Education and training requirements for GOC approved qualifications consultation 2020

Final report

General Optical Council

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Introduction

To be registered as an optometrist or a dispensing optician with the GOC and practise in the UK, optometrist and dispensing optician students must complete General Optical Council approved qualification(s). As the regulator of the optical professions, the GOC has a statutory duty to approve qualifications 'granted to candidates following success in an examination or other form of assessment which in the Council's opinion indicates that the candidate has attained all the competencies' and appoint visitors (who the GOC calls 'Education Visitors') to report to the GOC on the 'nature of the instruction given,' the 'sufficiency of the instruction given'' and 'the assessments on the results of which approved qualifications are granted' as well as 'any other matters' that the GOC may decide.

The current requirements for approved qualifications to become a registered optometrist or dispensing optician are published in the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), along with associated policies for supervision and Recognition of Prior Learning (RPL).

To ensure that the current requirements for approved qualifications do not cause increased risk by becoming out of date, and to ensure the qualifications the GOC approves in the future respond to the way the optical sector is changing, the GOC plans to replace the current Quality Assurance Handbooks and associated policies with three new documents: 'Outcomes for Registration', 'Standards for Approved Qualifications', and 'Quality Assurance and Enhancement Method'.

To understand the potential impacts of these proposed changes on all stakeholder groups, the GOC conducted a public consultation entitled 'Education and training requirements for GOC approved qualifications.' Enventure Research, an independent research agency, was commissioned by the GOC to support in the delivery of this consultation, completing independent analysis of the results and feedback. The findings of the consultation are presented in this report.

Methodology

A phased mixed-methodology approach, including both quantitative and qualitative methods, was used for this consultation, including:

- An online consultation survey, delivered by the GOC via the Citizen Space platform, which received 187 responses over a 12-week period
- Online focus groups and in-depth interviews with GOC registrants, delivered by Enventure Research
- In-depth interviews with key external stakeholders from the optical sector, delivered by Enventure Research
- Online focus groups with optical patients, delivered by Enventure Research

A more detailed description of the methodology for this research can be found in chapter 2 of this report.

Key findings

The following pages present some of the key findings from this consultation, following the structure of the report. For more detail, please see the relevant chapters within this report.

Outcomes for Registration

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.

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.

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.

There was a mixed reaction to the use of Miller's Pyramid to measure competency, with some in the focus groups 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.

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. 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. 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.

Standards for Approved Qualifications – overview

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.

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. 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.

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. It was suggested that this lack of detail could also lead to problems for education visitor panels when undertaking their assessments. 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.

Almost six in ten (58%) survey respondents thought the proposal to integrate what is known as **pre-registration 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 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.

Despite all focus group and interview participants agreeing that optical students need as much practical experience of seeing patients and different eye conditions as possible to improve their skills and give them confidence, some concerns were raised about the proposed changes to integrate what is known as pre-registration training:

- There may be significant variation in the quality of placements and levels of supervision, which could disadvantage some students
- 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
- 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
- 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
- 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.

Standard 1 – Public and Patient Safety

Two thirds of survey respondents (67%) said they agreed with the GOC's proposal to include the 'Standards for Optical Students' and 'Standards of Practice in **criterion S1.1**, and 29% disagreed. 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.

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.

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%).

Standard 2 – Admission of students

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.

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.

Standard 3 – Assessment of Outcomes and Curriculum Design

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.

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.

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 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.

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 4 – Management, Monitoring and Review of Approved Qualifications

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.

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.

Standard 5 – Leadership, Resources and Capacity

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 felt the current system, or this aspect of it, should be retained.

Quality and Assurance and Enhancement 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%).

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.

In line with the survey results, the majority of focus group and interview participants felt the timescale was unrealistic. A small number welcomed it, as they felt the education and training review had already been a long process, and that the proposed changes were overdue and needed to be made as soon as possible. However, most felt that the timescale was unrealistic, explaining that there was no need to rush such important changes, and that it was important that the right changes were made to education and training or there could be serious consequences for the sector, which could ultimately affect patient care. They also suggested that, if providers were working to different timetables when adapting and implementing courses and programmes, this could lead to confusion in the sector and poor levels of education, which in turn could lead to recruitment problems for employers. Some suggested that the GOC should pause, reflect on the feedback from the consultation and engage further with stakeholders to make the necessary changes to the documents to ensure the new system is fit for purpose and any concerns mitigated. It was also suggested that the effect of the COVID-19 pandemic on providers could also be a barrier to implementation of the timescale.

Replacing the Quality Assurance 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.

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 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.

There was general agreement amongst focus group and interview participants that changes were required to bring the Quality Assurance Handbooks up to date and reflect the current scope of practice. However, not all participants agreed that they needed completely replacing, with a small number explaining that they could be updated and adapted instead to ensure they are fit for purpose.

Impact of proposals

In the survey, respondents were asked if they thought there would be any negative or positive impacts for any individuals or groups sharing any of the **protected characteristics** in the Equality Act 2010. Over half said there would be no positive (54%) or negative impacts (55%) on any of these individuals or groups. One in eight (13%) thought there would be a negative impact based on disability or age, whilst one in ten (10%) thought there would be a negative impact based on pregnancy and maternity. When asked to explain their response, 20% explained that there would be a negative impact for students with disabilities.

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 asked in the survey if the proposed changes would have an impact on any other groups or individuals, such as students, patients and the public, providers or employers, 53% said there would be a negative impact. By comparison, 18% thought there would be a positive impact. One in ten (11%) thought there would be no impact and 18% did not know. When asked to explain their survey response, the most common themes were:

- There could be a negative impact for or risk to the public and patients (30%)
- There could be a negative impact for providers due to the additional costs and resources that will be required (26%)
- The documents lack sufficient detail, evidence that changes are required or a financial assessment so an informed decision cannot be made (20%)
- The changes could result in lower standards (19%)
- There could be a negative financial impact for students in terms of increased tuition fees, unpaid placements, and additional travel and accommodation costs (19%)

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.

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.

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.

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 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.

1. About this consultation

1.1 Background

1.1.1 The General Optical Council (GOC) is the regulator for the optical professions of optometry and dispensing optics in the UK, with the overarching statutory purpose to protect, promote and maintain the health and safety of the public.

1.1.2 To be registered as an optometrist or a dispensing optician with the GOC and practise in the UK, optometrist and dispensing optician students must complete General Optical Council approved qualification(s). As the regulator of the optical professions, the GOC has a statutory duty to approve qualifications 'granted to candidates following success in an examination or other form of assessment which in the Council's opinion indicates that the candidate has attained all the competencies' and appoint visitors (who the GOC calls 'Education Visitors') to report to the GOC on the 'nature of the instruction given,' the 'sufficiency of the instruction given' and 'the assessments on the results of which approved qualifications are granted' as well as 'any other matters' that the GOC may decide.

