February 2021

Education and training requirements for GOC approved qualifications
GOC response to Enventure Research's consultation report (October 2020)

Purpose of this report

From 27th July to 19th Oct 2020 the General Optical Council (GOC) consulted on proposals to update its requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician. You can read about the proposals we consulted on our website.

Consultation responses were independently analysed by our research partner, Enventure Research, and a consultation report was prepared by Enventure Research which was published by the GOC in October 2020. You can read Enventure Research's consultation report on our website.

We have carefully considered Enventure Research's consultation report and individual and stakeholder responses to the proposals contained in our consultation. This report describes our response to Enventure Research's report and individual and stakeholder responses. It also describes the changes we have made to our proposals following the consultation, which have been considered by our Expert Advisory Groups and informed the preparation of final proposals.

You can read our final proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician on our website.

Education and training requirements for GOC approved qualifications
GOC response to Enventure Research consultation report (October 2020)
Part 1 Enventure consultation report commentary – Key Findings

Ref	Enventure consultation report commentary – Key Findings	GOC Response
P5 Para 2	In the consultation survey, a slightly larger proportion of respondents thought that the 'Outcomes for Registration' document would have a negative impact on the expected knowledge, skill and behaviour of future optometrists (41%) than thought it would have a positive impact (38%) and 12% thought they would have no impact.	Council on 11th November 2020 considered Enventure's consultation report. As a result of feedback received from consultation it asked the Expert Advisory Groups (EAGs) for optometry and dispensing optics to further develop the Outcomes for Registration, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. Council also asked the EAGs to continue to fine-tune the Outcomes for Registration, based on the results of Round One and Round Two of the Delphi research as well as detailed commentary from individuals and organisations received as part of the consultation at their joint meetings in November and December 2020 and January and February 2021. This additional work is now incorporated into the proposed 'Outcomes For Registration.' The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will also provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualifications and those applying for qualification approval.
P5 Para 3	In relation to the impact that the 'Outcomes for Registration' document would have on the expected knowledge, skill and behaviour of future dispensing opticians, again a slightly larger proportion thought it would be negative (37%) than that who thought it would be positive (33%). Again, 12% thought there would be no impact.	
P5 Para 3	Half of survey respondents (51%) felt there was something missing or that needed changing in the 'Outcomes for Registration'. Of these, 28% felt that the document lacked detail in general and the outcomes were too broad, vague or open to interpretation. A further 25% thought that greater emphasis was required for clinical skills and practice, with more detail provided. This was echoed amongst focus group and interview participants, who suggested that the lack of detail and vagueness could lead to variations in the delivery of courses and programmes, thereby causing variations in the standards of newly qualified registrants. Qualitative feedback also highlighted that the Clinical Practice category required more detail to reflect the current scope of registrants' practice and perhaps that it should be given more importance than the other categories, with some thinking the outcomes should be weighted to reflect this	
P5 Para 4	There was a mixed reaction to the use of Miller's Pyramid to measure competency, with some in the focus groups	We note the mixed response to the use of Miller's Pyramid to measure competency. The published evidence which supports the use of Miller's Pyramid

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	and interviews welcoming it given its use in the education of other healthcare professions. Others, however, were critical, explaining that Miller's Pyramid was difficult to use to show evidence of and measure competency.	to assess competence in clinical/ healthcare disciplines and its use by other healthcare regulators has led to its retention as an organising principle for defining level in relation to provider's measurement of students' achievement of the outcomes.
P5 Para 5	Despite the criticisms of the document, there were a few focus group and interview participants who welcomed the broad outcomes, praising the move from a restrictive and prescriptive framework to a more outcomes-based approach, which suited the current scope of practice and was fit for the future	We note the more positive response to a high-level outcomes-orientated approach, moving away from the current prescriptive competency-based method for setting requirements for GOC qualification approval. An outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant is a model used frequently by other healthcare regulators and one that is widely understood within higher education. It moves away from our current prescriptive list of competences and patient episodes, grounded as they are in what can be observed and in technical proficiency. Our proposed outcomes-based approach focuses more on professional capability, a combination of critical thinking, clinical-reasoning and decision-making in the formation of professional healthcare practitioners who can take responsibility for their decisions and actions and respond to changing patent and service-user needs, key to engaging in up-to-date, effective and research-informed clinical practice.
P5 Para 5	A few also found it clearly set out and aligned with the GOC's 'Standards of Practice', which was helpful and relevant. Inclusions such as 'Lifelong Learning' and 'Leadership and Management' were particularly welcomed, and some felt the outcomes-based approach would bring the education and training of optical professionals more in line with that of other healthcare professions	A recommendation from our 2017-18 'concepts and principles' consultation was to link the outcomes (called 'Learning Outcomes' in the 'concepts and principles' consultation with our Standards for Registrants. Each category within the Outcomes for Registration now begins with a short statement which links the outcomes in each category to the relevant Standard.
P5 Para 5	Some thought the outcomes should place even greater focus on soft skills, such as professionalism, communication and multi-disciplinary working, which were seen as key areas in registrants' current scope of practice.	Softer skills have been emphasized throughout the document, and in particular in category two, 'Communication Skills,' where in outcome in O2.1 students are required to conduct communications in a sensitive and supportive manner' and to 'adapt their communication approach and style to meet the needs of patients, carers health and care colleagues and the public.' In addition, outcome O2.3 requires students to 'communicates effectively within a multi-disciplinary healthcare team and works collaboratively for the benefit of the patient' and later in the outcomes, in category six, which requires students to 'work collaboratively within healthcare teams, exercising skills and behaviours of clinical leadership and effective team-working and management in line with their role and scope of practice.'

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P5 Para 6	The largest proportion of consultation survey respondents thought that the introduction of the 'Standards for Approved Qualifications' document would have a negative impact on the expected knowledge, skills and behaviour of future optometrists and dispensing opticians (46%). Three in ten (30%) thought the impact would be positive. Again, 12% thought it would have no impact.	Council on 11th November 2020 considered Enventure's consultation report and noted that the EAGs for optometry and dispensing optics are continuing to review the Standards for Approved Qualifications in light of the detailed commentary received as part of the consultation from individuals and organisations. Council also requested that the EAGs consider as they fine-tune the Standards for Approved Qualifications the recommendations arising from the equality impact assessment, RQF levels research and financial impact assessment. Standard three within the Standards for Approved Qualifications incorporates the 'common assessment framework' and includes requirements for the quality control of the measurement (assessment) of students' achievement of the outcomes. For example.as a result of feedback from the OSC and one unnamed provider we adjusted the requirements of S3.8 regarding assessment design to ensure that assessments 'appropriately balance' validity, reliability, robustness, fairness and transparency and ensure equity of treatment for students, reflect best practice and be routinely monitored, developed and quality-controlled. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning. In addition, the requirement in Standard Four for (S4.8) policies and systems for the selection, appointment, support and training of External Examiner(s) and/or Internal and External Moderator(s)/ Verifiers and for feedback on action to External Examiners and/or Internal and External Moderators/ Verifiers is an important safeguard for ensuring consistency of assessment decisions, as is the requirement in Standard three (S3.7) that lowest pass criteria must be set at using an appropriate and tested standard-setting process (such as Angoff) which we would expect External Examiners and/or Internal and External Moderators have a role in oversight and quality control.
P6 Para 1	Over half of consultation survey respondents (53%) thought there was something missing or that needed changing in the 'Standards for Approved Qualifications' document. Of these, 25% felt the document lacked detail, was too vague or open to too much interpretation. A further 24% cited the need for a common framework, common final assessment or independent examiner to ensure consistency.	
P6 Para 1	One in five (20%) cited concerns about resources and funding for the changes or the financial impact the changes would have and 19% felt it would lead to inconsistent and varying standards, which would impact patient care. These concerns were echoed by focus group and interview participants.	Council on 11th November 2020 considered the financial impacts of the proposal to integrate patient-facing clinical experience within the approved qualification and the enhanced clinical content within the outcomes. It also noted the report commissioned from Hugh Jones Consulting which highlighted the following: - continued payment of the pre-registration supervisors' grants to optical practices and potentially, PCSE (and equivalent) qualifying criteria could include the listing of further GOC approved qualifications; - tuition fee and loan support from OfS (and equivalent) at full rate (up to £9250pa in England rather than at the lower 'sandwich year' tuition fee (other maximum limits apply in each devolved administration);

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		- there is no technical or regulatory bar for students in receipt of tuition fee and loan support to also receive a salary from optical practices (if offered). The report also highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs. We propose to keep the financial impact assessment under review during the implementation period and will support the sector as appropriate as it makes the case for additional funding.
P6 Para 2	In the focus groups and interviews, there was some praise for the 'Standards for Approved Qualifications' document, with some participants saying it was clearly and logically set out, which they found helpful. However, as also seen in the consultation survey results, some participants felt that the document lacked detail, clarity and was vague in places. For them, the document was too open to interpretation and, without a numerical based framework, it could lead to inconsistencies in courses and programmes, which could affect standards of education and, ultimately, the competency of newly qualified registrants.	An outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant by necessity moves away from specifying numerical inputs of patient episodes. As explained above in our response to page 5 para 5, an outcomes-orientated approach moves away from measuring technical proficiency through time spent undertaking a set number of tasks and focuses instead on the development of professional capability (critical thinking, clinical-reasoning and decision-making) and preparedness for taking responsibility for decisions and actions. Standard 5, which includes requirements around resourcing, is supported by a footnote requiring providers to benchmark their staff student ratio (SSR) to comparable providers alongside student and stakeholder feedback to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification. We will use Annual Monitoring to review if this is a sufficient safeguard for providers in securing an appropriate level of resource to meet the Standards.
P6 Para 2	It was also questioned why the standards were proposed to be the same for optometrists and dispensing opticians, given the differences in their training, qualifications, course lengths and their responsibilities in practice.	The Standards for Approved Qualifications describe the requirements for the approval of qualifications for both optometrists and dispensing opticians, and the EAGs, in drafting the standards, agreed that for consistency and parity between professions the same set of standards, which can apply to qualifications at RQF different levels, should apply to approved qualifications in both dispensing optics and optometry. However, within the Clinical Practice category of the Outcomes for Registration particular attention has been paid to the development of separate profession-specific outcomes and indictors.
P6 Para 3	Almost six in ten (58%) survey respondents thought the proposal to integrate what is known as preregistration training within an approved qualification would have a negative impact, much higher than the 25% who thought it would have a positive impact. When asked to explain their	At present candidates acquire two GOC-approved qualifications on their route to registration, either simultaneously or sequentially, which together lead to admission to the register. The 2018 'Concepts and principles' consultation and 2018-19 'Consultation on ESR Education Standards and Learning Outcomes' included the proposal that candidates on their route to GOC registration need

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	answer, the most common response was that the changes were unnecessary and that there were no issues with the current system, which they viewed as robust (19%). A further 16% expressed concerns about providers' resources and funding, and the financial impact the proposed change would have for providers and students.	acquire only one GOC approved qualification and that the requirements for this qualification's approval include the necessary knowledge skills and behaviours for a 'safe beginner' at the point of registration, including a requirement for earlier patient-facing clinical experience; a proposal which is more in line with other healthcare regulators and reduces risk inherent in the dual qualification route to registration. The integration of clinical experience and theoretical knowledge in one GOC approved qualification will result in increased levels of confidence and capability in new registrants by enabling students to put into practice concepts learnt in theory resulting in better preparedness for clinical decision-making, an enhanced ability for evidence-based responses to uncertain or different situations and to provide care for a diverse range of patients with different eye health needs. Financial impacts are explored in our response to page 6 para 1, above.
P6 Para 4 Bullet point 1	There may be significant variation in the quality of placements and levels of supervision, which could disadvantage some students	Standard 4 (4.3, 4.6 & 4.7) includes requirements for the quality control of students' learning and experience in practice, their supervision (4.9 & 4.10), appropriate management of commercial conflicts of interest (4.13) and mechanisms for providing feedback and raising concerns (4.11). In addition, Standard 3 (S3.16 & S3.17) includes a requirement that the selection of outcomes taught and assessed during learning and experience in practice must be informed by feedback from a stakeholders, such as patients, students, employers, placement providers and members of the eye-care team and that outcomes delivered and assessed during learning and experience in practice must be clearly identified within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.
P6 Para 4 Bullet point 2	There might not be enough high quality placements available to students within their local area and if some students had to travel further afield, this might disadvantage those with family or caring responsibilities, and it could lead to increased costs for students in relation to travel and accommodation.	Criterion S3.15 requires providers of approved qualifications to integrate at least 1600 hours/ 48 weeks of patient-facing learning and experience in practice in one or more periods of time and one or more settings of practice. Providers might decide that these periods of patient-facing learning and experience in practice resemble more traditional 'placements' or be more innovative in their provision, responding to local service-delivery requirements and/or longer-tern capacity building need. Howsoever organized, in making a decision as to how to design qualifications to meet criterion S3.15 providers must involve and their decisions must be informed by feedback from a range of stakeholders including current and past students and employers/placement providers, and the expectation is that as part of this consultative process, issues of geography, accessibility and cost will be key considerations.

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		The GOC externally commissioned Equality, Diversity and Inclusion (EDI) impact assessment of the ESR proposals made several recommendations to support the GOC in the development of its proposals stemming from the ESR, and in embedding EDI in the implementation of the ESR. All the report's recommendations have been incorporated into final drafts. Two key recommendations were to amend Standard 5.5 to include wellbeing (effective support for students) and within the Outcomes for Registration, to enhance providers' understanding of protected group demographics within population data. As a consequence, although not directly connected to this consultation feedback, we also reviewed our wording around disability in our Registrant Equality Questionnaire. To see the full recommendations from the EDI impact assessment please visit our website or request a copy via our communications team.
P6 Para 4 Bullet point 3	Students might not be paid for placements (as they currently are during pre-registration training), which would affect them financially, potentially increasing their student debt and creating a barrier to students from economically disadvantaged backgrounds enrolling on optical courses and programmes	Whilst there is no technical or regulatory bar to prevent students in receipt of a Student Loan to also receive a salary, or eligible optical practices continued payment of pre-registration supervisors' grants to optical practices, we note stakeholders' concerns that clinical experience gained earlier in an approved qualification or whilst learning in practice may not make a sufficient contribution to service delivery benefit to merit payment of a salary.
P6 Para 4 Bullet point 4	Managing and validating placements can be onerous for providers and they would be required to find more funding and resources to manage the changes to what is known as pre-registration training, particularly when resources are stretched due to the COVID-19 pandemic, which could make some courses and programmes financially unviable.	Providers, in making a decision as to how to design qualifications to meet criterion S3.15 (the integration of at least 1600 hours/ 48 weeks of patient-facing learning and experience in practice) will need to take into account available resource; a combination of student tuition fees, funding body grants and for eligible optical practices, continued payment of pre-registration supervisors' grants. In addition, Hugh Jones Consulting report examined the financial impact of placement management. This report highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs
P6 Para 4 Bullet point 5	Students' choice of where their placements are located may be taken away, which could be a barrier to them choosing a placement related to a selected speciality.	When deciding how to design a qualification to meet criterion S3.15 providers must involve a range of stakeholders including current and past students, employers/placement providers and national commissioners, and the expectation is that as part of this consultative process, issues of student choice, specialist placement opportunities, accessibility and cost will be key considerations.
P7 Para 1 (Standard 1)	Two thirds of survey respondents (67%) said they agreed with the GOC's proposal to include the 'Standards for	Noted. S1.1 now reads 'There must be policies and systems in place to ensure students understand and adhere to GOC's Standards for Optical Students and understand GOC's Standards of Practice.'

