anomaly of binocular vision.

**Type of experience:**

Students may observe the assessment and treatment of patients with binocular vision anomalies and those undergoing investigation for suspected binocular vision anomalies individually or in small groups. Students should have the opportunity to assess individuals with binocular vision anomalies either individually or in small groups of up to 4 students (maximum). Students must not gain multiple episodes with the same patient. The provider will be required to demonstrate that the group size is appropriate for the activity being undertaken.

**C. Binocular Vision, and Paediatric Experience**

The provider must ensure that the student has experience of **examining children**, patients with anomalies of binocular vision and those undergoing **orthoptic treatment**.

**Indicative safe patient episodes:** 8

episodes including at least **two** paediatric patients **one of which** must be a child **aged** under 7 years.

**D. Specialist Clinic Experience**

The provider must ensure that students attend a range of clinics in which specialist techniques are being used, such as Low Vision clinics, Imaging / Further Investigative Techniques clinics and Paediatric / Special Needs clinics.

**Minimum number of safe patient episodes:** 12 episodes

**Type of patients:**

Patients requiring specialist clinical services. These experiences should normally be gained through the providers' clinical services and hospital visits. Grand rounds may be used as part of the student's experience.

**Type of experience:**

Students may work in small groups of 4 (maximum), observing and participating in the provision of specialist services as appropriate for the learning experience and patient safety and comfort. Students must not gain multiple episodes with the same patient. The provider will be required to demonstrate that the group size is appropriate for the activity being undertaken.

**D. Specialist Clinic Experience**

The provider must ensure that students **experience** a range of specialist techniques **including ocular imaging / further investigative techniques, examining patients with additional needs, and at least one low vision assessment.**

**Indicative** safe patient episodes: 12 episodes.

**E. Spectacle Dispensing Experience**

The provider must ensure that the student has experience of dispensing a range of frame/lens types, including some experience of dispensing for children and low vision patients.

**Minimum number of safe patient episodes:**

- 6 initial selection and facial/frame measurements
- 6 prescription verification
- 6 fit and adjustment of spectacles

These three stages can be completed on stages at least six times.

**Type of patients:**

Patients requiring a spectacle dispense.

**Type of experience:**

Patient episodes must be on a 1:1 ratio (student: patient). The provider should endeavour to provide some experience of the same or multiple patients. However, the student must see a minimum of six different patients and complete all three dispensing a range of frame/ lens types for children and low vision patients.

**E. Spectacle Dispensing Experience**

The provider must ensure that the student has experience of dispensing a range of frame **and** lens types, including some experience of dispensing for children and low vision patients.

**Indicative safe patient episodes:**

- 6 initial selection and facial/frame measurements
- 6 prescription/**appliance** verifications
- 6 fit and adjustment of spectacles

These three stages can be completed on the same or multiple patients. However, the student must see a minimum of six different patients **(combination of real and simulated) and there should be a low student:patient ratio.**

**F. Abnormal Eye Conditions**

This experience should take place in hospital eye clinics and must include attendance at ophthalmology clinics. An effective feedback mechanism must be in place to record the student's patient experience gained during hospital attendance, for example, through a portfolio/record of all patients and conditions seen by the student supported by a reflective commentary.

**Minimum number of safe patient episodes:** 12 hours of experience in clinics

**Type of patients:**

Typically, patients attending for a hospital eye appointment. It is the responsibility of the provider to ensure that students are exposed to a range of patient types and conditions. To ensure exposure to common ocular pathologies, in addition to the hospital placement, supplementary experience may be gained through:

- specialist clinics (within the university) offering additional exposure to less common conditions
- grand rounds (case and management demonstrations incorporating real patients, video or images to highlight key pathology) ensuring the student has observed common conditions
- directed study using a range of media

**Type of experience:**

Students may attend these clinics in small groups of up to a maximum of 4 students, the provider will be required demonstrate that the group size is appropriate for the activity being undertaken.

**F. Abnormal Eye Conditions**

**Providers should ensure that students are exposed to a range of common and uncommon ocular pathologies. This experience can take place in ophthalmology clinics at NHS or private hospital eye departments or clinics hosted by the provider.**

An effective feedback mechanism must be in place to record the student's patient experience gained, for example, through a portfolio/record of all patients and conditions seen by the student supported by a reflective commentary.

**Minimum experience required: 7 hours** of experience in clinics.

## Validity of Certificate of Clinical Competency for Optometry (Stage 1)

**Summary:** We propose to extend the validity of the Stage 1 certificate of clinical competency for students who graduated in summer 2018 to 31 December 2020.

We also propose removing this requirement entirely as of January 2021, so that any decisions to the currency of learning forms part of a provider's enrolment/admissions policy (such as the enrolment policy for the College's Scheme for Registration).