1.1.3 The current requirements for approved qualifications to become a registered optometrist or dispensing optician are published in the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011) along with associated policies for supervision and RPL, etc. These documents list the required core competencies, the numerical requirements for students' practical experiences, education policies and guidance.

1.1.4 In recent years, the optical sector has changed and continues to evolve, resulting in the services that GOC registrants are expected to deliver changing to meet patient and service user needs. The main driving forces behind these changes is the increased prevalence of certain long-term health conditions and co-morbidities amongst an ageing population, the expanding roles of optical professionals, developments in technology, and system changes to the way healthcare is commissioned and delivered across the UK.

1.1.5 In 2016, the GOC launched the Education Strategic Review (ESR), which aimed to review and make recommendations on how the system of optical education and training should evolve so that registrants are equipped to carry out the roles they will be expected to perform in the future.

1.1.6 To ensure that the current requirements for approved qualifications do not cause increased risk by becoming out of date, and to ensure the qualifications the GOC approves in the future respond to the way the optical sector is changing and are fit for purpose, the GOC plans to replace the current Quality Assurance Handbooks and associated policies with three new documents: 'Outcomes for Registration', 'Standards for Approved Qualifications', and 'Quality Assurance and Enhancement Method'.

1.1.7 The proposals are based on the analysis of the key findings from the Concepts and Principles Consultation carried out in 2017-18 and feedback from the 2018-19 consultation on proposals stemming from the Education Strategic Review (ESR).

1.1.8 The GOC has conducted a public consultation, entitled 'Education and training requirements for GOC approved qualifications', to understand the potential impacts of the proposed changes on all key stakeholder groups. The GOC and Enventure Research, an independent research agency,

designed an online survey to collect responses to the consultation. Additionally, Enventure Research conducted supplementary consultation activity in the form of qualitative research.

1.1.9 Enventure Research has independently analysed the data collected via the online consultation survey, combined with the feedback collated via the qualitative consultation activity. The findings of the consultation are presented in this report.

1.2 The documents for consultation

1.2.1 The consultation sought views on replacing the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011) and associated policies, with:

- Proposed '**Outcomes for Registration'**, which describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC

- Proposed '**Standards for Approved Qualifications'**, which describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification

- Proposed '**Quality Assurance and Enhancement Method'**, which describes how the GOC proposes to gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets the Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act.

1.2.2 The aim is for these documents to ensure that qualifications the GOC approves in the future are responsive to the rapidly changing landscape in the commissioning of eye care services in each of the devolved nations. The GOC believes that the documents respond to the changing needs of patients and service users and changes in higher education and will meet the expectations of the student community and their future employers.

1.2.3 In preparing the documents, the GOC was advised by two Expert Advisory Groups (EAGs) with input from the Quality Assurance Agency and feedback from a range of stakeholder groups including Education Visitors, the Advisory Panel (including all four Statutory Advisory Committees – Education, Registration, Companies and Standards committees), the optical sector and sight-loss charities.

1.2.4 Throughout the consultation, the GOC also sought views on its outline impact assessment, which describes the GOC's assessment of the impact of its proposals to update the requirements for GOC approved qualifications.

1.2.5 For each section of this report that presents the consultation feedback, more detail will be provided about each document.

2. Methodology

2.1 Overview

2.1.1 A phased mixed-methodology approach, including both quantitative and qualitative methods, was used for this consultation, including:

- An online consultation survey
- Focus groups and in-depth interviews with GOC registrants
- In-depth interviews with key stakeholders from the optical sector
- Focus groups with optical patients

2.2 Online consultation survey

2.2.1 A consultation questionnaire was designed by the GOC, supported by Enventure Research, to ask questions relating to the proposed documents and the impact they would have. It was designed to allow completion by a range of audiences, including both individual and organisational responses. For reference, a copy of the consultation questionnaire can be found in **Appendix A**.

2.2.2 The online survey was managed and promoted by the GOC and hosted online via the Citizen Space platform. The consultation ran for 12 weeks from 27 July to 21 October 2020. During this time, 187 responses were received.

2.2.3 The majority of responses were from individuals (84%) and 16% were from organisations. ***Figure 1*** below shows that, of individual responses, the majority came from optometrists (51%), followed by dispensing opticians (28%). Small numbers of optometry students (6%) and dispensing students took part (4%). A handful of members of the public (3%) and patients, service users or their carers (2%) also took part.

Figure 1 – Individual respondent type
Base: All individual respondents (159)

Individual respondent type	Number	%
Optometrist	81	51%
Dispensing optician	44	28%
Optometry student	10	6%
Dispensing student	7	4%
Member of the public	4	3%
Patient/service user (or their carer)	3	2%
Other	10	6%

2.2.4 As shown in ***Figure 2***, the largest proportion of organisational responses came from providers of GOC approved qualifications (38%). A further 17% of organisational responses were from optical professional bodies and 10% were from optical business registrants. Also represented in the feedback were a current CET/CPD provider, an optical defence/representative body and a commissioner of optical care.

Figure 2 – Organisation respondent type
Base: All organisational respondents (29)

Organisation respondent type	Number	%
Provider of GOC approved qualification(s)	11	38%
Optical professional body	5	17%
Optical business registrant	3	10%
Current CET/CPD provider	1	3%
Optical defence/representative body	1	3%
Commissioner of optical care	1	3%
Other	7	24%

2.2.5 The following organisations took part in the survey and consented to being identified:

- Edwards Opticians Ltd.
- Health & Social Care Board, Northern Ireland
- Association of British Dispensing Opticians (ABDO)
- Savetheprereg Group
- Opticians Academic Schools Council (OASC)
- Scottish Government
- NHS Education for Scotland
- The College of Optometrists
- Association of Optometrists (AOP)
- SeeAbility
- University of Plymouth
- Association for Independent Optometrists and Dispensing Opticians (AIO)
- Optometry Schools Council
- Federation of (Ophthalmic and Dispensing) Opticians (FODO) – The Association for Eye Care Providers

2.3 Qualitative consultation activity

2.3.1 To supplement the quantitative online consultation survey, a programme of qualitative consultation activity was conducted. This included a series of online focus groups and in-depth interviews with GOC registrants, in-depth interviews with external stakeholders, and online focus groups with patients.

Online focus groups with registrants

2.3.2 The registrant focus groups were split between optometrists and dispensing opticians, to take into account the differences between these roles, and by length of time on the GOC register (including current students). Focus groups were also conducted with optometry and dispensing students. In total, 11 focus groups were held, stratified as shown in ***Figure 3*** below. In-depth interviews were conducted with dispensing optician registrants from Northern Ireland and Wales and optometrists from Northern Ireland, where recruitment of sufficient numbers to hold focus groups proved difficult. Due to the COVID-19 pandemic, all focus groups were conducted online.