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	Optical Students' and 'Standards of Practice in criterion S1.1, and 29% disagreed.	
P7 Para 1 (Standard 1)	In relation to criterion S1.2, almost half (47%) thought the criteria and guidance in Annex A would have a positive impact on students' continuing fitness to train, whilst 26% thought the impact would be negative. When asked to explain their answer, 38% said they agreed with the standard or the criteria and that it would have a positive impact and improve standards through clearer guidance and monitoring. However, 26% felt the standard and the guidance lacked detail and that more clarity was required.	Positive support for the impact of Annex A for students and providers is noted. Annex A has been further revised in response to stakeholder feedback to ensure we are clear in our guidance to providers as to when to notify an FtT issue to GOC, and provider more details about our expectations for the independence of a provider's investigation process.
P7 Para 2 (Standard 1)	In regard to criterion S1.4, there was an almost equal split in the consultation survey between those who felt the impact of the criterion on providers and students would be positive (42%) and those who felt there would be no impact (43%). Only 6% felt the impact would be negative. When asked to explain their response, 46% said that there would be no impact or no barriers to implementation, as students are already reminded to register regularly. A further third (32%) expressed their belief that it was positive that students were registered with the GOC.	Response noted. This criterion (S1.4) remains unchanged.
P7 Para 3 (Standard 1)	When asked to look at standard 1 and the supporting criteria, a larger proportion of consultation survey respondents considered them to be clear and proportionate (49%) when compared to those who did not (37%).	Response noted.
P7 Para 4 (Standard 2)	When asked to consider criterion S2.1 regarding the English language requirement for overseas students, survey respondents were asked what potential improvements or barriers it could create for providers and students. Half (50%) felt there were no barriers, agreed with the criterion or felt it was an overall improvement. A further 32% said the requirement was essential, given the importance of communication with the public, and 29% felt there would be little or no impact as the requirement was already in place for most providers and students.	Response noted. This criterion (S2.1) remains unchanged.

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P7 Para 5 (Standard 2)	When asked if the GOC's expectations were clear and proportionate in regard to the proposed standard 2 and the supporting criteria, over half (55%) thought they were.	Response noted.
P7 Para 6 (Standard 3)	Survey respondents were asked to consider what impact criterion S3.11 will have on providers and students. Six in ten (59%) thought the impact would be positive compared with 10% who said the impact would be negative. A further 14% thought it would have no impact and 16% did not know. When asked to explain their response, 36% said it would have a positive impact or that they agreed with the criterion. A further 32% felt the criterion could result in higher standards in the profession and 22% thought it would have no impact.	Response noted. This criterion (S3.11, now S312) remains unchanged, although with the additional incorporation of the recommendation from the RQF levels research as follows, *'Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.'* This should help reassure stakeholders and registrants of minimum academic level of GOC approved qualifications.
P7 Para 7 (Standard 3)	When asked to consider the impact of criterion S3.18, over half of survey respondents (52%) thought the criterion would have a positive impact on providers and students, compared with 14% who felt the impact would be negative. A quarter (26%) thought it would have no impact. Respondents were asked to explain their answer and the most common response was an agreement with the criterion or that it would have a positive response (48%). However, 38% felt the criterion would have no impact as providers already take equality and diversity data into account when designing curriculums and courses and assessing qualifications.	Response noted. This criterion (S3.18, now S3.20) remains unchanged.
P8 Para 1 (Standard 3)	Consultation survey respondents were asked to consider the criteria which support standard 3 and what impact they would have on the measurement of students' achievement of the outcomes leading to the award of the approved qualification for providers. A larger proportion thought the criteria would have a positive impact (43%) than that which thought it would have a negative impact (26%). However, a quarter (23%) said they did not know what the impact would be. When asked to explain their answer, 31% felt the	As explained above in our response to page 5 para 5, an outcomes-orientated approach moves away from measuring technical proficiency through time spent undertaking a set number of tasks and focuses instead on the development of professional capability (critical thinking, clinical-reasoning and decision-making) and preparedness for taking responsibility for decisions and actions. An outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant by necessity moves away from specifying numerical inputs of patient episodes and assessment tasks. Standard 3, which includes requirements for assessment of the outcomes, combined with Standard 4, which includes requirements for the quality control of assessments, together support this outcomes-orientated approach, requiring providers of approved

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	standard and the criteria lacked detail, which meant they were vague, required more clarity and were open to interpretation. However, a further 29% said they thought the standard and the criteria would have a positive impact, or they agreed with them.	qualifications to maintain the currency of curriculum and assessment through the involvement of a range of stakeholders including patients, professional bodies, students, employers/placement providers and national commissioners. We will use Annual Monitoring and Periodic Review to review if this is a sufficient safeguard for measurement (assessment) of students' achievement of the outcomes.
P8 Para 2 (Standard 3)	As also suggested by survey respondents, some focus group and interview participants felt that a common final assessment should be maintained to ensure consistency of standards and competency amongst newly qualified registrants. It was felt that this would ease concerns raised about the variations in standards that could arise if there are multiple awarding bodies.	Standard three within the Standards for Approved Qualifications incorporates the 'common assessment framework' and includes requirements for the quality control of the measurement (assessment) of students' achievement of the outcomes. A common assessment framework which sat alongside the outcomes and standards, if one was to be developed, might not give the assurance respondents might expect from such a framework of the validity, reliability, currency and authenticity of provider's measurement of a student's achievement of the outcomes. In addition, calls for a common final assessment or assessment framework are frequently confused with the concept of a national examination, or a mis-understanding that the College's Scheme of Registration or ABDO's exams are a form of a national examination. In response to concerns about academic standards, a key improvement in the Standards for Approved Qualifications when compared to the current Quality Assurance Handbooks is the requirements of S3.11(now S312) which incorporates the recommendation from the RQF levels research as follows, 'Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.' This should help reassure stakeholders and registrants of minimum academic level of GOC approved qualifications.
P8 Para 3 (Standard 4)	When asked about the impact they thought standard 4 and its criteria would have on providers and students, a slightly larger proportion in the survey felt the impact would be negative (38%) than felt it would be positive (36%). A further 12% felt there would be no impact. When asked to explain their answer, 29% felt there would be a negative impact or disagreed with the standard and the criteria overall. A further 22% raised the concern that any organisation could become a Single Point of Accountability (SPA) or partner with providers and worried about the involvement of large multiples in the education and training of optical professionals.	Standard 4 requires that an approved qualification must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes that show who is responsible for what at each stage. An aspect of this standard raised in consultation is the potential negative impact of commercial influence in qualification design, assessment or management of learning and experience in practice. In response to stakeholder feedback, we have further revised S4.9 to ensure there must be policies and systems in place to ensure the supervision of students during periods of learning and experience in practice safeguards patients and service users and is not adversely affected by commercial pressures. In addition, criterion S4.13 (provider's risk identification and management) has been strengthened to include 'appropriate management of commercial conflicts of interest.'

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P8 Para 4 (Standard 4)	There was some confusion amongst focus group and interview participants about who the term Single Point of Accountability (SPA) referred to, where the concept had come from as it had not been raised in previous consultations, and whether the change was necessary. They suggested that more clarity was needed in regard to SPAs and felt the GOC should provide more evidence why the change was necessary. Finances and resources of providers were highlighted as barriers, with some suggesting that providers may need to partner with another organisation such as the College of Optometrists or ABDO, or even with another provider for accreditation, which may be impractical given the competition that exists between providers. It was also suggested that large multiples might set themselves as SPAs or providers, which could lead to them providing or accrediting courses and programmes which place more emphasis on commercial aspects of roles than on patient care, which could affect the quality of care for the public.	In response to stakeholder feedback, we have reverted to using our existing term 'provider' to describe the awarding body/ academic organisation responsible for the award of the approved qualification (in simple terms, the organisation whose name/logo appears on the candidate's approved qualification certificate.) Providers may choose to enter into partnerships if they wish, and we have revised the drafting of S4.4 and S4.6 to clarify the difference between a provider's ownership (which may be a consortium of organisations or some other combination of separately constituted bodies) and agreements which sit below provider level between the different organisations/ people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice, which must be supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet the standards. Stakeholders who have expressed concern that a large multiple might apply for qualification approval may like to note criterion S4.1 which requires not only that a provider of an approved qualification be legally incorporated, it must also have the authority and capability to award the approved qualification, which, in accordance with S3.12 must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies, or be a qualification regulated by Qfqual, SQA or Qualifications Wales. In addition, we have also said that an approved qualification in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11 and in dispensing optics (ophthalmic dispensing) at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10. For a large commercial body to meet these criteria it will need to either hold degree awarding powers or apply and meet Qfqual, SQA or Qualifications Wales requirements to become an awarding organisation (AO), both of which are extremely rigorous procedures, involving significant cost and effort.
P8 Para 5 (Standard 5)	Survey respondents were asked to consider the criteria that support standard 5. A larger proportion thought the criteria would have a negative impact (44%) when compared with those who thought the impact would be positive (36%). When asked to explain their survey response, 32% felt the standard and criteria lacked necessary detail and clarity, were too vague and open to interpretation or required more guidance. The same proportion (32%) felt that the numerical resourcing requirements were important to maintain standards and	As explained above in our response to page 5 para 5, an outcomes-orientated approach moves away from assessing quality through measuring inputs and numerical requirements for resource and focuses instead on the provider's ability to prepare students to meet the Outcomes for Registration, and measure their attainment, with providers' taking responsibility for decisions and actions. An outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant by necessity moves away from specifying numerical inputs of patient episodes, assessment tasks and specific resource, giving provider's scope to tailor their resource allocation to meet their strategic intent .

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	felt the current system, or this aspect of it, should be retained.	The Outcomes for Registration are a clear statement of the knowledge, skills and behaviours the GOC expects from new registrants on day one, aligned as they are with our Standards of Practice for Optometrists and Dispensing Opticians. This is a significant step forward in modernizing our requirements from the current-input based approach, allowing qualifications providers more flexibility in how to structure their programmes and be responsive to student, employer ad regional/ national workforce needs. Further detail is provided in the indicators to accompany the clinical practice outcomes and an indicative document is being commissioned to provide more guidance. Standard 5 includes requirements for physical and staff resource, as well the requirement that the provider must be able to evidence robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resource to deliver the outcomes, including human and physical resources that are fit for purpose, clearly integrated into strategic and business plans. In addition, Standard 5 requires that evaluations of resources and capacity must be evidenced, and recommendations considered and implemented. The standard is supported by a footnote requiring providers to benchmark their SSR to comparable providers alongside student and stakeholder feedback to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification. We will use Annual Monitoring to review if this is a sufficient safeguard for providers in securing an appropriate level of resource to meet the Standards.
P8-9 Para 6 & Para 1 (QA&E Method)	Four in ten survey respondents (40%) thought the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews would have a positive impact for providers and students, whilst 34% thought the impact would be negative. A further 9% thought there would be no impact and 17% did not know. When asked to explain their answer, the most common response was an overall agreement with the framework or that it would have a positive impact (28%), followed by a suggestion that it would have a negative impact on providers given the financial and administrative burden it would create (19%) and that the framework was too vague and needed more detail, clarity, further guidance or evidence (19%).	Responses noted. Whilst we are conscious of the demands that new QA&E method may make on providers, our intention is to move to a more meaningful and proportionate process that won't necessarily mean we are more demanding of our providers; more that our QAE activity will be more probing with a clear focus on issues of material relevance to the quality of student's learning experience and achievement of the outcomes, Our intention is that the combination of QA&E activities will allow a fuller evaluation of the decisions a provider makes in qualification design, (including responsiveness to stakeholder feedback and to changing service-user needs), drawing out innovation and good practice as well as identifying providers who are lagging behind and contextualising provision within wider cross-disciplinary trends which can then have value in its own right, and be seen as more than a data collection method that simply has to be complied with to maintain approval status.

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P9 Para 2 (Timescale)	In regard to the proposed timescale, half of survey respondents (51%) thought it would have a negative impact on providers' ability to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes and standards. In comparison, only 20% felt the impact would be positive. A quarter (23%) said they did not know. When asked to explain their response to the question, over half (55%) felt the timescale was too short and unrealistic as it takes time for providers to develop, adapt and implement courses. A further 28% felt the timescale was inappropriate given the COVID-19 pandemic and the impact it has had on providers, and 28% also highlighted there was insufficient detail or evidence provided for them to make an informed decision about the impact of the proposed timescale.	We have adjusted our approach, as described in section four of the QA&E Method Statement 'Arrangements for current (pre-2021) providers of approved and provisionally qualifications.' We have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications. We anticipate most providers will work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year (giving an adaptation period of at least 30 months) and have agreed that some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the College of Optometrists and ABDO Exams to ensure that for students who graduate from qualifications approved before 2021, their route to GOC registration is maintained.
P9 Para 4 (Handbooks)	A slightly larger proportion of consultation survey respondents agreed with the proposal to replace the Quality Assurance Handbook for optometry and related policies with the new documents (33%) than disagreed (29%). One in five (21%) neither agreed nor disagreed and 17% said they did not know. When asked to explain their answer, the most common response was that a lack of guidance, financial assessment or evidence meant that they did not know if they agreed (29%). A further 24% said they agreed overall with the proposal.	We note that slightly more respondents agreed with the proposal to replace the Quality Assurance Handbook for optometry and related policies with the new proposals. It is proposed that, subject to a decision by Council in February 2021, during the transitional phase the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the list of required core-competences, the numerical requirements for students' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning will apply to all existing (pre 2021) GOC approved and provisionally approved qualifications during the teach out or migration phase. The expectation is that students on existing approved qualifications should benefit from new teaching, assessment, interprofessional learning (IPL), work-based learning (WBL), experiential learning and placement opportunities if it is feasible to do so. For qualifications not currently approved by us, we will consider applications for qualification approval in accordance with the new outcomes, standards and QA&E Method from 1st March 2021.
P9 Para 5 (Handbooks)	When asked if they agreed with the proposal to replace the Quality Assurance Handbook for dispensing opticians and related policies with the three new documents, 31% of survey respondents agreed and 23% disagreed. A further 21% neither agreed nor disagreed and 24% said they did not know. When asked to explain their response, again one of the most	Please see response above.