<b>Current wording of GOC Requirements on website:</b> <a href="https://www.optical.org/en/Education/What to study and where/index.cfm">https://www.optical.org/en/Education/What to study and where/index.cfm</a>	<b>Proposed permanent change</b>
To enter a pre-registration placement trainees must have gained a degree in optometry from an institution recognised by the GOC at 2:2 or above and have a valid Certificate of Clinical Competency, which is awarded on graduation. <b>The Certificate of Clinical Competency is valid for two years from either the date of graduation or the date of last period of supervised practice.</b>	To enter a pre-registration placement trainees must have gained a <b>GOC approved qualification in optometry</b> at 2:2 or above and have a valid Certificate of Clinical Competency, which is awarded on graduation.

## GOC Stage 2 - Patient Episodes

**Summary:** We propose reducing the total number of patient episodes for GOC stage 2 by 10% and removing the categorised patient episode numbers for GOC Stage 2.

Instead, the provider must ensure that the student achieves an appropriate breadth of experience, and also set and justify its level of any minimum experience in specific areas of practice.

Current wording of GOC Handbook for Optometry	Proposed temporary change to GOC Handbook
<p>Stage 2 Patient Experience</p> <p>On completion of the period of supervised practise-based training, the student must demonstrate achievement of the <b>total number of refractions, dispenses and contact lens patients to the provider.</b>  <b>The <i>minimum</i> patient numbers required for GOC Registration:</b>  <b>Refractive examinations: 350</b>  <b>Dispenses: 200</b>  <b>Contact Lens Patients: 30</b></p> <p>Patient experience must be recorded in a reflective portfolio with each activity certified by the supervisor and returned to the provider.</p> <p>The completed portfolio must be validated by the provider responsible for overseeing the period of practise-based experience.</p> <p>If difficulty occurs in enabling the student to achieve the required patient experience, it is the responsibility of the supervisor to make alternative arrangements, such as an external placement, to ensure the student has access to the required number and range of patients.</p>	<p>Stage 2 Patient Experience</p> <p>On completion of the period of supervised practise-based training, the student must demonstrate achievement <b>of 520 patient encounters.</b></p> <p><b>The patient encounters must ensure that a breadth of experience is achieved, with an appropriate level of encounters with real patients.</b></p> <p><b>The provider must set out the minimum amount of contact lens experience (to include new fits), refractions and paediatric experience, which is appropriate for gaining proficiency.</b></p> <p><b>The provider must have an appropriate mechanism in place to ensure that sufficient breadth and quality of experience is achieved.</b></p> <p>Patient experience must be recorded in a reflective portfolio with each activity certified by the supervisor and returned to the provider.</p> <p>The completed portfolio must be validated by the provider responsible for overseeing the period of practise-based experience.</p> <p>If difficulty occurs in enabling the student to achieve the required patient experience, it is the responsibility of the <b>provider and/or</b> supervisor to make alternative arrangements, such as an external placement, to ensure the student has access to the required number and range of patients.</p>

## GOC Supervision Policy

**Summary:** We propose permitting non-GOC fully-qualified registrants to supervise students, if they meet our supervision criteria, are regulated, only supervise tasks that are within their professional scope of practice, and the education providers ensure that all other supervision requirements are met – including clarity about any role in patient episode or core competency ‘sign off’ that these supervisors may have.

For example, this change would mean that HCPC-registered orthoptists (who have 2 years HCPC continuous registration) could supervise student optometrists conducting a binocular vision examination.

Current GOC Supervision Policy wording	Proposed temporary change to GOC Supervision Policy
<p><u>Supervision requirements</u></p> <p>It is a requirement for those supervising trainees or those undertaking delegated activities to be able to demonstrate to the GOC that the supervision is <i>adequate</i>.</p> <p>We define ‘adequate supervision’ as provided by a registrant who:</p> <ul style="list-style-type: none"> <li>• is sufficiently qualified and experienced to themselves undertake the functions they are supervising;</li> <li>• is not only on the premises but in a position to oversee the work undertaken and to intervene if necessary in order to ensure protection of the patient;</li> <li>• must retain clinical responsibility for the patient;</li> <li>• must ensure that no untoward consequences to the detriment of the patient can arise from the actions of a person who is being supervised;</li> <li>• must ensure compliance with all legal requirements governing the activity.</li> </ul> <p><u>Additional requirements for supervision of trainees undertaking practice based learning</u></p> <p>Trainees undertaking practice-based learning must practice under the supervision of an appropriately qualified, registered and approved supervisor.</p> <p>To supervise you must:</p>	<p><u>Supervision requirements</u></p> <p>It is a requirement for those supervising <b>students</b> or those undertaking delegated activities to be able to demonstrate to the GOC that the supervision is <i>adequate</i>.</p> <p>We define ‘adequate supervision’ as provided by a registrant who:</p> <ul style="list-style-type: none"> <li>• <b>who holds a qualification in an eyecare related field and is sufficiently</b> experienced to undertake the functions they are supervising;</li> <li>• <b>is a fully qualified statutorily registered health care professional with at least two years continuous registration;</b></li> <li>• comply with the GOC code of conduct <b>(and/or equivalent regulator’s conduct standards)</b> in their professional practice;</li> <li>• is not only on the premises but in a position to oversee the work undertaken and to intervene if necessary, in order to ensure protection of the patient;</li> <li>• must retain clinical responsibility for the patient;</li> <li>• must ensure that no untoward consequences to the detriment of the patient can arise from the actions of a person who is being supervised;</li> <li>• must ensure compliance with all legal requirements governing the activity.</li> <li>• ensure that <b>their</b> students are registered with the GOC;</li> </ul>