Figure 3 – Stratification of registrant online focus groups

<table>
<tr><th>Role</th><th>Length of time on register / student</th><th>Location of registrants</th><th>Format</th><th>Additional stratification</th></tr>
<tr><td rowspan="7">Optometrist</td><td rowspan="5">Five or more years</td><td>England</td><td rowspan="4">Focus group</td><td rowspan="12">Mix of practice settings, locations, gender, age, ethnicity</td></tr>
<tr><td>England</td></tr>
<tr><td>Scotland</td></tr>
<tr><td>Wales</td></tr>
<tr><td>Northern Ireland</td><td>In-depth interview</td></tr>
<tr><td>Less than five years</td><td rowspan="2">UK-wide</td><td rowspan="2">Focus group</td></tr>
<tr><td>Student</td></tr>
<tr><td rowspan="5">Dispensing optician</td><td rowspan="4">Five or more years</td><td>England</td><td rowspan="3">Focus group</td></tr>
<tr><td>England</td></tr>
<tr><td>Scotland</td></tr>
<tr><td>Wales</td><td rowspan="2">In-depth interview</td></tr>
<tr><td>Northern Ireland</td></tr>
<tr><td>Less than five years</td><td rowspan="2">UK-wide</td><td rowspan="2">Focus group</td></tr>
<tr><td>Student</td></tr>
</table>

2.3.3 A discussion guide was designed to revisit some areas covered in the consultation survey in order to stimulate discussion and explore the reasons behind the results in greater depth, as well as other areas that were not suitable to be covered in an online survey format. A copy of the registrant discussion guide can be found in **Appendix B**.

2.3.4 Four to five participants attended each focus group. The qualitative consultation activity with registrants took place in September and October 2020.

In-depth interviews with external stakeholders

2.3.5 A wide range of stakeholders from the optical sector took part in qualitative research via in-depth interviews, which allowed the proposed changes to the education and training requirements for GOC approved qualifications to be covered in significant depth in a one-on-one scenario.

2.3.6 The GOC provided Enventure Research with a list of key stakeholders and organisations for potential participation in the in-depth interviews to ensure a representative spread of stakeholders across the sector was achieved.

2.3.7 ***Figure 4*** lists all the stakeholders who took part in the research and gave their consent to be identified in this research. Verbatim quotations have been used where relevant from these interviews as evidence of certain viewpoints, but these have only been attributed to organisations or individuals where consent was provided, and quotations were approved.

Figure 4 – Optical stakeholder interview participants

	Organisation	Stakeholder category
1	Association of British Dispensing Opticians (ABDO)	Optical professional body
2	Association of Optometrists (AOP)	Optical professional body
3	British and Irish Orthoptic Society	Optical professional body
4	Cardiff University	Provider of approved qualification(s)
5	Cardiff University	Provider of approved qualification(s)
6	Cardiff University	Provider of approved qualification(s)
7	Federation of Ophthalmic and Dispensing Opticians (FODO)	Optical professional body
8	London Eye Health Network	Commissioner/provider of optical care
9	Moorfields Eye Hospital	Commissioner/provider of optical care
10	Royal College of Ophthalmologists	Optical professional body
11	Royal College of Ophthalmologists	Optical professional body
12	Royal College of Ophthalmologists	Optical professional body
13	Ulster University	Provider of approved qualification(s)
14	Ulster University	Provider of approved qualification(s)
15	University of Bradford	Provider of approved qualification(s)
16	University of Manchester	Provider of approved qualification(s)
17	Worshipful Company of Spectacle Makers	Large employer
18	Worshipful Company of Spectacle Makers	Large employer
19	Unnamed education provider	Provider of approved qualification(s)
20	Unnamed education provider	Provider of approved qualification(s)
21	Unnamed education provider	Provider of approved qualification(s)
22	Unnamed education provider	Provider of approved qualification(s)
23	Unnamed education provider	Provider of approved qualification(s)
24	Unnamed optical commissioner	Commissioner/provider of optical care
25	Unnamed charity/patient organisation	Charity/patient organisation
26	Unnamed large employer	Large employer
27	Unnamed professional association	Optical professional body
28	Unnamed education provider	Education provider
29	Unnamed large employer	Large employer
30	Unnamed large employer	Large employer

2.3.8 In-depth interviews followed a specifically designed interview guide to allow all relevant topics to be covered, some of which were tailored for each stakeholder group. Interviews were conducted either via internet or telephone. A copy of the in-depth interview guide can be found in **Appendix C**.

2.3.9 In total, 30 individuals from optical sector stakeholders were interviewed in September and October 2020.

Online focus groups with patients

2.3.10 Two focus groups were conducted with optical patients who had visited an opticians in the last two years to explore a range of topics relevant to the consultation, such as communication between optical professionals and patients, shared-decision making, consent, diversity in the profession and the role that the public can play in the education and qualification of optical professionals.

2.3.11 Participants were recruited from a broad range of backgrounds and locations, with each of the devolved nations represented, and were equally split by sex. Due to the COVID-19 pandemic, all focus groups were conducted online.

2.3.12 A discussion guide was designed by Enventure Research, a copy of which can be found in **Appendix D**.

2.3.13 Four to five participants attended each focus group. The qualitative consultation activity with patients took place in October 2020. The feedback from these groups can be found in Chapter 9.

3. Reading this report

3.1 Interpreting survey data

Interpreting percentages

3.1.1 This report contains a number of tables and charts used to display consultation survey data. In some instances, the responses may not add up to 100% or the base size may differ between questions. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- A respondent may not have provided an answer to the question, as questionnaire routing allowed certain questions to only be asked to specific groups of respondents
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of less than 0.5% will be shown as 0%

3.1.2 Where possible, analysis has been undertaken to explore the survey results by respondent type – optometrists, dispensing opticians, patients and members of the public and organisations. This analysis has only been carried out where the sample size was seen to be sufficient to enable confident statistical analysis. As only 29 responses from organisations and seven responses from patients and members of the public were received, results for these groups have been displayed to give an indication of the views of organisations and patients/members of the public and cannot be confidently compared to the results from optometrists and dispensing opticians. Any differences between optometrists and dispensing opticians have been calculated as statistically significant according to a statistical test (the z-test) at the 95% confidence level.

Combining response options

3.1.3 The majority of consultation survey questions required respondents to indicate the impact of a proposed change on a scale of *'very positive'* to *'very negative'*. As differences between responses within this type of Likert scale are often subjective (for example, the difference between those who answered *'very positive impact'* and *'positive impact'),* these response options have been combined to create a total response. They are presented in charts and tables as *total* results (e.g. *'total positive'* and *'total negative'*).