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	common responses was that that a lack of guidance, financial assessment or evidence meant that they could not confidently answer if they agreed or disagreed (22%). The same proportion (22%) said they supported the new documents or agreed with the proposal overall.	
P10 Para 2 (Impact)	Amongst focus group and interview participants, some concerns were raised in relation to the changes to what is known as pre-registration training. It was suggested that the proposed changes favoured those who were studying full-time away at university and may discriminate against those studying part-time due to their family or financial situation.	When deciding how to design a qualification to meet criterion S3.15 (integration of learning and experience) providers must involve a range of stakeholders including current and past students, employers/placement providers and national commissioners, and the expectation is that as part of this consultative process, issues of student choice, accessibility, cost and parity between learning modes cost will be key considerations. In addition, criterion S2.4 requires providers to provide applicants with accurate information about the qualification including any additional costs and the curriculum and assessment approach, which will include information on placement opportunities. This information will assist students in making an informed choice. Moreover, implicit in the requirement in S3.12 that a GOC approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies or be a qualification regulated by Qfqual, SQA or Qualifications Wales is the assumption providers will be either an academic body or an AO. Disadvantaged students should therefore be able to access additional institutional widening participation and accessibility support.
P10 Para 5 (Impact)	These concerns were echoed in the focus groups and interviews. It was highlighted that the changes to what is known as pre-registration training may discriminate against students from disadvantaged economic backgrounds who might not be able to afford travel and accommodation for placements outside of their locality. It was also suggested that those with family or carer responsibilities would also be disadvantaged if they were not able to attend placements outside of their locality.	
P10 Para 5 (Impact)	The potential negative impact of the proposals on providers of approved qualifications was also raised in the focus groups and interviews, given the finances and resources they will need to implement 'new' and 'adapted' courses to meet the new requirements, as well as the additional resources they would require to keep up with the approval, monitoring and reporting processes. It was also suggested by provider participants that a move from a three year course to a four year course for optometry may also affect their ability to recruit students and that, coupled with the financial implications of the proposed changes, might lead to some providers withdrawing courses which could lead to regional shortages of optometrists, affecting patient care	Unlike other professions, there is no statutory or regulatory requirement which specifies either a minimum or maximum length of education or training for a dispensing optician or an optometrist. Our proposals do not specify the duration of study other than the requirement that qualifications we approve must integrate 48 weeks/ 1600 hours of learning and experience in practice and a be at a minimum RQF level. Providers, in close consultation with their stakeholders, must decide when designing their qualifications its duration, number of academic years and learning mode (full time, part time, distance learning, etc.) in conjunction with its admissions policy (graduate entry, for example.) We have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) and have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications. We anticipate most providers will work towards admitting

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		students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year (giving an adaptation period of at least 30 months) and have agreed that some providers, particularly those who need more time to adapt, may, in consultation with the GOC, agree a later start date. This will ensure workforce supply is maintained and patient safety is not compromised.
P10 Para 6 (Impact)	Concerns about the impact of the proposals on the quality of education were also raised in the focus groups and interviews, given the number of routes to qualification that could be created and the difficulties that would arise in relation to quality assurance, which could lead to variations in standards amongst newly qualified registrants. There was also a perception held by some participants that the changes were designed to enable increased numbers of students to complete their optical education via a degree apprenticeship route, which they felt could flood the market with optometrists, potentially leading to reduced salaries and also a lower quality of optical education, which would have a detrimental effect for patients and the public.	Our intention in commissioning the co-produced sector-led indicative document is that it should provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures. In addition, as described above in our response to issues raised on page 9, paragraph 2 above, we have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications. We anticipate most providers will work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year (giving an adaptation period of at least 30 months) and have agreed that some providers may, in consultation with the GOC, agree a later start date. A later start date will help support more vulnerable providers to adapt to the new outcomes and standards, and further reduce the risk of provider failure, or withdrawal and potential regional workforce supply issues. In relation to concerns regarding a potential degree apprenticeship, our legislation is clear. Whilst we cannot refuse to consider an application for qualification approval, only qualifications which meet our requirements (the proposed outcomes and standards) can be approved, hence the urgent need to replace our rapidly aging quality assurance handbooks to ensure that any new qualifications, apprenticeships or otherwise are assessed against exacting standards and deliver the right outcomes.
P11 Para 1 (Impact)	Despite the concerns raised, there were some that felt the proposed changes had the potential to increase the standard of education and thus benefit patients and the public, if details in the documents were elaborated upon. These participants praised the flexibility of the documents, which they felt would allow for changes and updates to be easily made to reflect changes in	Responses noted. A key aspect of our outcomes-orientated approach is the requirement that providers of approved qualifications maintain the currency of curriculum and assessment through close consultation with, and the involvement of, a range of stakeholders including patients, commissioners, professional bodies, students, employers/placement providers and national commissioners. An outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant moves away from our current approach of

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	practice, developments in technology and changes in the NHS. Not all participants felt that the proposals would have any impact, particularly registrants. A few stated that after having read the documents, they could not see what the main changes were, what the impact of them might be or that the documents were similar in nature to the Quality Assurance Handbooks.	specifying detailed competences, numerical inputs of patient episodes and assessment tasks which prioritize measuring technical proficiency. Instead, providers will be expected to design qualifications that focuses on the development of professional capability (critical thinking, clinical-reasoning and decision-making) and preparedness for a life-long commitment to professional development, meeting patient and service-user needs, for taking responsibility for safe and effective decisions and actions. We also understand that from a lay or patient perspective our requirements for qualification approval use a language and a structure which, while readily comprehended by colleagues in higher education and within the field of statutory regulation, they not as straightforward or easily understandable for a patient-facing audience.

Education and training requirements for GOC approved qualifications
GOC response to Enventure Research consultation report (October 2020)
Part 2 Enventure consultation report commentary – Annex E Supplementary Free text responses

Ref	Enventure consultation report Annex E – *Supplementary Free text responses*	GOC Response
ABDO (p298) – Outcomes	We agree with the GOC on the need to update the competencies which students must acquire in order to encourage innovation and the development of extended scopes of practice. However, we do not support the proposal to replace the current competencies with the draft outcomes for registration.	As a result of feedback received from consultation the Expert Advisory Groups (EAGs) for optometry and dispensing optics have been tasked with further developing the Outcomes for Registration, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will also provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval. We note ABDO's concern that the shift to a high-level outcomes-orientated approach, moving away from the current prescriptive competency-based method for setting requirements for GOC qualification approval, risks lowering standards. An outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant is a model used frequently by other healthcare regulators and one that is widely understood within higher education. It moves away from our current prescriptive list of competences and patient episodes, grounded as they are in what can be observed and in the measurement of technical proficiency and instead focuses more on the development of professional capability, melding critical thinking, clinical-reasoning and decision-making in the formation of professional healthcare practitioners who can take responsibility for their decisions and actions and respond to changing patent and service-user needs, key to engaging in up-to-date, effective and research-informed clinical practice. In addition, Standard 4 requires that an approved qualification must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes that show who is responsible for what at each stage, including quality controls for assessment to mitigate against the risk of inconsistent standards in
ABDO (p298) - Outcomes	We note that the proposed outcomes for registration purport to describe the knowledge, skills and behaviours that a dispensing optician or optometrist must have at the point when they qualify and join the GOC register ("day one of professional practice"). However, the proposed outcomes do not, in fact, describe with any precision the knowledge, skills and behaviours that a dispensing optician or optometrist must have at this point. This would create wide room for interpretation and inevitably, the risk of lower standards.	

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		assessment decisions through the use pf tried and tested standard setting approaches (such as Angoff).
ABDO - Outcomes (p298)	We welcome the broader focus in the new outcomes for registration on the knowledge, skills and behaviours that will be required of dispensing opticians and optometrists as healthcare professionals, including 'personcentred care', 'communication', 'lifelong learning' and 'leadership and management'. The proposed outcomes do not make clear, however, what clinical knowledge and skills will be required of dispensing opticians and optometrists in the future. Neither do they differentiate between the two different professions.	We are grateful for ABDO's support for the breadth of skill required of dispensing opticians of the future, and we acknowledge that the outcomes and indictors within the Clinical Practice category of the Outcomes for Registration require further development of separate profession-specific outcomes. As a result of this feedback, and other received from consultation, the EAGs for optometry and dispensing optics have been tasked with developing the Outcomes for Registration further, paying particular attention to the development outcomes and indictors within the Clinical Practice category to provide greater profession-specific level of detail.
ABDO - Outcomes (p298)	Of the seven areas covered by the draft outcomes for registration, six are generic and could apply to any healthcare professional. The remaining area – outcome six – is 'clinical practice'. This is very "high-level", with the same three outcomes applying equally to dispensing opticians and optometrists.	
ABDO - Outcomes (p298)	Such scant detail about the requisite clinical skills and knowledge would give qualification providers an unduly wide discretion as to what to teach students and to what level. A marked inconsistency in the standards of newly qualified students from different education providers would not just be a possibility, therefore, but a likelihood. The result would be variation in standards of care to patients. The proposed outcomes are not "fit-for-purpose". They would lead to inconsistent and lower standards of education. The risk of lower and inconsistent standards is compounded by the fact that under the proposed new system, there would potentially be multiple qualification providers and no common approach to assessment.	As described above, the EAGs for optometry and dispensing optics have been tasked with developing the Outcomes for Registration further, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. Within the Standards for Approved Qualifications Standards 3 and 4 set out requirements for assessment and its quality control, including a minimum RQF level for qualifications we approve, and a requirement (S3.7) that providers, in the design of their assessment strategy identify and use an appropriate and tested standard-setting process to ensure accurate and consistent measurement of student's achievement of the outcomes at the right level (Miller's pyramid).
ABDO - Outcomes (p299)	Further downward pressure on standards would result from the financial pressures faced by education providers, with these pressures being enhanced by the fact that there is no prospect of additional funding to implement the GOC's planned changes. Education providers also face commercial pressure to deliver results in order to be well–placed in a competitive market. Therefore, the potential removal of an external assessment structure would increase	As explained above in our response to page 5 para 5, an outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant by necessity moves away from measuring technical proficiency through time spent undertaking a set number of tasks and assessment items and focuses instead on the development of professional capability (critical thinking, clinical-reasoning and decision-making), preparedness for taking responsibility for decisions and actions and the provider's ability to prepare students

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	the pressure on providers to achieve results, at the expense of proficiency.	to meet the Outcomes for Registration, thereby giving provider's scope to tailor their resource allocation to meet their strategic intent. Within the Standards for Approved Qualifications Standards 3 and 4 set out requirements for assessment and its quality control, including a minimum RQF level for qualifications we approve, and a requirement (S3.7) that providers, in the design of their assessment strategy identify and use an appropriate and tested standard-setting process to ensure accurate and consistent measurement of student's achievement of the outcomes at the right level (Miller's pyramid).
ABDO - Outcomes (p299)	A related concern is that having a single set of 'high level' outcomes for dispensing opticians and optometrists would potentially mean that it would be possible to have only one apprenticeship standard for the optical sector. This would limit the ability of employers to access funding for education and reduce the choice of learning pathways for all students in the sector. The GOC needs to address, therefore, the lack of detail about the required clinical knowledge and skills. It could do so by adding more detail to the proposed outcomes or ensuring that there are additional standards of proficiency which approved providers must ensure students can meet, or both.	As described above, the EAGs for optometry and dispensing optics have been tasked with developing the Outcomes for Registration further, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. In addition, our EAGs for dispensing optics include two members of ABDO staff, and ABDO members/ examiners who have had have extensive opportunities to make detailed and substantive contributions to the drafting of the proposed Outcomes for Registration and Standards for Approved Qualifications. ABDO has also had sight of and has been asked to informally comment upon early drafts of the proposed Outcomes for Registration and Standards for Approved Qualifications and ABDO's comments/ drafting suggestions have been discussed at either the EAGs or in sub-groups of the EAGs. The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will also provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval. We have stated in the introduction to the Outcomes for Registration providers will be asked to 'map or explain' their adherence to the indictive document (or syllabus) as part of their submission for periodic review in the QAE method.
ABDO - Outcomes (p300)	We would be happy to work with education providers, employers, fellow professional bodies and the GOC to define the "standards of proficiency" that would be required of dispensing opticians in order to practise safely and effectively on qualifying and joining the GOC register. Requiring approved providers to ensure that students achieve these "standards of proficiency", would then help to promote consistent standards of entry to the profession and protect patients and the wider public. Providing guidance in an "indicative document" would not be sufficient.	
OASC – Outcomes (p300)	We are all in agreement that change can be good, however, not for changes sake. At the start of the ESR process we were hopeful that the GOC would build upon the role of the DO, as there is enormous scope for optometry to expand into ophthalmology and consequentially dispensing opticians would be required to	As in previous ESR consultations, there was broad agreement in this consultation that the GOC Quality Assurance handbooks, numerical competence requirements and related policies that comprise GOC's requirements for qualification approval require updating; and should be replaced by the ESR deliverables (Standards, Outcomes and Quality Assurance and Enhancement Method), subject to further development