<ul style="list-style-type: none"> <li>• Have at least two years recent and relevant post qualification practical experience;</li> <li>• Have maintained a minimum of two years continuous GOC registration;</li> <li>• Comply with the GOC code of conduct in their professional practice;</li> <li>• Ensure that your students are registered with the GOC;</li> <li>• Meet the approval criteria of Providers;</li> <li>• Provide continuous personal supervision, i.e. be in the practice when the student is in professional contact with patients and be able to intervene as necessary;</li> <li>• Support, observe and mentor;</li> <li>• Provide a sufficient and suitable learning environment;</li> <li>• Ensure the student has access to the appropriate equipment to meet the requirements of the Route to Registration;</li> <li>• Be familiar with the assessment requirements, guidelines and regulations of the Route to Registration;</li> <li>• Ensure that when the student is in professional contact with patients they are clearly identified as a trainee under supervision and that the identity of the supervisor is also made clear to the patient.</li> </ul>	<ul style="list-style-type: none"> <li>• meet the approval criteria of providers;</li> <li>• provide continuous personal supervision, i.e. be in the practice when the student is in professional contact with patients and be able to intervene as necessary;</li> <li>• support, observe and mentor;</li> <li>• provide a sufficient and suitable learning environment;</li> <li>• ensure the student has access to the appropriate equipment to meet the requirements of the Route to Registration;</li> <li>• be familiar with the assessment requirements, guidelines and regulations of the Route to Registration;</li> <li>• ensure that when the student is in professional contact with patients they are clearly identified as a <b>student</b> under supervision and that the identity of the supervisor is also made clear to the patient.</li> </ul>
<p>(All other GOC requirements related to supervision will remain the same. For example this includes, but is not limited to, the requirement to have effective supervision procedures in place, comprehensive supervisor guidance and training.)</p>	<p>N/A</p>

## Response sheet

We prefer that you respond via our consultation platform, however if this is not accessible to you please do complete the following form and send it to us at [education@optical.org](mailto:education@optical.org) by the 6 August 2020.

### About you:

<b>Name</b>	
<b>Email address</b>	
<b>Are you responding on behalf of an organisation? If yes, what is the organisation's name?</b>	
<b>Which of the following applies to you?</b>	<input type="checkbox"/> I am a student optometrist <input type="checkbox"/> I am a student dispensing optician <input type="checkbox"/> I am an optometrist <input type="checkbox"/> I am a dispensing optician <input type="checkbox"/> I am a member of the public / patient <input type="checkbox"/> I am a member of staff on a GOC-approved optometry programme <input type="checkbox"/> I am a member of staff on a GOC-approved ophthalmic dispensing programme <input type="checkbox"/> I work as an assessor for the College of Optometrists <input type="checkbox"/> I am an optical employer <input type="checkbox"/> I am a supervisor in practice <input type="checkbox"/> I work in a Hospital Eye Service department <input type="checkbox"/> I am a GOC Education Visitor Panel member <input type="checkbox"/> I am a GOC Advisory Panel member <input type="checkbox"/> I am a healthcare professional regulated by another regulator (e.g. HCPC, GMC etc.) <input type="checkbox"/> Other
<b>Can we publish your response?</b> (please delete as appropriate)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Yes, but keep my name and my organisation's name private</li> <li>• No</li> </ul>

## Consultation responses

<b>GOC Stage 1 – Patient Episodes</b>
<b>1) Do you support the above proposed changes?</b> Fully support Partially support Do not support Do not have a view  <b>If you believe the proposed changes will cause negative impacts, what are they and how do you suggest they could be managed?</b>
<b>GOC Stage 1 – Validity of Certificate of Clinical Competency for Optometry</b>
<b>2) Do you support the above proposed changes?</b>  a) To grant the temporary extension Fully support Partially support Do not support Do not have a view  b) To remove the 2-year validity limit Fully support Partially support Do not support Do not have a view  <b>If you believe the proposed changes will cause negative impacts, what are they and how do you suggest they could be managed?</b>
<b>GOC Stage 2 – Patient Episodes</b>
<b>3) Do you support the above proposed changes?</b> Fully support Partially support Do not support Do not have a view  <b>If you believe the proposed changes will cause negative impacts, what are they and how do you suggest they could be managed?</b>
<b>GOC Supervision Policy</b>
<b>4) Do you support the above proposed changes?</b> Fully support Partially support Do not support Do not have a view  <b>If you believe the proposed changes will cause negative impacts, what are they and how do you suggest they could be managed?</b>