Open-end responses

3.1.4 A number of questions in the survey allowed respondents to provide open-end responses in order to explain their answers to closed-end questions. These responses were thematically coded for analysis by grouping similar responses together, to show frequency of themes in table format.

3.1.5 A number of open-end responses provided by organisation respondents were detailed and covered many specific points outside of the scope of the thematic coding process. A number of these repeated responses from the Optometry Schools Council (OSC). In order to provide the GOC with the detail from these responses, they have been included verbatim in **Appendix E**.

3.1.6 For each open-end question, some responses were coded as 'other' if they covered points that were only mentioned by one respondent and did not share commonality with any comments from

other respondents. In order to ensure this feedback is provided to the GOC and included within the consultation feedback, the verbatim from these responses has also been included in **Appendix E**.

3.2 Interpreting qualitative feedback

3.2.1 When interpreting the qualitative research data collected via focus groups and in-depth interviews, the findings differ to those collected via a quantitative online survey methodology because they are not statistically significant. They are collected to provide additional insight and greater understanding based on in-depth discussion and deliberation, not possible via a quantitative survey. For example, if the majority of optometrist participants hold a certain opinion, this may or may not apply to the majority of all optometrists. Qualitative findings are collected by speaking in much greater depth to a smaller number of individuals.

3.2.2 Focus group and in-depth interview discussions were digitally recorded and notes made to draw out common themes and useful quotations. Only common themes are detailed in the report, rather than every viewpoint that was expressed. Verbatim quotations have been used as evidence of qualitative research findings where relevant throughout the report. Quotations from the registrant and patient focus groups are anonymous, and quotations from stakeholders are attributed to their organisation, in line with their authorisation.

3.3 Terminology and clarifications

3.3.1 Throughout this report, those who took part in the online consultation survey are referred to as ‘respondents’.

3.3.2 Those who took part in qualitative research (focus groups or in-depth interviews) are referred to as ‘participants’.

3.3.3 In some verbatim quotations, the term ‘optom’ has been used to refer to an optometrist and ‘DO’ to refer to a dispensing optician.

3.3.4 The term ‘stakeholder’ refers to those who took part in the research, either via the online consultation survey or an in-depth interview, as a representative of the wider optical sector.

3.3.5 The term ‘provider’ refers to providers of GOC approved qualification(s).

4. Outcomes for Registration

Summary of changes

The proposed 'Outcomes for Registration' describe the expected knowledge, skills and behaviours an optometrist or dispensing optician must have when they qualify and enter the GOC register. GOC approved qualifications will prepare optometry and dispensing students to meet these outcomes for entry to the register.

The outcomes are organised under seven categories, which each refer to the GOC's Standards of Practice that students will be expected to adhere to when they join the register. These categories are:

1. Person Centred Care
2. Communication
3. Lifelong Learning
4. Ethics and Standards
5. Risk
6. Clinical Practice
7. Leadership and Management

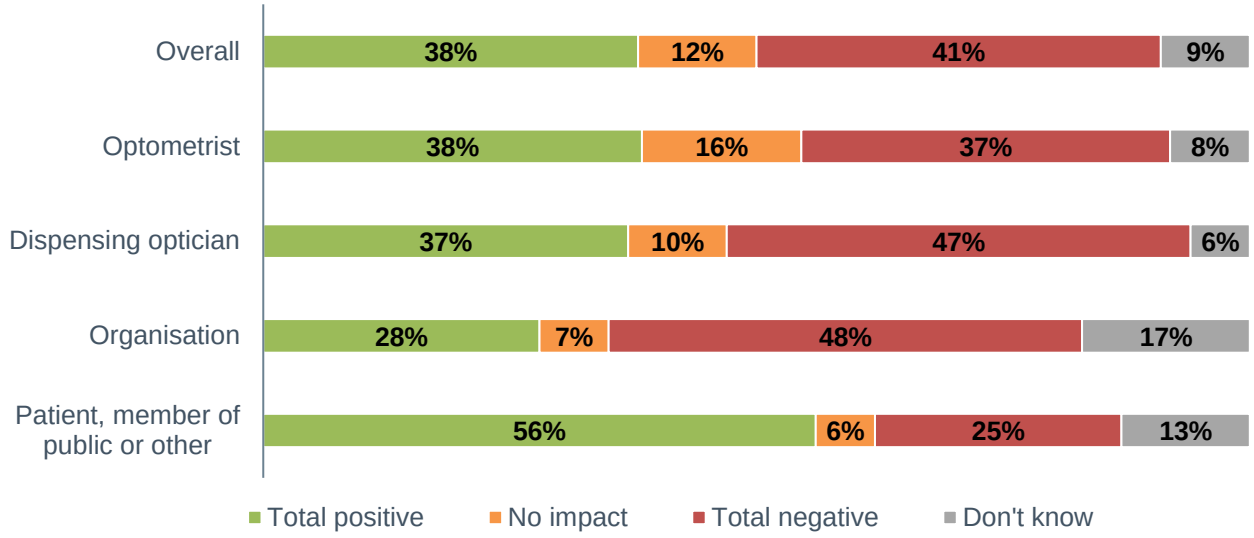
The 'Outcomes for Registration' will be supplemented by a GOC commissioned sector-led co-produced indicative document which will provide greater detail for each profession to support providers as they develop new qualifications or adapt existing ones to meet the outcomes. This document was not available to be included in the consultation.

4.1 Consultation survey response

4.1.1 Respondents were asked what impact they thought the 'Outcomes for Registration' would have on the expected knowledge, skill and behaviour of future optometrists.

4.1.2 As shown in ***Figure 5***, a larger proportion of respondents thought the impact of the 'Outcomes for Registration' on the expected knowledge, skill and behaviour of future optometrists would be negative overall (41%) than those who thought it would be positive (38%). A further 12% felt that the 'Outcomes for Registration' would have no impact and 9% said they did not know. No significant differences were seen in the responses between different respondent types, with the largest proportions stating that this document would have a negative impact.