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	expand into the roles that would then be required. None of this professional development is evident in the current ESR documents.	of the Clinical Practice category of the outcomes and fine tuning of the standards as outlined in previous section above, in order that qualifications we approve remain fit for purpose, meet future patient and service user needs and build Registrants' skill and capability for new and evolving roles. Where that increased scope necessitates a change of GOC policy, rules or legislation, we will undertake a separate policy or legislative change exercise, including full stakeholder consultation.
OASC – Outcomes (p300)	7 categories have been submitted for consultation, the normal assumption would be that each category would carry equal weight. However, the bulk of core undertakings for all students potentially entering the register as qualified professionals, falls under one heading only – 6. Clinical Practice. The remaining 6 categories are so vague that they could apply to any healthcare professional? This in itself does not make sense as without specific detail in such a critical area the risk of lowering standards and patient safety are huge.	As noted above, the Expert Advisory Groups (EAGs) for optometry and dispensing optics have been tasked with further developing the Outcomes for Registration, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval. Although the number of outcomes in each category varies (some categories have fewer outcomes than others), the size and number of outcomes in each category and their order is not intended to be an indication of weigh and/or volume of assessment and teaching for providers when designing qualifications.
OASC – Outcomes (p300)	It is not appropriate for trainees/ students to be role models and mentors. This is something a registrant can demonstrate once they have been registered for a few years	The dispensing optics and optometry Expert Advisory Groups carefully considered each aspect of the Outcomes for Registrants. To show how to 'evaluate, identify, and meet own learning and development needs and support the learning and development of others, including acting as a role model or mentor,' is considered an appropriate outcome. The intention is for students to role model appropriate behaviours within an optical practice, HES or other setting (for example, to receptionists, optical assistants or other healthcare practitioners) notwithstanding the role of continuous professional development (CPD) once a student has successfully registered with the GOC.
OASC – Outcomes (p300)	(Clinical Practice) should demonstrate the core requirements of a competent dispensing optician or optometrist and that which should receive the majority of teaching time.	Response noted. As a result of feedback received from consultation the Expert Advisory Groups (EAGs) for optometry and dispensing optics have been tasked with further developing the Outcomes for

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OASC – Outcomes (p301)	Clinical Practice outcomes: Clearly the role of a dispensing optician does not merely end with the dispensing of the appliance, there is no consideration of aftercare here. The list provided does not come close to the depth of clinical experience and the role these optical professionals undertake in the care of their patients.	Registration, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will also provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval.
OASC – Outcomes (p301)	What exactly is required for a student to meet the outcomes? With so much focus on the soft skills of a practitioner, it appears that the basic core requirements for a dispensing optician and an optometrist have been lost? There is no direction as to how the outcomes would be delivered or to what depth they should be taught; without a unified approach on a minimum standard for all areas, the variation in quality of graduates and the breadth of their experience prior to practising independently will be vast.	
OASC – Outcomes (p301)	Specific indicators are required as to what the detail might look like, otherwise this huge variation in standard of graduates is inevitable, all dependent on where they study and their institute's interpretation of the outcomes for registration into their course materials. A guidance document is vital to ensure that an educational establishment is meeting the requirements that the regulator demands, and without this detail how will the regulator know when the 'standards' have been met?	
OASC – Outcomes (p300)	Leadership and Management would be better placed in a CPD element for qualified professionals, it would be unrealistic to assume that 'every' graduate 'does' have the ability to lead and manage patients, caseloads, supervision of others, quality improvement and public health initiatives at the point of graduation. It is perfectly acceptable to assume they will have a working knowledge of these skills, but much of these abilities are fully developed over time with further breadth of experience.	Response noted. The EAGs for optometry and dispensing optics supported the inclusion of a "Leadership and Management" category within the Outcomes for Registration notwithstanding the role of CPD for qualified professionals and whilst abilities will be developed over time, the outcomes nevertheless reflect the expectation of a registrant's knowledge, skills and behaviours in relation to leadership within a health care setting. The EAGs also noted similar requirements in the outcomes for registration (or equivalent) for other regulated healthcare professionals.
OASC – Outcomes (p301)	'Within scope of practice' is mentioned, but where is this scope of practice defined?	The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval in respect of each optical professions' scope of practice.

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Scottish Government – Outcomes (p301)	It is not clear from the documents put forward that the optometrists and dispensing opticians undertaking this training will have the skills that are required to deliver this care safely, if at all.	As noted in the responses above, the EAGs for optometry and dispensing optics have reviewed and revised the section on clinical practice which for both optical professions now include an increased number of outcome criteria which are accompanied by detailed indicators. Further granular information will be contained in a sector-led and co-commissioned indicative document to accompany the Outcomes for Registration.
Scottish Government – Outcomes (p301)	What is "appropriate" in Scotland is almost certainly different from what is "appropriate" in other parts of the UK. For example, optometrists are required to manage non-sight threatening eye disease within community optometry practices. The expectation would be that an optometrist would not only be able to put together a management plan, but would be able to "manage" ocular disease within their level of competence.	Response noted. The GOC recognises the different approaches to optical health care across the four nations. The outcomes for registrants represent the minimum requirements for entry to the GOC register as an optical professional and may be supplemented with additional requirements in each of the four UK nations. In addition, a key aspect of our standards is the requirement that providers of approved qualifications maintain the currency and relevance of curriculum and assessment within a developed administration through close consultation with, and the involvement of, a range of stakeholders including patients, professional bodies, students, employers/placement providers and national commissioners, within the outcomes-orientated framework.
Scottish Government – Outcomes (p301)	Since 2009 the Scottish Government, through NHS Education for Scotland, has been funding the training of IP optometrists. The Scottish Government has made it clear to the GOC on numerous occasions that this qualification is becoming an essential part of the scope of practice that community and hospital optometrists are required to undertake. It is therefore very disappointing that the GOC continues to exclude this qualification from the ESR at this stage.	The GOC is currently developing new outcomes, standards and quality and enhancement provisions for GOC approved qualifications in Therapeutic Prescribing (AS, SP & IP). NES is a member of our dedicated IP Expert Advisory Group (EAG). An important part of this workstream in refreshing our requirements is integrating a wider range of clinical placements and their supervision by a designated prescribing practitioner (a DPP rather than a DMP) into the approved qualification (which we've said must be at a minimum of RQF level 7 and either an academic award or regulated qualification). The EAG is also exploring how a GOC approved qualification leading to specialty registration within the additional supply (AS), supplementary (SP) and/or independent prescriber (IP) categories could potentially be delivered alongside an GOC-approved qualification in optometry (for a separate fee), with registration as an optometrist co-terminus with specialty registration within the AS, SP and/or IP categories. This is a particularly attractive option in Scotland, and four nation optometric

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		advisors and relevant commissioning bodies (HEIW, NES, HEE and Dept of the Economy) are fully engaged in our EAG.
Scottish Government – Outcomes (p301)	That the outcomes for registration for optometrists and dispensing opticians are the same appears to be an error. Clearly the professions undertake very different roles in practice and this needs to be explicitly documented within the outcomes.	Separate indicators for the Clinical Practice section have been produced working with the EAGs for optometry dispensing optics, and separate sector-led co-produced indicative documents for the Outcomes for Registration in respect of dispensing optics and optometry is being commissioned.
Scottish Government – Outcomes (p301)	The recent experience of the COVID19 pandemic has highlighted the need for all healthcare professionals to be able to risk assess a situation within clinical practice and have the knowledge and skills to risk assess a patient's clinical condition. The risk outcome should be further strengthened to ensure that this requirement is very explicit. It is vital to ensuring patient safety.	The sector-led co-produced indicative document for the Outcomes for Registration will enable optical professions to embed each outcome criterion in a context that addresses events such as the Covid-19 pandemic. The indicative content will be reviewed on a more frequent basis than the outcomes to ensure the contextual information required for each optical profession is up to date.
NHS Education for Scotland - Outcomes (p301)	Outcome 1.8 Refers and signposts as necessary the role of local eye health and sight loss services in delivering patient care. We believe this is not wide enough in scope. Could involve national services, and more importantly with the role of optometrists currently, can involve referral and sign posting to services involving wider well-being, such as smoking cessation, holistic support or sexual health services.	Outcome 1.8 has been revised to include "local and national eye health, sight loss services and other relevant health services in delivering patient care". The sector-led co-produced indicative document will enable each optical profession to provide further information and guidance regarding the outcome criterion.
NHS Education for Scotland - Outcomes (p301)	Outcome 3.1 Evaluates, identifies, and meets own learning and development needs, and supports the learning and development of others; such as acting as a role model and mentor. This may wish to be expanded to include teacher/trainer/educator, being mindful of the growth of culture?	This suggestion was considered by the EAGs for optometry dispensing optics, who concluded that further information and guidance regarding the outcome 3.1 should be provided in the indicative document which will accompany the Outcomes for Registration.
NHS Education for Scotland - Outcomes (p301)	Outcome 3.2 Gathers, evaluates and applies effective patient and service feedback to improve their practice. We would suggest that this be edited to include feedback from peer colleagues and support staff – more aligned to the detail within S.3.4.	This suggestion was considered by the EAGs for optometry dispensing optics, who concluded that further information on how feedback from peer colleagues, support staff and others may support student's achievement of O3.2 may be provided in the indicative document which will accompany the Outcomes for Registration.
NHS Education for Scotland - Outcomes (p302)	Outcome 3.3 Applies the reflective cycle to improve quality of patient care, learning from mistakes and critically evaluating the range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis). We would propose the meaningful change to: "Applies the reflective cycle to improve quality and safety of patient care, practice performance and staff wellbeing through learning from events (e.g. incidences of good and sub-	This suggestion was considered by the EAGs for optometry dispensing optics, who revised this outcome to: "Engages in critical reflection on their own development, with a focus on learning from mistakes, using data from a range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis) and identifying and addressing their new learning needs to improve the quality and outcomes of patient care." Further information

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	optimal practice) and critically evaluating the range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis)."	to support student's achievement of O3.3 may be provided in the indicative document which will accompany the Outcomes for Registration
NHS Education for Scotland - Outcomes (p302)	Outcome 4.4 Applies the relevant national law and takes appropriate actions if consent cannot be obtained or is withdrawn. We suggest it is appropriate to please consider adding the outcome: Applies the relevant national law and takes appropriate actions to gain consent.	This suggestion was considered by the EAGs for optometry dispensing optics, who revised this outcome to: "Applies the relevant national law and takes appropriate actions i) to gain consent and ii) if consent cannot be obtained or is withdrawn."
NHS Education for Scotland - Outcomes (p302)	Under outcome section 5 'Risk' the outcomes fail to specify around the candidate's ability to assess the whole system in which the care is given and appropriately determine, detail and potentially mitigate the risks across the system as a whole. This failing may impact negatively on patient care by influence over a system weakness being neglected.	Response noted. Further specification regarding the criterions in section 5 'Risk' may be provided in the indicative document to accompany the Outcomes for Registration. This document is intended to provide further information and guidance for each outcome and can be reviewed on a more frequent basis than the Outcomes for Registration so that individual risks and their nature may be explicitly identified and addressed.
NHS Education for Scotland - Outcomes (p302)	Outcome 6.2 Engages with developments in research, including through the critical appraisal of relevant and up-to-date evidence, to inform personal clinical decision-making and to improve quality of care. Marking this outcome as it stands as achieved, fails to accept that critical analysis of research is a very involved area, requiring extensive skills and knowledge not achievable within the scope of an undergraduate optometry/dispensing optician programme. We would propose it more appropriate to curtail the reasonable expectation at this point, for example: "Engages with developments in research, demonstrating competence in the critical appraisal process of relevant and up-to-date evidence; and with acknowledgement of limitations in competence in critical appraisal, can consider when evidence can be used to inform personal clinical decision-making and to improve quality of care."	Response noted. Outcomes are qualified by the scope of practice for each optical profession and further detail may be found in the revised Clinical Practice section. The indicative document will also include further guidance and information for each criterion.
NHS Education for Scotland - Outcomes (p302)	Under outcome section 7 'Leadership and Management' Whilst outcomes detailed are very beneficial, we would canvas for an outcome at a higher level around leadership abilities. For example, an outcome could be "to know how to develop self-awareness and meta-reflection to support clinical leadership in a way that strengthens efficiency and safety of patient care".	Response noted. The following outcome in 'Leadership and Management' encapsulates many of these themes': "Engages in critical reflection on their own development, with a focus on learning from mistakes, using data from a range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis) and identifying and addressing their new learning needs to improve the quality and outcomes of patient care."

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College of Optometrists - Outcomes (p303)	A more logical ordering of the outcome categories could be as follows: • Person-centred care • Communication • Clinical practice • Ethics and standards • Risk • Leadership and management • Lifelong learning.	Response noted. Following the consultation, the ordering of the outcome categories has been reviewed.
College of Optometrists - Outcomes (p303)	We are concerned that the draft outcomes do not make due distinction between the threshold requirements for registration as an optometrist and dispensing optician. This risks undermining the interpretation and practical application of the outcomes and eroding confidence in their fitness for purpose.	Response noted. The section on clinical practice has been reviewed and revised to fully distinguish requirements for optometry and dispensing optics. In addition, the clinical practice outcome criterions are accompanied by indicators for each separate optical profession and an indicative document which will include information and guidance for each criterion is being commissioned.
College of Optometrists - Outcomes (p303)	We have strong concerns that the clinical practice category of the draft outcomes is the least developed and most sparse. Again, we see that this carries risks in how the outcomes are understood and interpreted. In turn, there is a risk that sector confidence will not be established in the transition from GOC competencies to outcomes and the outcomes will not be seen as fit for purpose.	
College of Optometrists - Outcomes (p304)	Our specific recommendations for expanding the clinical practice category are below. • Act as a first point of contact to patients on their eye health needs • Investigate, diagnose and manage functional and developmental visual conditions and age-related conditions • Dispense and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances following an appropriate clinical assessment of individual patient need • Make appropriate decisions on the management of ocular abnormalities and disease • Monitor patients' condition and accurately identify their potential need for medical referral in a timely way, including when urgent or emergency attention is required	Response noted. The outcome criterions for clinical practice have been revised and expanded for the separate optical professions and as noted above, are accompanied by separate indicators for optometry and dispensing optics and an indicative document which will include information and guidance for each criterion is being commissioned.

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	• Safely use ophthalmic drugs to facilitate optometric examination and the diagnosis and treatment of ocular disease.	
College of Optometrists - Outcomes (p304)	As raised throughout the development of the outcomes, a missing element of the draft outcomes is an indication of the threshold educational level at which they should be delivered to meet patient, service delivery and practice needs safely and effectively at the point of registration. We welcome that project work to address this is now underway. However, it is essential that the work and findings of this project are thorough and robust and are then actively used to review how the outcomes are couched. Crucially, this needs to involve a careful review of the root active verbal phrases in each outcome to ensure that they capture the broad attributes required for practice, including in terms of their demands in the management of complexity, uncertainty and risk. In turn, the latter needs to take account of current and projected changes to optometry scope of practice and roles, such that future registrants are prepared for the demands involved and can meet patient care needs in safely, effectively and responsively.	Response noted. On threshold educational levels, the work of the project conducted by The Quality Assurance Agency for Higher Education has concluded its research work with a recommendation given to the GOC. As a result, (S3.11, now S312) includes the recommendation, *'Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.'* This should help reassure stakeholders and registrants of minimum academic level of GOC approved qualifications. In addition, the EAG for optometry and dispensing optics is reviewing the verbs used within the outcomes for new registrants to accommodate these considerations.
Association of Optometrists - Outcomes (p305)	The clinical content of the draft Outcomes is too high-level to provide confidence that all education providers using the new framework will train students to the necessary minimum standards to produce a 'safe beginner' optometrist.	The outcomes for clinical practice have been revised and expanded for the separate optical professions and as noted above, are accompanied by separate indicators for optometry and dispensing optics and an indicative document which will include information and guidance for each criterion is being commissioned.
Association of Optometrists – Outcomes (p305)	We think the guidance must be given a clear formal role within the new framework, to ensure that providers cover all the necessary clinical topics and to mitigate the risk of undue variability in course content. It should be possible to do this while allowing education providers to adopt innovative approaches to delivering content – for instance by adopting a 'comply or explain' approach, which would require providers either to follow the guidance, or to explain why they have departed from it.	Response noted. The outcomes for clinical practice are accompanied by indicators for each optical profession within the outcomes document. In addition, the indicative document which is being commissioned will provide additional information and guidance.
Association of Optometrists	We are concerned about the tight timeline for the completion of this work (the verification of the outcomes process) over the autumn, at a time when academics will be busy adapting to delivery during the pandemic.	Response noted. The timeline for verification has been extended and work is ongoing.