Figure 5 – What impact, if any, will introducing the proposed 'Outcomes for Registration' have on the expected knowledge, skill and behaviour of future optometrists?
Base: All respondents (187), Optometrists (91), Dispensing opticians (51), Organisations (29), Patients, members of the public or other (16)

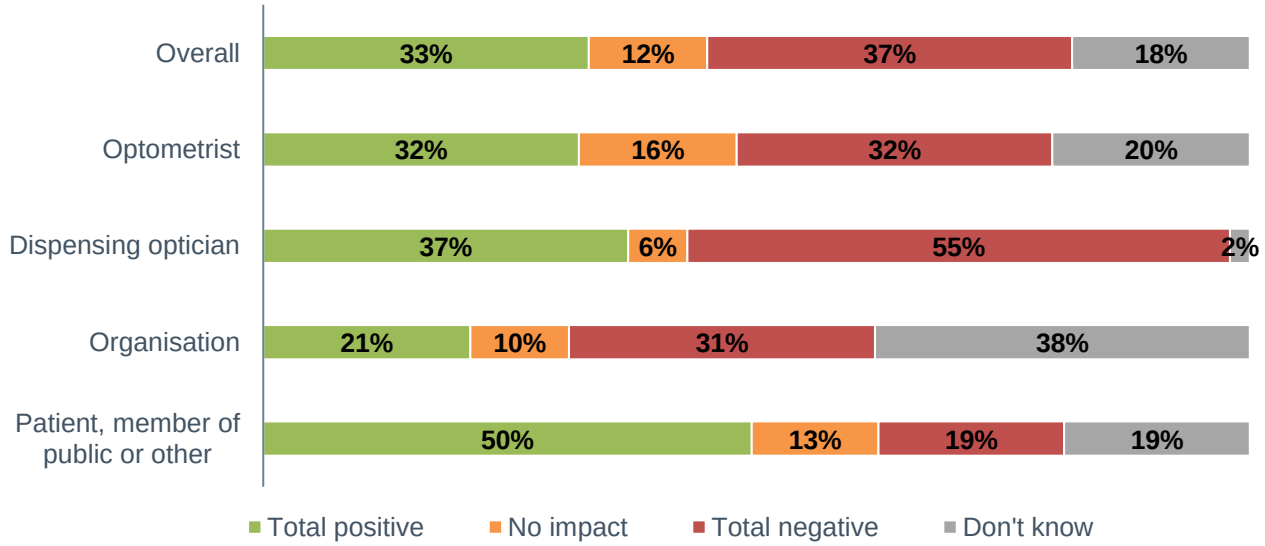


4.1.3 Respondents were also asked what they thought the impact the 'Outcomes for Registration' would have on the expected knowledge, skill and behaviour of future dispensing opticians.

4.1.4 As can be seen in ***Figure 6***, again a larger proportion thought the 'Outcomes for Registration' would have an overall negative impact on the expected knowledge, skill and behaviour of future dispensing opticians (37%) than felt it would be positive (33%). One in eight (12%) felt there would be no impact and 18% did not know.

4.1.5 A larger proportion of dispensing optician respondents thought the impact on the expected knowledge, skill and behaviour would be negative overall (55%) when compared with optometrist respondents (32%).

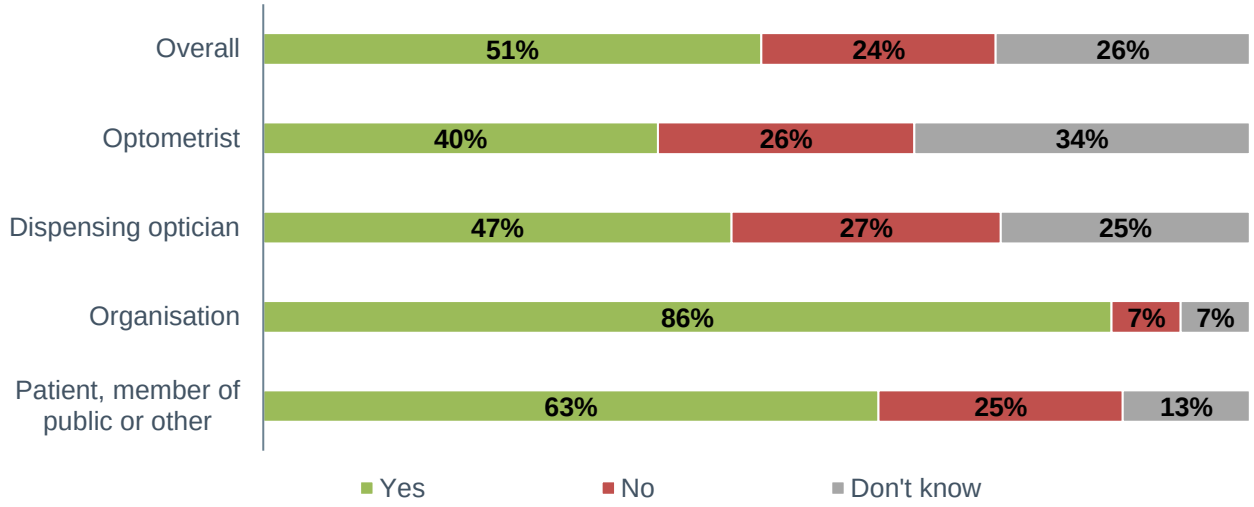
Figure 6 – What impact, if any, will introducing the proposed 'Outcomes for Registration' have on the expected knowledge, skill and behaviour of future dispensing opticians?
Base: All respondents (187), Optometrists (91), Dispensing opticians (51), Organisations (29), Patients, members of the public or other (16)



4.1.6 Respondents were asked if there was anything in the criteria in the 'Outcomes for Registration' that was missing or should be changed.

4.1.7 As can be seen in ***Figure 7***, around half (51%) felt that there was something missing or that should be changed. A quarter (24%) said nothing was missing and a further 26% did not know. Almost nine in ten organisation respondents (86%) said that there was something missing or that should be changed.

Figure 7 – Is there anything in the criteria in the 'Outcomes for Registration' that is missing or should be changed?
Base: All respondents (187), Optometrists (91), Dispensing opticians (51), Organisations (29), Patients, members of the public or other (16)



4.1.8 Respondents who said that there was something missing or that should be changed in the criteria were asked to explain, by way of providing free-text comments.

4.1.9 As shown in ***Figure 8***, the most common response was that the 'Outcomes for Registration' lacked detail in general, which resulted in vagueness and left them open to interpretation (28%). A further 25% mentioned a lack of detail specifically around clinical skills, suggesting more emphasis on them was required within the document. The full range of responses is shown in the table.

Figure 8 – Please explain your response
Base: Respondents who thought there was something missing or that needed changing and provided an answer (93)

Explanation	Number	%
Document lacks detail – too vague/open to interpretation	26	28%
Lack of detail about/more emphasis needed on clinical skills	23	25%
Standards will be inconsistent/vary too much	17	18%
Standards will be lower	16	17%
Comment about specific outcome/point	16	17%
Needs common framework/common final assessment/independent examiner to ensure consistency	11	12%
Changes will lead to negative impact on/risk to public and patients	10	11%
Concern about resources/funding/financial impact	9	10%
Outcomes are too advanced for entry level students	9	10%
Support the document overall/positive changes	7	8%
Miller's Pyramid of clinical competence – difficult to assess/some measurements need changing	7	8%
Lack of consideration of differences between dispensing opticians and optometrists	7	8%
No issues with current system/changes unnecessary	6	6%
Changes will have little/no impact or benefit	5	5%

Explanation	Number	%
Changes diminish credibility of qualification/profession	5	5%
Insufficient evidence/assessment to support changes	4	4%
Concern about multiple/stakeholder influence	4	4%
More clarification needed on weighting of outcomes/weighting not clear	4	4%
Lacks enhanced level/opportunity to upskill	4	4%
Timeframe too short/unrealistic/currently inappropriate	4	4%
Outcomes do not meet current/future/evolving scope of practice	3	3%
Lacks reference to/more emphasis needed on optometrists' role in education/ training of others	3	3%
Lacks reference to commercial/retail pressures and influence	3	3%
Outcomes are not specific to optics/could apply to other professions	3	3%
Indicative guidance document must be detailed and embedded within outcomes	3	3%
More emphasis needed on IP	2	2%
Comment unrelated to Outcomes for Registration document	2	2%
Outcomes emphasise practical too early on	2	2%
Lengthy organisation response – can be found in Appendix E	11	12%
Other	17	18%

4.2 Qualitative consultation activity feedback

Positivity about the 'Outcomes for Registration'

4.2.1 Amongst focus group and interview participants there was some positivity about the 'Outcomes for Registration'. Some participants felt that an outcomes-based framework better suited the current scope of the profession and recent changes within the sector, particularly when compared with the current education handbooks, which were perceived to be of a more prescriptive and restrictive nature due to their competency-based approach. It was often suggested that the way the document was constructed should be flexible in nature, meaning that it could be updated in the future as the profession continues to change and evolve. Some provider participants also felt that the 'Outcomes for Registration' document would give them greater flexibility to design and adapt their courses and programmes.

> *Mainly the focus on competencies rather than outcomes meant that it was very difficult to move with the times. Competencies are probably out of date now and I think moving to an outcomes-based approach gives us the freedom to review and revise our course as and when practice changes, which we haven't had.*
>
> Provider of GOC approved qualification(s)

> *Having an outcomes-based format is going to be much easier to respond to changes, both in the clinical requirements and potentially in any other registration or legal requirements, or generic capability requirements. It's very timely for it to be altered.*
>
> Optical professional body

4.2.2 There was also some praise for the way the document was set out in a clear, easy to understand format that comprised all areas related to registrants' scope of practice and was aligned with the GOC's 'Standards of Practice'. In particular, it was highlighted that the category of Lifelong Learning was a welcome inclusion, as this is something which is viewed as currently not receiving sufficient attention within the profession and which should be embedded in registrants' practice to a greater degree.

From what I saw it covered all areas, it was a little bit easier to understand, and it did seem a lot more clearly laid out in regards to what they were going to do compared with the other proposed documents.

Newly qualified dispensing optician

One sector which presents the biggest opportunity is probably the Lifelong Learning one...I just feel that as a profession we could be better at that and I think it's really difficult for an individual to self-evaluate, and to reflect on what they're doing and what they could do better…so I think there's opportunities there to…embed that more into the practice of optometrists and dispensing opticians.

Large employer

4.2.3 Others welcomed the inclusion of Leadership and Management, as this was seen to be an important area that registrants should be able to demonstrate skills in due to the way that the roles of optometrists and dispensing opticians have changed in recent years, taking on more responsibilities. However, some questioned whether Leadership and Management should be included, explaining that not all registrants want to be involved in management roles. It was also suggested that the category was not specific enough, which could lead to the outcomes within it being interpreted in different ways.

The leadership and management bit is a good inclusion because that's a new dimension to this as well. I think it makes it reflect true practice more, but it's way too open for interpretation.

Newly qualified optometrist

I'm curious about why Leadership and Management is in there…Why put an emphasis on leadership in optometrists? Surely there are many optometrists who are quite content to go in, do their 9-5 and leave. They don't want a leadership role, they don't want a management role. Personally, I don't understand why there's an emphasis on that.

Therapeutic prescriber, England

4.2.4 It was also suggested that moving to an outcomes-based framework via the 'Outcomes for Registration' document would bring the education and training of optometrists and dispensing opticians more in line with those of other healthcare professionals, where this approach is already used. Some participants explained that this was of particular importance given the increased prevalence of multi-disciplinary working between registrants and other healthcare professions.

The document is moving us closer to aligning us with other healthcare professions. It's not perfect, we haven't cracked it yet, but it does align us more with our fellow health and social care providers. I think we will need to be communicating and working with other providers more so than ever in the next 20 years.

Optometrist, Wales

4.2.5 A patient charity that works with people with learning disabilities praised the 'Outcomes for Registration' document, as they welcomed the specific reference to the needs of patients with learning disabilities and complex needs within the outcomes.

In that document as well, we welcome the fact that patients with learning disabilities and complex needs in 6.3 is an area of professional practice, that's acknowledged as particular area. So that's a welcome inclusion.

Charity/patient organisation

Lack of detail and being open to interpretation could impact standards in the profession

4.2.6 As highlighted in the survey comments, it was suggested by some participants that the 'Outcomes for Registration' document lacked detail and also suggested that the way the outcomes were worded was too broad in some cases. It was suggested that this could mean they are interpreted by providers of qualifications in different ways, which could lead to a variation in standards in the profession and have an adverse impact on patient care. Comparisons were made with the current competencies, which were perceived by some participants as easy to use to assess students as they were prescriptive in nature, meaning that there was no room for interpretation and therefore potential inconsistency. It was felt that there was a fine balance between not being too prescriptive and not providing enough detail, and that perhaps this document did not achieve this.

> *If you have such variety…then I don't know how it can be consistent, and that puts patients at risk if everybody's not at the same standard.*
>
> Optometrist, Northern Ireland

> *It could offer huge variations in standards which makes me nervous because there are a lot of new optometry universities. They could be brilliant but they might not be either...I think we need to ensure that there is a consistent standard across all of us so a patient can be confident that wherever they [the optometrists] come from, they're going to be good.*
>
> Provider of approved qualification(s)

> *I think there'll be a positive impact in that it does allow more flexibility but then there's also the caveat of how much flexibility is too much flexibility in terms of the education institutes and training. Who's quality assuring the level of training and the back office stuff?*
>
> Dispensing optician, England

4.2.7 In particular, a lack of detail and emphasis was highlighted in relation to the category of Clinical Practice. Participants perceived clinical practice to be the most important aspect of this document, as it is the basis of what optical professionals are educated in and trained to deliver, and that the level of detail in the document did not reflect this. This led to some participants expressing concerns that this would lead to deskilling in the profession, which would have an adverse effect on professional standards. Concern was also raised that the whole clinical practice of registrants was reduced to only three outcomes, which it was felt were not comprehensive enough.