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– Outcomes (p305)		
Optometry Schools Council (p305)	If the funding was available to deliver the proposed outcomes then the impact would be positive on knowledge skills and behaviour. Flexibility would also be increased due to the fact that the outcomes are high level. We are not certain that appropriate funding will be available, and if this is the case, we believe that setting outcomes that might not be achievable would be negative.	Council on 11th November 2020 considered the financial impacts of the proposal to integrate patient-facing clinical experience within the approved qualification and the enhanced clinical content within the outcomes. It also noted the report commissioned from Hugh Jones Consulting which highlighted: - continued payment of the pre-registration supervisors' grants to optical practices and potentially, PCSE (and equivalent) qualifying criteria could include the listing of further GOC approved qualifications; - tuition fee and loan support from OfS (and equivalent) at full rate (up to £9250pa in England rather than at the lower 'sandwich year' tuition fee (other maximum limits apply in each devolved administration); - there is no technical or regulatory bar for students in receipt of tuition fee and loan support to also receive a salary from optical practices (if offered). The report also highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs.
Optometry Schools Council (p306)	We have been expected to engage with the GOC on the ESR and under the proposed timetable in the early New Year we will need to begin to plan further significant structural overhauls of our programmes. One of the defining characteristics of a profession is the production of an evidence base for practice – the availability of such evidence protects and enhances patient care. There is a danger that the present and proposed workload will erode the time available for research and that the evidence base will not advance. There is also the potential that fewer registrants will be taken on as research students and the pool of available educators will therefore diminish.	We have adjusted our approach as described in section four of the QAE Method Statement 'Arrangements for current (pre-2021) providers of approved and provisionally qualifications.' We have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications. We anticipate most providers will work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year (giving an adaptation period of at least 30 months) and have agreed that some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the College of Optometrists and ABDO Exams to ensure that for students who graduate from qualifications approved before 2021, their route to GOC registration is maintained.

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Federation of Ophthalmic and Dispensing Opticians (FODO) - Outcomes (p306)	We would suggest the GOC reorder the seven categories. It gives an odd impression, especially given that one of the main reasons for the ESR is to help the professions adapt to changing population needs in the public interest, for "clinical practice" to appear so low down the list. We appreciate this is not "ranked order", but as a healthcare professions it should perhaps be at the top of the list – perhaps the GOC might list the categories in alphabetical order to avoid the risk that these are read as being ranked in importance.	Response noted. Following the consultation, the ordering of the outcome categories has been reviewed.
Federation of Ophthalmic and Dispensing Opticians (FODO) – Outcomes (p307)	We have particular concerns about optometry students being able to demonstrate the Miller's triangle outcomes of "DOES". In many areas this would be difficult to assess at the undergraduate level and would traditionally have been more likely to be suited to the pre-registration period when trainees are in continuous "real" practice situations. 33 out of the 48 identified outcomes requires a "DOES" sign off and this is acknowledged in the literature as being the most difficult aspect to examine.	Response noted. The EAGs for optometry and dispensing optics have reviewed the levels allocated to outcome criterions following the consultation. The allocation of levels on Miller's triangle reflects the expectation on day 1 of entering the GOC register. We have noted the mixed response to the use of Miller's Pyramid to measure competency. The published evidence which supports the use of Miller's Pyramid to assess to assess competence in clinical/ healthcare disciplines and its use by other healthcare regulators has led to its retention as an organising principle for defining level in relation to provider's measurement of students' achievement of the outcomes.
Unnamed provider - Outcomes (p307)	It is not clear if the GOC will require providers to explicitly map how these outcomes are assessed in the programme. Clarification is needed.	The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval, to which providers will be asked to 'map or explain' as part of their submission for periodic review in the QAE method.
Unnamed provider – Outcomes (p307)	It is not clear how these outcomes will be used by the GOC in relation to those already on the register.	The outcomes will be used by the GOC when the current competencies for optometry and dispensing optics are gradually phased out. Those already on the GOC register will not be affected by the new requirements.
Unnamed provider – Outcomes (p307)	Are the appropriate resources (time/funds/personnel/availability and appropriateness of clinical placement opportunities for students) realistically available?	Our intention in commissioning the co-produced sector-led indicative document is that it should to provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures. In addition, as described above in our response to issues raised on page 9, paragraph 2 above, we have noted the advice in Hugh Jones

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		Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications.
Unnamed provider – Outcomes (p307)	Has any work been undertaken to stratify the importance of these outcomes and their ability to validly and repeatably assessed in relation to the GOC's primary remit of promoting patient safety? Training institutions could spend disproportionate amounts of resource achieving relatively less important outcomes?	The approach to the outcomes design is consistent with other UK health regulators by not assigning a scheme to rank the importance of outcome criterions. However, the Expert Advisory Group for optometry and dispensing optics has reviewed and revised the order of outcome categories for logical purposes rather than importance.
Unnamed provider – Outcomes (p308)	For some of the outcomes, the only way DOES could be assessed in any valid or repeatable way would be to use case-based assessments and simulated patient assessments where the assessment would become rather 'tick box' and unrealistic.	As noted above, we have noted the mixed response to the use of Miller's Pyramid to measure competency. The published evidence which supports the use of Miller's Pyramid to assess to assess competence in clinical/ healthcare disciplines and its use by other healthcare regulators has led to its retention as an organising principle for defining level in relation to provider's measurement of students' achievement of the outcomes.
Unnamed provider – Outcomes (p308)	We do not think it is feasible to 'demonstrate a value or attitude'.	Response noted and the text has been amended where applicable.
Unnamed provider – Outcomes (p308)	I'd include the need to be flexible in the approach to delivering patient-centred care. Patients are more demanding, and the Covid-19 pandemic has shown that care must be delivered in a more flexible way, using telemedicine, making changes to working patterns, and being pro-active in responding to change.	Response noted. As the Optometry Schools Council noted in their response to this consultation, flexibility will be increased due to the high-level outcomes. However, an indicative document is being commissioned to provide information and guidance in respect of each criterion and this will be reviewed on a more frequent basis than the outcomes allowing each optical profession to respond to change.
Unnamed provider – Outcomes (p308)	Optometry degree at university MUST be included in any future Optometrist education.	As noted above, on threshold educational levels, work conducted by The Quality Assurance Agency for Higher Education has concluded with a recommendation given to the GOC. As a result, (S3.11, now S312) includes the recommendation, *'Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.'* This should help reassure

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		stakeholders and registrants of minimum academic level of GOC approved qualifications.
Unnamed provider – Outcomes (p308)	Provide link to where information can be found e.g. NHS safeguarding app, GOC duty of candour guidelines, equality legislation.	This information type will ideally be situated within the indicative document which is being commissioned by the GOC.
Unnamed provider – Outcomes (p309)	More emphasis on outcomes linked to EDI sensitive training.	The outcome: “Complies with equality and human rights’ legislation, demonstrates inclusion and respects diversity” applies horizontally across all GOC requirements related to education and training.
Unnamed provider – Outcomes (p309)	It doesn't look as though there are any concrete and well-defined skillset and basis of knowledge required for Dispensing Opticians in these proposals.	The clinical outcomes have been reviewed and revised for optometry and dispensing optics and include additional indicators with specific requirements for each profession. A separate indicative document which is being commissioned will provide information and guidance for each outcome criterion.
Unnamed provider – Outcomes (p309)	All new entrants should be qualified to level 7 and join the profession with IP and having achieved the clinical learning outcome equivalent to Glaucoma Level 1 and Medical Retina Level 1 of the College Higher Qualifications. All new entrants should be immediately capable of entering any commissioned so-called "enhanced service".	As noted above, on threshold educational levels, work conducted by The Quality Assurance Agency for Higher Education has concluded with a recommendation given to the GOC. As a result, (S3.11, now S312) includes the recommendation, *‘Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.’* This should help reassure stakeholders and registrants of minimum academic level of GOC approved qualifications. Meanwhile, work is ongoing to develop new outcomes, standards and quality assurance and enhancement method for independent prescribing.
Unnamed provider – Outcomes (p309)	I am concerned about the exceptionally 'high-level' nature of the Outcomes for Registration document. It is difficult to argue with the content of this document but it is hugely deficient in detail. Contrary to what is stated, it does not indicate 'the skills and knowledge' that an optometrist or DO joining the register should have (though the required 'behaviours' are well covered). As it is currently written, providers will have massive scope for deciding what they teach and assess, and to what level.	The clinical outcomes have been reviewed and revised for optometry and dispensing optics and include additional indicators with specific requirements for each profession. A separate indicative document which is being commissioned will provide information and guidance for each outcome criterion.

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Unnamed provider – Outcomes (p309)	The direction the GOC is taking appears to me to be at odds with what takes place with other, UK regulated healthcare professions. For example, the HCPC sets threshold standards and provides discipline-specific, "clear expectations for registrants' knowledge and abilities" for the professions it regulates.	
Unnamed provider – Outcomes (p309)	The hands-off approach proposed by the GOC carries with it a very large risk of low and inconsistent standards because it is not in fact stating what it expects of new registrants."	The clinical outcomes have been reviewed and revised for optometry and dispensing optics and include additional indicators with specific requirements for each profession. A separate indicative document which is being commissioned will provide information and guidance for each outcome criterion.
AIO - Outcomes (p309)	AIO feel that Category 6 (Clinical Practice) is far too vague. Whilst we accept that there needs to be enough scope for clinicians to pursue their chosen career path within optometry, there needs to be much more detail regarding the minimum level of clinical competence expected of graduates.	
AIO - Outcomes (p310)	Outcomes are set at a high level, and it is not clear if the GOC will require providers to explicitly map how these outcomes are assessed.	The sector-led co-produced indicative document will provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval, to which providers will be asked to 'map or explain' as part of their submission for periodic review in the QAE method.
AIO - Outcomes (p310)	Are the appropriate resources (time/funds/ personnel/ availability and appropriateness of clinical placement opportunities for students) realistically available?	Our intention in commissioning the co-produced sector-led indicative document is that it should to provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures. In addition, as described above in our response to issues raised on page 9, paragraph 2 above, we have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications.
AIO - Outcomes (p310)	Has any work been undertaken to stratify the importance of these outcomes and their ability to validly and repeatably assessed in relation to the GOC's primary remit of promoting patient safety?"	The approach to the outcomes design is consistent with other UK health regulators by not assigning a scheme to rank the importance of outcome criterions. However, the EAGs for optometry and dispensing

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		optics has reviewed and revised the order of outcome categories for logical purposes rather than importance.
ABDO – Standards (p310)	The proposed standards do not include a common assessment framework and the absence of such a framework would increase the risk of lower and inconsistent standards of education.	Standard three within the Standards for Approved Qualifications incorporates the 'common assessment framework' and includes requirements for the quality control of the measurement (assessment) of students' achievement of the outcomes. A separate common assessment framework, to sit alongside the outcomes and standards, if one was to be developed, might not give the assurance respondents might expect from such a framework of the validity, reliability, currency and authenticity of provider's measurement of a student's achievement of the outcomes. Calls for a common final assessment or assessment framework are frequently confused with the concept of a national examination, or a mis-understanding that the College's Scheme of Registration or ABDO's exams are a form of a national examination.
ABDO – Standards (p311)	This kind of generic aspirational wording of standards will not be sufficient to ensure a consistent baseline for entry to the professions because, as mentioned in our answer to question four above, the lack of detail in the proposed outcomes for registration about clinical practice means that what is considered to be "safe and effective practice" and "appropriate for a qualification leading to registration as an optometrist or dispensing optician" will be likely to vary markedly between approved qualifications.	As a result of feedback received from consultation the EAGs for optometry and dispensing optics have been tasked with developing the Outcomes for Registration further, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will also provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval.
ABDO – Standards (p312)	There is no evidential basis for the assumption that a SPA will lead to enhanced standards of education. The SPA model has not been the subject of any proper public consultation or adequate stakeholder engagement. Nor has there been any proper evidential justification of what supposed benefits the SPA model is expected to confer. The SPA has simply been proposed as a desired model without any justification for why it is supposed to be preferable to a more flexible structure for the delivery of education. Neither have the financial and other impacts of the move to an SPA model been investigated in any way by the GOC or the outcome of such investigation made public. Thus respondents such as ABDO are deprived of commenting meaningfully on the proposed new structure.	In response to stakeholder feedback, we have reverted to using our existing term 'provider' to describe the awarding body/ academic organisation responsible for the award of the approved qualification (in simple terms, the organisation whose name/logo appears on the candidate's approved qualification certificate.) Providers may choose to enter into partnerships if they wish, and we have revised the drafting of S4.4 and S4.6 to clarify the difference between a provider's ownership (which may be a consortium of organisations or some other combination of separately constituted bodies) and agreements which sit below provider level between the different organisations/ people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice, which must be