> *Clinical practice, I think, needs to be beefed up. Because while patient centred care is at the cornerstone or centre of everything that we should be doing, we still need to be able to demonstrate that we can do it. And that's where the clinical practice needs beefed up a little bit….All it does it list about five, seven, maybe eight, different sub-practice areas…I don't know if public health is in it.*
>
> Commissioner/provider of optical care

> *If I was to think what encompasses the clinical practice of an optometrist, do those three points cover it? I would have some concern that actually, that's almost an optometry programme reduced into those three outcomes.*
>
> Optical professional body

4.2.8 It was highlighted by some participants that the outcomes, with the exception of the Clinical Practice outcomes, could apply to any profession and were not specific enough to the knowledge and skills that optical professionals should have when they enter the GOC register. These participants

explained that they would expect to see the outcomes made more relevant to the profession, which would give them more confidence in the document.

> *I'm disappointed to see that knowledge is a pretty tiny bit of it. You could have written the same outcomes for anything. The only thing that's actually about optometry is 6.3. The rest is rather woolly. It could fit any profession – it could be hairdressing.*
>
> Provider of GOC approved qualification(s)

> *The first five sections in that document you could apply to pretty much any other medical profession. It's not really specific or tailored to optometrists.*
>
> Newly qualified optometrist

4.2.9 Some participants questioned whether each outcome should be given equal weight within the document, perceiving some outcomes to be more important than others, such as Clinical Practice. The ordering of outcomes was also questioned by some participants, again suggesting that greater focus should be given to clinical practice by listing this earlier in the document to highlight its importance.

> *It's not clear to me what the weighting of these outcomes are. Are they all equally weighted? Or do some of them have a greater weighting than others?...Again, if this becomes a tick box exercise, what is the weighting? Are these all equally important to dedicate training time to, or as some of them more heavily weighted?*
>
> Large employer

> *I was also a bit surprised that that out of seven sections, there was a little section on clinical skills that seemed to have no more weight than anything else.*
>
> Optometrist, England

> *It's very interesting that clinical practice is [category] number six…You'd think first and foremost would be your clinical skills.*
>
> Optical professional body

4.2.10 Related to feedback about the 'Outcomes for Registration' document lacking detail or being open to interpretation, there was some criticism of the way the document was worded. Some participants suggested that, in certain places, the wording was vague or that it was not clear what the GOC's expectations were. It was also highlighted that the document needed rewording in places in plain English so that it would be accessible to a wide range of audiences, including students and non-optical professionals.

> *By all means use technical terms and identify what they are, but just use plain English. So that a student or someone who never had any involvement in any of this jargon would be able to read it and understand it…supposing you're a dean of a faculty who has not had anything to do with optics?*
>
> Optical professional body

Suggestions

4.2.11 It was felt that the 'Outcomes for Registration' document should have a greater emphasis on positive skills, such as professionalism, and communicating effectively with patients and other healthcare staff. Some participants explained that, in their experience, there are optical professionals that qualify without a good standard of communication skills, and that this was

becoming an important issue in the sector. It was also suggested that the document should reflect how optometrists in the future might work with and support other healthcare staff in the delivery of eyecare, with an emphasis on team working and communication skills.

> *Where does being a professional come in?...There's nothing here about behaving professionally in a way that maintains the confidence of patients and colleagues. It's sort of there, but it's not.*
>
> Optical professional body

> *There's teamworking but there's nothing about that preparing for higher levels of practice or extended care or understanding the roles. There's nothing around delivering information to patients - communication doesn't have anything about delivery.*
>
> Optical professional body

4.2.12 Due to the nature of the optical profession including elements of both healthcare and retail, it was suggested by some participants that the 'Outcomes for Registration' should include an additional outcome specifically related to putting patients' interests ahead of commercial and retail pressures in the optical profession.

> *Under person centred care, there's something that I felt was missing which is a historic issue with optometrists – the potential commercial pressures. It says to ensure care is not compromised because of personal care and beliefs but in the Standards of Practice it specifically says not to put commercial pressures ahead of patient care. I found it a little bit odd that they covered every base apart from that.*
>
> Optometrist, Wales

> *There does need to be some emphasis on commercial bias. It's something that needs to be addressed as it's a very important part of our role and there should be some discussion and regard to it through the training programme.*
>
> Optometrist, Wales

4.2.13 Opinion was split between participants who welcomed that the 'Outcomes for Registration' document applied to both optometrists and dispensing opticians and those who felt there should be separate outcomes for the different professions. Some dispensing optician participants felt that having to meet the same outcomes as optometrists when they qualify and enter the register gave them professional recognition, which they welcomed. However, other participants felt that, as the roles are so different, there should be different outcomes for the two distinct professions, particularly in core areas such as Clinical Practice and Patient Safety.

> *My first gut reaction to the document was 'brilliant'. It's a level playing field because, within the professions, there's often been a sort of venomous culture between optometrists and DOs. So I was very pleased initially to see that that we would all be allowed to perform within our role to the best of our ability.*
>
> Dispensing optician, Scotland

> *It's a difficult one. I think dispensing opticians have a very different route, and in terms of patient safety, there's not nearly as many issues. There's lots of it that you could see that are equally important…but to my mind, there's not the same issue in terms of trying to keep the public safe with dispensing.*
>
> Provider of GOC approved qualification(s)

Since COVID, we have the situation now where we expect optometrists to do a lot more, to go well past their usual kind of perceptions of risk. What is missing in the outcomes are the specific clinical outcomes for DOs separate to optoms.

Commissioner/provider of eye care

Use of Miller's Pyramid

4.2.14 There was mixed reaction to the use of Miller's Pyramid to assess whether an optometrist or dispensing optician displays the expected knowledge, skills and behaviours they must have at the point they qualify and enter the register with the GOC as set out in the 'Outcomes for Registration' document. Some welcomed its use, explaining that it seemed like an effective way of measuring and ensuring certain levels of ability. It was also highlighted that Miller's Pyramid is used within other healthcare professions, and that this was another positive step towards greater alignment.

I think it's a really good system to use the Pyramid – it does show the level of competency you are expected to leave the degree with.

Student optometrist

I think everybody else in the other healthcare professions is using Miller's triangle so it's obviously either good and it works, or it's fashionable. Either way, I'm in favour of optometrists and dispensing opticians being held in the same regard as other professionals.

Optometrist, Wales

4.2.15 However, others suggested that this approach was a difficult way of measuring ability and being able to evidence whether someone is able to 'know how', 'shows how' and always consistently 'does' in reference to some of the outcomes.