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OASC – Standards (p312)	It appears that the ESR is trying to establish a competitive divide and rule system, with the introduction of the single point of accountability (SPA), where institutes are actively encouraged to work against each other. This is completely opposite to the currently successful model of a professional status being awarded by an independent professional body such as ABDO, committed to a unified approach in maintaining the standards and raising the quality and scope of the graduating professionals.	supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet the standards.
OASC – Standards (p313)	Equality and diversity is an issue for colleges where the student must already be employed in order to enter the programme. Recruitment then becomes the role of the employer and the colleges are less able to control this. However, the direction of the ESR is to increase patient contact certainly for optometry, how will these two elements work together?	S3.3 is clear that the approved qualification must provide experience of working with patients (such as patients with disabilities, children, their carers, etc). Moreover S3.16 is also clear that outcomes delivered and assessed during learning and experience in practice must be clearly identified within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification. The approved qualification must meet the standards for approved qualifications howsoever it arranges its curricula provisions.
OASC – Standards (p313)	There is no guidance here to ensure equivalence in mapping of qualifications, so one applicant could seek exemptions independently from all institutes and receive a variation in the syllabus and assessments requirements for them to undertake? How will this be monitored?	Standard 2 'Admission of Students' contains a requirement that permits recognition of prior learning, as long as it is supported by effective and robust policies and systems that leads to fair and transparent, recruitment, selection and admission decisions appropriate for a qualification leading to registration as an optometrist or dispensing optician. If a provider admits a student at a point other than the start of a programme. they must have the potential to meet the outcomes upon award of the approved qualification. In addition, we ask that providers should ensure that prior learning must be recognised in accordance with guidance issued by the QAA and/or Ofqual/ SQA/ Qualification Wales/ Department for the Economy in Northern Ireland and must not normally exempt students from summative assessments leading to the award of the approved qualification, unless achievement of prior learning can be evidenced as equivalent.
OASC – Standards (p313)	Students working in full time practice may only have one setting of practice, this will cause problems. Clarification is need here, would working with contact lens clinicians or within a practice lab suffice for this element? How will this be detailed? If there is to be a hospital environment included in this element it would not be achievable for all	The decision as to whether to offer a hospital placement is one for providers to agree, in close consultation with their stakeholders, in the context of students' achievement of the outcomes. Our intention in commissioning the co-produced sector-led indicative document is that it should to provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods

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	dispensing opticians as there would not be enough placements in the country for the number of registered students.	professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures. In addition, as described above in our response to issues raised on page 9, paragraph 2, we have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 23 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications.
OASC – Standards (p313)	If the person assessing the student is deemed to be incompetent/ unprofessional, how can they then be held accountable for their actions? The GOC/training establishment will have no sanctions to apply? How will those professionals that do not have a GOC recognised qualification be deemed competent to oversee trainees' training and/or assessments – ensuring the have the expected knowledge of the syllabus requirements?	In the scenario outlined, our expectation is that a provider must take action if anyone who teaches, assesses, supervises, employs or works with students behaves inappropriately or is not competent to take their role. This would be in accordance with criterion S5.2 which requires that there must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes including appropriately qualified and experienced staff responsible for the delivery and assessment of the outcomes and sufficient supervision of students' learning in practice by GOC registrants who are appropriately trained and supported in their role.
OASC – Standards (p313)	What is the purpose and detail of 'legally incorporated'? The current educational model of institutes working in partnership with the awarding body is proven to work, what is the rational of the extra expenses incurred for this requirement?	Whilst all of our current providers are legally incorporated (which is most likely to be a charity, a chartered body such as a university or a limited company) it is not a current requirement for GOC approved qualifications. We wish to strength our requirements to only approve qualifications from providers that are legally incorporated, as we think this is an important safeguard for students.
OASC – Standards (p313)	(S5.2) Without specific guidance here, 'sufficient and appropriately qualified and experienced staff': numbers could be deemed appropriate by the institute but the GOC visitor panel may disagree as has happened in the past – where the panel have not understood how a blended learning programme works and applied criteria for full time courses incurring unnecessary expenditure.	The provider responsible for the reward of the approved qualification as part of their rationale for their choice of staff/student ratio (SSR) must regularly benchmark their SSR to comparable providers (alongside seeking student and stakeholder feedback) to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification, leadership and research.
Unnamed provider –	It is not possible to determine what the standards should be until there is clarity regarding the level at which registration is pitched, i.e. level 7 or level 6?	As noted above, the work of the project conducted by The Quality Assurance Agency for Higher Education has concluded its research work with a recommendation given to the GOC. As a result, (S3.11,

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Standards (p314)		now S312) includes the recommendation, *'Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.'*
Unnamed provider – Standards (p314)	We have serious concerns, as articulated consistently to the GOC by ourselves, other providers and the Optometry Schools Council (OSC) about the risks associated with providers having to secure and quality assure the full breadth of the clinical experience detailed in the ESR by being required to be a SPA.	In response to stakeholder feedback, we have reverted to using our existing term 'provider' to describe the awarding body/ academic organisation responsible for the award of the approved qualification (in simple terms, the organisation whose name/logo appears on the candidate's approved qualification certificate.) Providers may choose to enter into partnerships if they wish, and we have revised the drafting of S4.4 and S4.6 to clarify the difference between a provider's ownership (which may be a consortium of organisations or some other combination of separately constituted bodies) and agreements which sit below provider level between the different organisations/ people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice, which must be supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet the standards.
Unnamed provider – Standards (p314)	In the context of the Teaching Excellence Framework (TEF) wherein HEIs are judged, in part, by the number of students progressing successfully to graduation, if HEIs are required to control entry to the profession/register through their position as an SPA there is potential for pressure to 'pass' students who are not fit for registration.	
College of Optometrists – Standards (p314)	S3.4 should also make reference to seeking feedback from students.	Thank you. We have included this suggestion. S3.4 amended to: "Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, students, placement providers, members of the eye-care team and other healthcare professionals. Stakeholders involved in the teaching, supervision and/ or assessment of students must be appropriately trained and supported, including in equality and diversity."
College of Optometrists – Standards (p314)	S3.9 should more clearly refer to addressing the needs of students with a disability under the Equality Act (2010) through making appropriate reasonable adjustments to learning, teaching and assessment within a programme, such that individual students are not disadvantaged in developing their learning and demonstrating their fulfilment of the outcomes. The current wording is ambiguous.	Thank you. We have included this suggestion. S3.9 is now amended to: "Appropriate reasonable adjustments must be put in place to ensure that students with a disability are not disadvantaged in engaging with the learning and teaching process and in demonstrating their fulfilment of the outcomes".
College of Optometrists	It is not clear why S3.14 specifies "at least 1600 hours/48 weeks of patient-facing professional and clinical experience". The evidence based for this needs to be explained, while it needs to be clear	The issue of stipulating a set number of hours/weeks of patient-facing professional and clinical experience, and its alternatives, has been discussed at length in the EAGS for optometry and dispensing optics.

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– Standards (p314)	whether the GOC's focus is on the volume of students' experience or learning. Clearly the two are not the same. The approach taken has implications for the wording/interpretation of many other standards.	Providers may decide that these periods of patient-facing learning and experience in practice resemble more traditional 'placements' or be more innovative in their provision, responding to local service-delivery requirements and/or longer-tern capacity building need. Howsoever organized, in making a decision as to how to design qualifications to meet criterion S3.14 (now S3.15), providers must involve and their decisions informed by feedback from a range of stakeholders including current and past students and employers/placement providers, and the expectation is that as part of this consultative process, issues of geography, accessibility and cost will be key considerations.
College of Optometrists – Standards (p314)	It is not clear why S3.17 (now S3.18) seems to indicate that the assessment of learning/fulfilment of the outcomes gained/demonstrated within professional and clinical experience should not be an essential part of a programme. This highlights the need to be clear on expectations on how the outcomes are assessed and the role of practice-based learning in how students' development towards and fulfilment of the outcomes is demonstrated.	Response noted. S3.16 includes the requirement that outcomes delivered and assessed during learning and experience in practice must be clearly identified within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification. The qualification provider is responsible for deciding when outcomes are assessed within the programme.
College of Optometrists – Standards (p315)	S3.18 (now S3.20) should make clear that the analysis of equality, diversity and inclusion data and trends should be an integral part of programme review and evaluation.	S3.20 amended to: "Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include students' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance equality in the student's experience of studying on a programme leading to an approved qualification."
College of Optometrists – Standards (p315)	S5.2 should be developed to make clear that a provider should have an appropriate profile of expertise within a team to support the programme's development and delivery; i.e. rather than just having a focus on volume of staffing; the reference to benchmarking to comparable provision should also be reviewed, given the risks attached to this approach, with an emphasis placed on the imperative of a provider demonstrating that their SSR (as appropriate for different types of learning, teaching and assessment) is sufficient for resourcing a programme and ensuring its sustainability.	Response noted. S5.2 amended to: "There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. This must include; - An appropriately qualified and experienced programme leader, supported to succeed in their role; - Sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals; - Sufficient supervision of student's learning in practice by GOC registrants who are appropriately trained and supported in their role; and

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		- An appropriate staff to student ratio (SSR), which must be benchmarked to comparable provision." As a footnote to this latter point (contained within the standards for approved providers), the provider responsible for the award of the approved qualification as part of their rationale for their choice of SSR must regularly benchmark their SSR to comparable providers (alongside seeking student and stakeholder feedback) to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification, leadership and research.
College of Optometrists – Standards (p315)	S5.3 should highlight the need for policies and systems to ensure that a programme's development, delivery and review/evaluation is sufficiently informed by developments in research and evidenced-base practice and innovations in healthcare delivery and education, including through the staff team's active engagement in research, scholarly activity and service evaluation/quality improvement initiatives.	Response noted. S5.3 amended to: "Staff who teach and/or assess the outcomes must be appropriately qualified and supported to develop in their professional, clinical, supervisory, academic/teaching and/or research roles. This must include; - Opportunities for CPD, including personal, academic and profession-specific Development; - Effective induction, supervision, peer support, and mentoring; - Realistic workload for anyone who teaches, assesses or supervises Students; - For teaching staff, opportunity to gain teaching qualifications; and - Effective appraisal, performance review and career development support."
FODO – Standards (p315)	It would be helpful however to have more detail on the science/thinking behind the figure of at least 16,000 hours/48 weeks. We assume it is based on existing experience over four years (current undergraduate degree and pre-registration) for optometrists. It would also be helpful to understand if the GOC proposes a different number of hours/weeks for dispensing opticians, and how those progressing from dispensing optician to optometrist registration would do so based on these criteria.	As noted above, the issue of stipulating a set number of hours/weeks of patient-facing professional and clinical experience has been discussed at length in the EAGs for optometry and dispensing optics and agreed to for both optical professions. Providers might decide that these periods of patient-facing learning and experience in practice resemble more traditional 'placements' or be more innovative in their provision, responding to local service-delivery requirements and/or longer-tern capacity building need. Howsoever organized, in making a decision as to how to design qualifications to meet criterion S3.14 (now S3.15), providers must involve and their decisions informed by feedback from a range of stakeholders including current and past students and employers/placement providers, and the expectation is that as part of this consultative process, issues of geography, accessibility and cost will be key considerations.

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FODO – Standards (p315)	S1.3 – We would need to see more detail on curriculum content to better understand what is expected of students when they are on practice placements in the future.	As noted above, the EAGs for optometry and dispensing optics have been tasked with developing the Outcomes for Registration further, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration.
FODO – Standards (p315)	S2.3 – We welcome the GOC's view, which we share, that students should have a right to accurate information in all of these areas. More thought needs to be given as to the costs of placements both for students and host practices especially in the early years as students, SPAs and providers move to new ways of thinking and working more closely together in local 'catchment' areas.	As noted above, Council on 11th November 2020 considered the financial impacts of the proposal to integrate patient-facing clinical experience within the approved qualification and the enhanced clinical content within the outcomes. It also noted the report commissioned from Hugh Jones Consulting which provided assurance on three key financial risks: - continued payment of the pre-registration supervisors' grants to optical practices and potentially, PCSE (and equivalent) qualifying criteria could include the listing of further GOC approved qualifications; - tuition fee and loan support from OfS (and equivalent) at full rate (up to £9250pa in England rather than at the lower 'sandwich year' tuition fee (other maximum limits apply in each devolved administration); - there is no technical or regulatory bar for students in receipt of tuition fee and loan support to also receive a salary from optical practices (if offered). The report also highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs.
FODO – Standards (p316)	S3.7/S3.8 we agree that these assessment criteria should be in place and that there should be equity in the provision of training and assessment in both professional and workplace settings – this will however involve additional training which is likely to increase costs.	
FODO – Standards (p316)	S3.14 More patient-facing 'real world' exposure for optometry students at undergraduate level is one of the key elements of the reforms and should prove invaluable in helping students hone their interpersonal and communication skills. So important is this in our view that we believe more guidance should be offered about what would be considered patient facing professional and clinical experience but without making the system so onerous that eye care providers do not come forward to offer places.	As noted above, the sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will also provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval.
FODO – Standards (p316)	S4.6 We agree it is important to have clear roles and responsibilities when training and education is shared across a range of providers. This written agreement approach however might be a significant and costly process for the SPA and eye care providers. It might in some	Response noted. We will continue to explore with OSC, OASC, CoO & ABDO financial and other impacts and mechanisms to mitigate these impacts including those noted by FODO in its response to this consultation.

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	cases also result in a lack of interest in providing practice-based experience. To help offset this risk, it might be helpful to develop a "model contract" or "service level agreement" which can then be used by all parties, helping achieve the intended objective whilst controlling bureaucratic costs.	
FODO – Standards (p316)	S5.2 We support the GOC not requiring minimum level staff/student ratios but rather expecting SPAs to benchmark against other institutions. We would expect the GOC to collect and publish these data as part of their annual reviews. This could be a range or anonymised actual figures but would help students, SPAs and eye care providers to see where they sit, query their own arrangements and make changes if necessary.	Response noted. As noted above, an SSR must be benchmarked to comparable provision in the optometry / dispensing optics profession. This data will be collected and published as part of the GOC's annual monitoring.
Other response – Standards (p316)	Using "Miller's Pyramid" allows for registrants to have knowledge of certain aspects of outcomes & standards but that does not ensure competence - I feel this system will be open to abuse.	We note the mixed response to the use of Miller's Pyramid to measure competency. The published evidence which supports the use of Miller's Pyramid to assess to assess competence in clinical/ healthcare disciplines and its use by other healthcare regulators has led to its retention as an organising principle for defining level in relation to provider's measurement of students' achievement of the outcomes.
Other response – Standards (p316)	S3.3: include experience with a national and local sight loss charity and providers of diabetic eye screening as registrants may need to engage with both types of organisation.	This standard has been drafted to include experience from a wide range of bodies and settings including clinical, practice, community, manufacturing, research, domiciliary and hospital settings. The list is not exhaustive and includes organisations that can provide relevant clinical experience.
Other response – Standards (p317)	Where is the requirement for a standard framework for all assessments to ensure consistency of qualifications and assessments? The GOC itself recognised the need for this just last year! This ambiguity is dangerous.	As noted above, Standard three within the Standards for Approved Qualifications incorporates the 'common assessment framework' and includes requirements for the quality control of the measurement (assessment) of students' achievement of the outcomes. A separate common assessment framework, to sit alongside the outcomes and standards, if one was to be developed, might not give the assurance respondents might expect from such a framework of the validity, reliability, currency and authenticity of provider's measurement of a student's achievement of the outcomes. Calls for a common final assessment or assessment framework are frequently confused with the concept of a national examination, or a mis-understanding that the College's Scheme of Registration or ABDO's exams are a form of a national examination.

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Other response – Standards (p317)	The retention of a national qualifying exam at the end of the training period. (Desirable)	Although GOC approved qualifications offered by ABDO and the College of Optometrists, they are not national examinations. For dispensing optics, more than one organisation provides an approved qualification leading to entry to the GOC's register.
Other response – standards (p317)	AIO feel that more clear instruction should be made regarding student numbers (i.e. what is an acceptable Student:Staff Ratio)	Response noted. As noted above, an SSR must be benchmarked to comparable provision in the optometry / dispensing optics profession. This data will be collected and published as part of the GOC's annual monitoring.
ABDO (p318)	For nearly all student dispensing opticians, there is no separate period of pre-registration training – clinical experience is integrated with academic study already.	The GOC recognises different models of education and training delivery currently in the optical sector. Our revised proposals do not prescribe a fixed model of delivery and offer qualification providers flexibility in mode, duration, credit load and qualification type in meeting our requirements.
ABDO (p319)	Under the proposed new system, the GOC would only approve the qualification awarded by the SPA. The SPA would be able to work in partnership with other organisations, such as professional bodies, education providers and employers, but would be responsible for the quality of the education received by students. If ABDO were to become a SPA, working in partnership with education providers that provide dispensing programmes, it would need to invest significant extra resources in order to, for example, comply with Standard 4.1.	As noted above, In response to stakeholder feedback, we have reverted to using our existing term 'provider' to describe the awarding body/ academic organisation responsible for the award of the approved qualification (in simple terms, the organisation whose name/logo appears on the candidate's approved qualification certificate.) Providers may choose to enter into partnerships if they wish, and we have revised the drafting of S4.4 and S4.6 to clarify the difference between a provider's ownership (which may be a consortium of organisations or some other combination of separately constituted bodies) and agreements which sit below provider level between the different organisations/ people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice, which must be supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet the standards.
OASC (p319)	The integration of the pre-registration period within a qualification is a sensible introduction to the optometry courses, however this has been an existing element of ophthalmic dispensing education delivery for many years. The question as it is posed will produce misleading results for dispensing opticians as it is only applicable to optometry.	As noted above, The GOC recognises different models of education and training delivery currently in the optical sector. Our revised proposals do not prescribe a fixed model of delivery and offer qualification providers flexibility in mode, duration, credit load and qualification type in meeting our requirements.
OASC (p319)	Although we agree in principle with this element, there is however, very limited guidance provided, apart from 'they must complete 1600 hours and 48 weeks of patient-facing professional and clinical	As noted above, criteria S3.15 requires providers of approved qualifications to integrate at least 1600 hours/ 48 weeks of patient-facing learning and experience in practice in one or more periods of

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	experience'. Without clearer guidance on this element how will educational establishments ensure consistency in standards if they interpret and deliver their own levels of clinical placement and required patient episodes?	time and one or more settings of practice. Providers might decide that these periods of patient-facing learning and experience in practice resemble more traditional 'placements' or be more innovative in their provision, responding to local service-delivery requirements and/or longer-tern capacity building need. Howsoever organized, in making a decision as to how to design qualifications to meet criterion S3.15 providers must involve and their decisions informed by feedback from a range of stakeholders including current and past students and employers/placement providers, and the expectation is that as part of this consultative process, issues of geography, accessibility and cost will be key considerations.
OASC (p319)	How can a graduate that covers all currently listed low vision case records requirements (for example) be compared to a graduate that has covered 'some' elements on simulated patient episodes?	An optical student graduating under the ESR proposals will have met all elements deemed essential in clinical practice. As noted above, the EAGs for optometry and dispensing optics have been tasked with further developing the Outcomes for Registration, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval.
OASC (p319)	How will this be reviewed by the visiting panels at the institute audit visits, if they themselves do not have specific guidance on what 'has' to be evidenced and what exactly is the 'standard' required?	
OASC (p319)	Sections 5.3 and 5.4 – do in some way start to provide educators with some level of detail, but it does not go far enough and we are very concerned at the impact this will have on patient safety.	
Unnamed response (p320)	Funding concerns, post COVID-19, must be fully discussed and addressed before the proposed model is approved by the GOC.	As noted above, Council on 11th November 2020 considered the financial impacts of the proposal to integrate patient-facing clinical experience within the approved qualification and the enhanced clinical content within the outcomes. It also noted the report commissioned from Hugh Jones Consulting which highlighted: - continued payment of the pre-registration supervisors' grants to optical practices and potentially, PCSE (and equivalent) qualifying criteria could include the listing of further GOC approved qualifications; - tuition fee and loan support from OfS (and equivalent) at full rate (up to £9250pa in England rather than at the lower 'sandwich year' tuition fee (other maximum limits apply in each devolved administration); - there is no technical or regulatory bar for students in receipt of tuition fee and loan support to also receive a salary from optical practices (if offered).

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		The report also highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs.
Unnamed response (p320)	The new model will likely lead to providers developing local relationships with placement providers, and assigning students to these placements. This will result in loss of choice for students. Students are likely to need to decide at the point of entry where they want to do their clinical training with limited ability to modify this if their preferences change in the course of their studies.	Our intention in commissioning the co-produced sector-led indicative document is that it should to provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures. In addition, as described above in our response to issues raised on page 9, paragraph 2 above, we have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications.
Unnamed response (p321)	We do not believe that the GOC has ever set out a case for mandating the integrated model during the ESR.	The ESR Concepts and Principles Consultation stated, "We are considering the merits and potential ways of enabling clinical experience to be embedded throughout the whole educational journey, starting from year 1 and progressively increasing through to the end of the programme." [GOC 2017, Concepts and Principles Consultation p21]. The consultation goes on to state "A consequence of taking a more hybrid approach would be to move away from the notion of the 'pre-registration year', where that applies, and that education providers would take on responsibility for the entirety of the student journey, with the awarding of an academic qualification that could lead to registration with us at the end." [Ibid, p22]. Further evidence was published as part of our subsequent consultation in 2018-19 on proposed Learning outcomes, which repeated the case for change, included the concept of an integrated model and a single approved qualification for admission to the register. This approach was confirmed by GOC Council in its steer published in July 2019, and in discussion papers published in November 2019 and November 2020 (see GOC Council papers published on our website for further information).

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Unnamed response (p321)	The proposed model would require us to take on substantial new responsibilities including (but not limited to) sourcing placements, administering placements, quality assuring placements, training placement supervisors, and administering terminal assessments for registration. These activities will all require substantial investment and funding. The funding roundtable which the GOC organised in March 2020 was the beginning of a conversation about how funding might be achieved.	As noted above, Council on 11th November 2020 considered the financial impacts of the proposal to integrate patient-facing clinical experience within the approved qualification and the enhanced clinical content within the outcomes. It also noted the report commissioned from Hugh Jones Consulting which highlighted: - continued payment of the pre-registration supervisors' grants to optical practices and potentially, PCSE (and equivalent) qualifying criteria could include the listing of further GOC approved qualifications; - tuition fee and loan support from OfS (and equivalent) at full rate (up to £9250pa in England rather than at the lower 'sandwich year' tuition fee (other maximum limits apply in each devolved administration); - there is no technical or regulatory bar for students in receipt of tuition fee and loan support to also receive a salary from optical practices (if offered). The report also highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs.
Unnamed response (p322)	The current two-stage model allows a graduate full flexibility to undertake a salaried pre-registration placement in any type of practice in any part of the UK. The proposed system may result in the loss of salary for this period of training. Attending multiple placements will also incur extra travel/moving costs. All of this is likely to affect recruitment, particularly of students from poorer backgrounds. The new model will likely lead to providers developing local relationships with placement providers, and assigning students to these placements. This will result in loss of choice for students.	Our intention in commissioning the co-produced sector-led indicative document is that it should to provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures. In addition, as described above in our response to issues raised on page 9, paragraph 2 above, we have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications.
College of Optometrists (p325)	We believe that a key, outstanding need that has to be addressed is a review of the required nature of practice-based learning within and for the optometry profession, underpinned by a thorough exploration of the relevant evidence base, pedagogy and innovations and best practice in this field. From this a new model of practice-based learning needs to be addressed before an appropriate approach can	The GOC concurs that continuous review of practice-based learning for optometry and dispensing optics is desirable in order to promote best practice and that this can take place as the ESR is implemented across the GOC regulated optical professions.

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	be developed relating to the most appropriate models of learner progression to meet the new threshold requirements.	
Association of Optometrists (p325)	The GOC has also said the proposal will increase student choice, but imposing an integrated model on all providers arguably reduces choice, and could also mean that students would have to decide on their whole path to registration, including the setting of their clinical placements, before starting study	The proposed standards offers qualification providers considerable choice on how to integrate learning and experience in practice within an approved qualification and as such our approach is not prescriptive. As noted above, our intention in commissioning the co-produced sector-led indicative document is that it should to provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures.
Association of Optometrists (p325)	A compulsory integrated model may appear to tidy up the GOC's regulatory role in education, by clarifying accountability for education delivery, but we do not think that in itself justifies imposing this model on the sector. Creating a new web of contracts between education providers, assessment providers and clinical placement providers will bring significant new costs and complexity.	Council on 11th November 2020 considered the financial impacts of the proposal to integrate patient-facing clinical experience within the approved qualification and the enhanced clinical content within the outcomes. It also noted the report commissioned from Hugh Jones Consulting which provided assurance on three key financial risks: - continued payment of the pre-registration supervisors' grants to optical practices and potentially, PCSE (and equivalent) qualifying criteria could include the listing of further GOC approved qualifications; - tuition fee and loan support from OfS (and equivalent) at full rate (up to £9250pa in England rather than at the lower 'sandwich year' tuition fee (other maximum limits apply in each devolved administration); - there is no technical or regulatory bar for students in receipt of tuition fee and loan support to also receive a salary from optical practices (if offered). The report also highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs.
Association of Optometrists (p325)	We are most concerned that the GOC has not yet evaluated the potentially significant financial impact of the compulsory integrated model on education providers.	
OSC (p326)	The proposed model would require our members to take on substantial new responsibilities including (but not limited to) sourcing placements, administering placements, quality assuring placements, training placement supervisors and administering terminal assessments for registration. These activities will all require substantial investment and funding.	
Other response (p330)	What is unclear from the documentation presented is the assurance that the benefits from the present clinical experience gained from the pre-registration year are not lost.	As noted above, the EAGs for optometry and dispensing optics have been tasked with further developing the Outcomes for Registration, paying particular attention to the development of separate profession-specific outcomes and indictors within the Clinical Practice category of the Outcomes for Registration. The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will provide more granular guidance on the

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		design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval.
Other response (p332)	Standard S1.3 is unclear – who are the people who are envisaged to be 'working' with students who are not either supervising them or assessing them?	S1.3 has been amended to: "Students must not put patients, service-users or the public at risk. This means that anyone who teaches, assesses, supervises or employs students must ensure students practise safely and that students only undertake activity within the limits of their competence, and are appropriately supervised when with patients and service users."
ABDO (p334)	S3.3: It is unduly prescriptive to require that approved providers, "must provide…preparation for entry into the workplace in a variety of settings (real and simulated) such as professional, clinical, practice, community, manufacturing, research, domiciliary and hospital settings"	This standard has been drafted to include experience from a wide range of bodies and settings including clinical, practice, community, manufacturing, research, domiciliary and hospital settings. The list is not exhaustive and includes organisations that can provide relevant clinical experience.
ABDO (p334)	S3.4: Presumably the GOC also believes that curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from dispensing opticians as well as "members of the optometry team"?	This standard has been amended to "members of the eye-care team and other healthcare professionals."
ABDO (p335)	S3.14 (Now 3.15): We do not support the requirement to require professional and clinical experience to take place in more than one setting and more than one sector, particularly as it is not clear what is meant by a "sector".	Response Noted. Standard amended to: "For approved qualifications; in meeting the outcomes, the approved qualification must integrate at least 1600 hours/ 48 weeks of patient-facing learning and experience in practice. Learning and experience in practice must take place in one or more periods of time and one or more settings of practice."
ABDO (p335)	S3.17 (Now 3.18): We agree that, "assessment…of outcomes during professional and clinical experience must be carried out by an appropriately trained and qualified GOC Registrant". However, such assessment should be restricted to GOC registrants who are independent of the student in question, i.e. they should not be work colleagues or employed by the same company.	The scope of this standard is restricted to: "an appropriately trained and qualified GOC Registrant or other statutorily registered healthcare professional who is competent to measure student's achievement of outcomes at the required level (Miller's triangle)".
Unnamed respondent (p336)	S3.2: The GOC have suggested that a paper by Harden should underpin curriculum design. We take it that since Harden is 'suggested' that providers are at liberty to choose to utilise other recognised models. In a similar vein we consider that there should be freedom to choose when diagnostic assessment is used.	Yes, this is correct on both points. Harden's ladder of integration is provided as an example only.

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Unnamed respondent (p336)	S3.3 represents an extremely significant new burden for providers. The sheer variety of experience that is mandated will require huge logistical and financial resource.	As noted above, Council on 11th November 2020 considered the financial impacts of the proposal to integrate patient-facing clinical experience within the approved qualification and the enhanced clinical content within the outcomes. It also noted the report commissioned from Hugh Jones Consulting which highlighted: - continued payment of the pre-registration supervisors' grants to optical practices and potentially, PCSE (and equivalent) qualifying criteria could include the listing of further GOC approved qualifications; - tuition fee and loan support from OfS (and equivalent) at full rate (up to £9250pa in England rather than at the lower 'sandwich year' tuition fee (other maximum limits apply in each devolved administration); - there is no technical or regulatory bar for students in receipt of tuition fee and loan support to also receive a salary from optical practices (if offered). The report also highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs.
Unnamed respondent (p336)	S3.5: We think that students should be permitted, within an institution's academic regulations, to trail/compensate/condone/resit assessments provided that the outcomes they are assessing are programme specific rather than GOC outcomes.	Response noted. The standards for approved providers refer to the GOC's outcomes for new registrants only.
Unnamed respondent (p336)	S3.6: No assessment can 'ensure safe and effective practice'. Unless unlimited resource is available every assessment will necessarily suffer from sampling error and therefore require an element of inference. The standard needs to be reworded to reflect this uncertainty – perhaps with the addition of 'seek to' before ensure.	Response noted, 'seek to' has been added as suggested.
Unnamed respondent (p336)	S3.8 describes an assessment which no academic institution has or ever will be able to design - a reliable, valid, robust, fair and transparent assessment. These criteria generally compete with each other and need to be balanced. For example it is arguable that reliability and validity are inversely proportional (a simple assessment task will be very reliable, but not very valid). To reflect the reality of the practice of assessment and guide GOC educational panel visitors having reasonable expectations we suggest that S3.8	Response noted and S3.8 amended to: "Assessments must appropriately balance validity, reliability, robustness, fairness and transparency, ensure equity of treatment for students, reflect best practice and be routinely monitored, developed and quality-controlled. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning."

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	be changed to 'Assessments must appropriately balance reliability, validity ….'	
Association of Optometrists (p337)	It is important that the sector has a clear shared understanding of how the GOC will ensure that appropriate standards of assessment are in place.	The sector-led co-produced indicative document the GOC intends to commission once the Outcomes for Registration is approved will provide more granular guidance on the design of curricula and approaches to assessment for providers of approved qualification providers and those applying for qualification approval, to which providers will be asked to 'map or explain' as part of their submission for periodic review in the QAE method.
Association of Optometrists (p337)	In practice, it may not be feasible for providers to deliver placements in more than one sector and setting of practice within a single time period. More importantly, in principle we think a requirement for more than one period of clinical experience in the course of optometry training is desirable, particularly given the long-standing ESR policy intention to give students earlier clinical experience.	Response noted. We have taken on board different views about this requirement and have amended the sentence in S.14 (Now S.15) to: "Learning and experience in practice must take place in one or more periods of time and one or more settings of practice".
Association of Optometrists (p337)	S3.14 includes one of the few defined input requirements in the new Standards, that students receive 'at least 1600 hours / 48 weeks of patient-facing professional and clinical experience'. We understand this is intended to be roughly equivalent to experience gained by trainees in the current Stage 2 pre-registration period. We understand the rationale for this, but it may create unintended consequences in combination with financial pressures that the ESR framework could create. In particular, our hospital optometrist members are concerned that that this requirement may reduce the likelihood and viability of placements in the vital hospital optometry sector. This is because the 48 weeks required would need to be allocated across all the different types of clinical experience for students' learning pathway, including elements that are currently part of the undergraduate optometry programme. This could make the current pre-reg placements in hospital settings, which hospitals rely on as a stepping stone to work in that mode of practice, less viable.	The decision as to whether to offer a hospital placement is one for providers to agree, in close consultation with their stakeholders, including HES, in the context of students' achievement of the outcomes. The requirement for 48 weeks learning and experience in practice is a minimum requirement, so it will be possible for providers to offer students a hospital placement of whatever duration is viable and contributes to of students' achievement of the outcomes as well as longer term contribution to meeting service delivery demands. Our intention in commissioning the co-produced sector-led indicative document is that it should to provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures.
Other response (p340)	There is a total lack of a common assessment strategy which will ensure parity of outcome between providers and public safety. This has been left completely ill defined. Who is going to decide what exactly is the required level?	As noted above, Standard three within the Standards for Approved Qualifications incorporates the 'common assessment framework' and includes requirements for the quality control of the measurement (assessment) of students' achievement of the outcomes. A separate common assessment framework, to sit alongside the outcomes and

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		standards, if one was to be developed, might not give the assurance respondents might expect from such a framework of the validity, reliability, currency and authenticity of provider's measurement of a student's achievement of the outcomes. Calls for a common final assessment or assessment framework are frequently confused with the concept of a national examination, or a mis-understanding that the College's Scheme of Registration or ABDO's exams are a form of a national examination.
Other response (p343)	Where is the evidence that switching to an SPA will bring about the changes that the GOC expects? What is clear is that the burden placed upon providers by imposing this will be enormous.	As noted above, In response to stakeholder feedback, we have reverted to using our existing term 'provider' to describe the awarding body/ academic organisation responsible for the award of the approved qualification (in simple terms, the organisation whose name/logo appears on the candidate's approved qualification certificate.) Providers may choose to enter into partnerships if they wish, and we have revised the drafting of S4.4 and S4.6 to clarify the difference between a provider's ownership (which may be a consortium of organisations or some other combination of separately constituted bodies) and agreements which sit below provider level between the different organisations/ people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice, which must be supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet the standards.
Other response (p343)	We think the requirements in Standard 4 should be strengthened by an explicit requirement that the quality of supervision should not be affected by commercial pressures. This would bring the education Standards into line with the GOC's Standards of Practice for individual and business registrants.	We have taken on board this point and amended Standard 4 to include requirements for appropriate management of commercial conflicts of interest (S4.13) within the programme leading to the award of an approved qualification.
Other response (p344)	If the GOC cannot adequately assure education programmes' capacity to safely deliver courses within available resources, there is a risk that courses are unexpectedly withdrawn - either because of financial non-viability or because the GOC withdraws approval. A particular risk area for course viability and safety is the staffing of education programmes. The GOC must assure itself that all programmes have staff, especially in leadership levels, of adequate experience and capability to deliver	As noted above, Standard 5, which includes requirements around resourcing, is supported a footnote requiring providers to benchmark their staff to student ratio (SSR) to comparable providers alongside student and stakeholder feedback to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification. We will use Annual Monitoring to review if this is a sufficient safeguard for

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	courses.	providers in securing an appropriate level of resource to meet the Standards.
Unnamed respondent (p346)	We are of the view that quality enhancement activity more easily sits with providers, the OSC, professional bodies and placement providers i.e. those responsible for day-to-day delivery. There is a danger that the GOC blurs the line between enhancement and assurance – with educational visitors demanding that provider x does what provider y does because it is 'best practice'. I believe that the EVPs are going to find this sort of thing very difficult to balance.	As noted above, whilst we are conscious of the demands that new QAE method may make on providers, our intention is to move to a more meaningful and proportionate process that won't necessarily mean we are more demanding of our providers; more that our QAE activity will be more probing with a clear focus on issues of material relevance to the quality of student's learning experience and achievement of the outcomes. Our intention is that the combination of QAE activities will allow a fuller evaluation of the decisions a provider makes in qualification design, (including responsiveness to stakeholder feedback and to changing service-user needs), drawing out innovation and good practice as well as identifying providers who are lagging behind and contextualising provision within wider cross-disciplinary trends which can then have value in its own right, and be seen as more than a data collection method that simply has to be complied with to maintain approval status.
Unnamed respondent (p346)	The document states that 'all approved qualifications must take part in thematic and sample-based reviews' but then later that 'sample based reviews may take place as part of an SPA's periodic review'. We do not understand the logistics of this and argue the workload would be unsustainable if providers needed to engage with a sample-based review every time an SPA had an individual review.	
Unnamed respondent (p347)	We consider it improper that the council or the delegated authority is able to 'modify' the advice of an educational visitor panel. Such practice is not transparent. External observers should be able to see visit reports that include the original views (with absolutely no editing from the council or delegated authority). The council are required to receive this advice by the Opticians Act but we accept they can reject it.	Council retains the authority to decide whether to approve a qualification, or remove qualification approval, and will make hat decision in full sight of all information and advise to it, including advice from our Education Visitors in relation to the qualification under consideration. If Council, and those to whom the Council has delegated authority, can choose to accept, reject or modify advice given to it, and any such decision to will be taken in a transparent way with reasons given (such as ensuring the advice given is proportionate and addresses the identified issue).
Association of Optometrists (p351)	In assessing proposed new courses and monitoring those that are approved, the GOC will need adequate capacity to assess whether a wide variety of providers are delivering outcomes and meeting standards that are framed in a high-level way, and that allow a great deal of variation and scope for innovation in course delivery and assessment methods.	Response noted. The GOC will continuously assess its internal resources and capacity as the requirements of the ESR are implemented within the optical sector and has already secured additional resourcing to support transition.
Association of Optometrists (p352)	Given the vital role of effective GOC oversight, the GOC must ensure that its education function is fit for the new challenges it will face, and that its decisions on education issues are evidence-based,	

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	transparent and accountable. The GOC should therefore make an honest and transparent assessment of the resourcing it will need in its education assurance and approval team to be fit for purpose in the complex transition to a more complex education environment.	
College of Optometrists (p352)	We see the timeframe proposed for the ESR as wholly unrealistic for all stakeholders. A full appraisal must be done of a feasible timescale for enacting the positive elements of the ESR. This needs to explore and address what can form a realistic, safe pace and scale of change, including in the context of Covid-19 and wholly unresolved uncertainties to do with funding.	As noted above, We've listened very hard to the views expressed by providers, stakeholders and individuals during and after the consultation about timescales for implementation and we have adjusted our approach, as described in section four of the QAE Method Statement 'Arrangements for current (pre-2021) providers of approved and provisionally qualifications.' We have noted the advice in Hugh Jones Consulting report regarding a minimum adaptation period for higher education providers (of 22 months) have committed to work with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications. We anticipate most providers will work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year (giving an adaptation period of at least 30 months) and have agreed that some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the College of Optometrists and ABDO Exams to ensure that for students who graduate from qualifications approved before 2021, their route to GOC registration is maintained.
ABDO (p353)	We think the ESR implementation timeline as it stands presents significant risks to patient safety and public confidence, because of factors including the uncertain financial impact of the new framework, the inadequate and apparently rushed process for this final consultation, and the impact of the COVID-19 pandemic.	
ABDO (p354)	The COVID-19 pandemic has had a massive impact on the optical sector (including on the availability of clinical placements in both primary and secondary care for students and pre-reg trainees) as well as on education providers across the UK. However, the GOC does not seem to have taken this into account at all in its ESR implementation planning.	
GCU (p359)	We have been surprised that the GOC has not paused the ESR whilst we are in the middle of the pandemic. We believe that there will be stakeholders who will not respond to this consultation because they are distracted by the day-to-day operations of running their organisation during a public health emergency and many others who will not be able to respond as fully as they would like for the same reasons.	
Unnamed respondent (p355)	The integrated model calls for clinical experience in numerous settings. It may be difficult to make reasonable adjustments for all these settings which will disadvantage some students with disabilities.	S14 (now S15) has been amended to include: "Learning and experience in practice must take place in one or more periods of time and one or more settings of practice". We also expect providers to to make reasonable adjustments, including in periods of learning and experience in practice.
Unnamed respondent (p355)	The proposed model with a SPA is likely to lead to the development of relationships with specific placement providers and HEIs	We have reverted to using our existing term 'provider' to describe the awarding body/ academic organisation responsible for the award of the approved qualification (in simple terms, the organisation whose

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	allocating placements to students with little or no choice in relation to location or type of setting. This loss of flexibility in relation to where students choose to undertake their pre-registration period in the current model will reduce student choice with particularly detrimental impact on those students who need to live in a specific location due to family/caring commitments, cultural/religious reasons.	name/logo appears on the candidate's approved qualification certificate.) Our intention in commissioning the co-produced sector-led indicative document is that it should to provide guidance to providers of GOC-approved qualifications on potential 'mix,' distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures.
Unnamed respondent (p355)	While socioeconomic factors were not explicitly listed in the consultation, we would suggest there will be a negative impact on those from poorer backgrounds. Under the proposed model there is no guarantee that the pre-registration grant will continue (since the 'pre-reg' will no longer exist). There is also no guarantee that practices will continue to pay a salary to trainees and in fact they may require payment to take students. Additional placements will also increase travel and accommodation costs, limiting access of optometric training for students from poorer backgrounds.	As noted above, Council on 11th November 2020 considered the financial impacts of the proposal to integrate patient-facing clinical experience within the approved qualification and the enhanced clinical content within the outcomes. It also noted the report commissioned from Hugh Jones Consulting which provided assurance on three key financial risks: - continued payment of the pre-registration supervisors' grants to optical practices and potentially, PCSE (and equivalent) qualifying criteria could include the listing of further GOC approved qualifications; - tuition fee and loan support from OfS (and equivalent) at full rate (up to £9250pa in England rather than at the lower 'sandwich year' tuition fee (other maximum limits apply in each devolved administration); - there is no technical or regulatory bar for students in receipt of tuition fee and loan support to also receive a salary from optical practices (if offered). The report also highlighted opportunities for the sector to organise itself to potentially secure additional or reallocated funding from relevant national commissioners or HE & FE funding bodies across the four nations and in line with other HCPs.
GCU (p358)	Under the proposed model there is no guarantee that the pre-registration grant will continue (since the 'pre-reg' will no longer exist). There is also no guarantee that practices will continue to pay a salary to trainees and in fact they may require payment to take students. In addition students in some parts of the UK will likely have fees to pay for an extra year. There will also be increased travel and accommodation costs. All of this means that access for students from poorer backgrounds will potentially be curtailed under the new model.	
Other response (p356)	(On EDI proposals) Lost all respect for the GOC. Political correctness gone crazy... Putting this before the safety of our professionals is so wrong... Lost for words... I'm sure my responses will just be deleted.	We respectfully and fundamentally disagree. Far from compromising safety, attention to EDI will ensure better, more tailored and appropriate care that will enhance public safety. We have a moral, as well as statutory duty as a public body to consider EDI impacts, which does has an important public safety aspect, as well as broader considerations of reducing health inequalities and fair access into professional education and training.
Other response (p356)	It is too early to say whether the proposals would have a negative or positive impact on certain individuals or groups. However, the risk that they would have a negative impact needs to be fully and carefully	An independent EDI impact assessment has been conducted for the ESR in order to meet the GOC's statutory obligations with reference to the Section 149 of Equality Act 2010 and Section 75 the Northern

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	appraised, once there is greater clarity on how the proposals can and should be enacted.	Ireland Act 1998 and to develop recommendations to support GOC in embedding EDI in the implementation of the ESR. All the report's recommendations have been incorporated into final proposals. Two key recommendations were to amend Standard 5.5 to include wellbeing (effective support for students) and within the Outcomes for Registration, to enhance providers' understanding of protected group demographics within population data. To see the full recommendations from the EDI impact assessment please visit our website or request a copy via our communications team.
Other response (p361)	The GOC proposals would allow student DOs studying at level 5 standard to qualify. This will diminish the respectability of the profession, lower our wages at work, lowering retention of practitioners and which will ultimately lead to a poorer service for our patients.	The minimum qualification for a DO is currently set at level 5. As noted above, the recommendation from the RQF levels research are as follows, *'Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.'* Our proposals will therefore have the opposite effect to that suggested.