I find it tricky to understand how they can expect someone day one out of pre-reg to effectively act as a mentor or role model or support the development of others because they are newly minted, as it were. This is classified as a 'does', whereas to me it should be a 'knows' or 'knows how', especially when you compare it to the outcome about understanding supervision, which is a 'knows. There seems to be a bit of disconnect – they're expected to only 'know' supervision but also expected to 'do' the supervision and mentoring.

Optometrist, Wales

It's completely un-evidencable. A provider is not going to be able to have proof that people have those skills to those levels. It's not possible to do. Usually people don't choose the highest level of Miller's Pyramid because they can't evidence it. What you're saying is that somebody will do that on an everyday basis all the time in their everyday practice. How on earth are you going to find that out?

Provider of GOC approved qualification(s)

5. Standards for Approved Qualifications

Summary of changes

The 'Standards for Approved Qualifications' describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification from the GOC.

The 'Standards for Approved Qualifications' are organised under five categories:

1. Public and Patient Safety
2. Admission of Students
3. Assessment of Outcomes and Curriculum Design
4. Management, Monitoring and Review of Approved Qualifications
5. Leadership, Resources and Capacity

Each category is supported by criteria which must be met for a qualification to be approved.

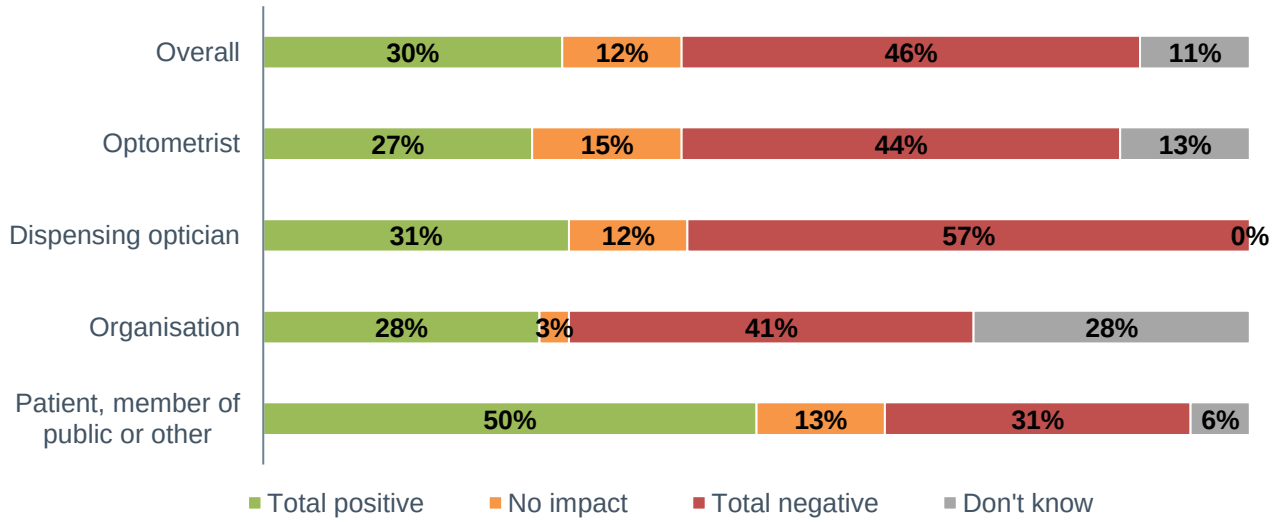
The 'Standards for Approved Qualifications' also include a proposal to integrate what is currently known as pre-registration training within the approved qualification.

5.1 Consultation survey response

5.1.1 Survey respondents were asked what impact, if any, introducing the proposed 'Standards for Approved Qualifications' would have on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians.

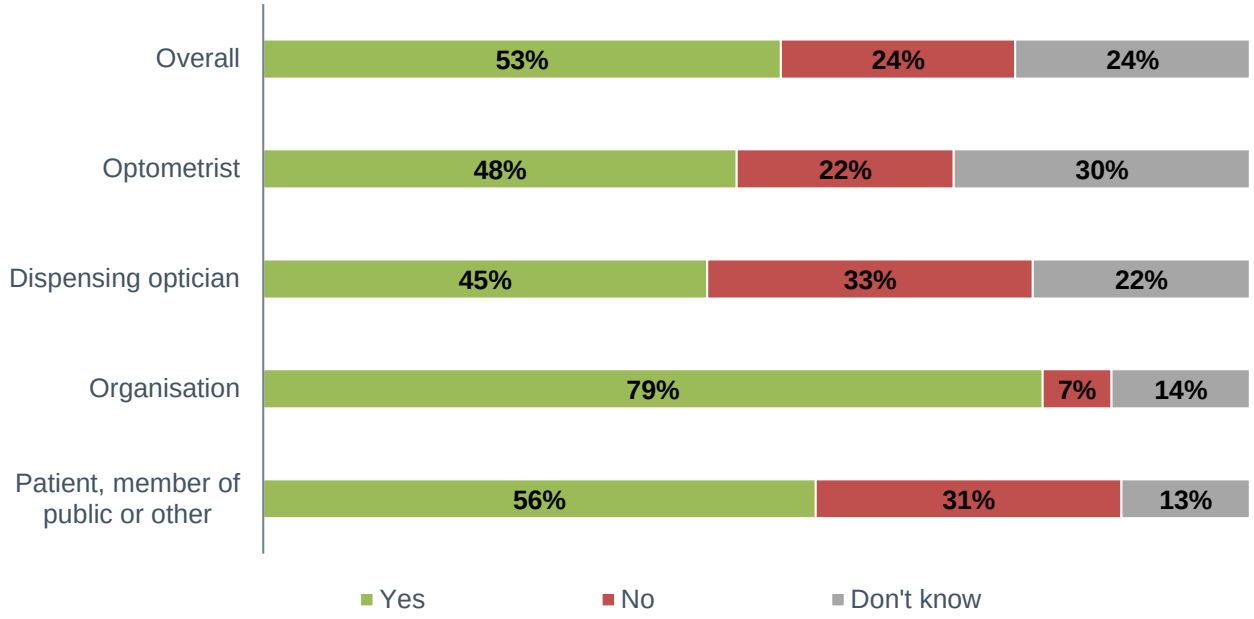
5.1.2 ***Figure 9*** shows that almost half of respondents (46%) felt that the 'Standards for Approved Qualifications' would have an overall negative impact on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians, a larger proportion than felt it would have a positive impact (30%). No significant differences were seen by respondent type.

Figure 9 – What impact, if any, will introducing the proposed 'Standards for Approved Qualifications' have on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians?
Base: All respondents (187), Optometrists (91), Dispensing opticians (51), Organisations (29), Patients, members of the public or other (16)



5.1.3 When asked if there is anything in the 'Standards for Approved Qualifications' that was missing or should be changed, over half (53%) said there was, as shown in ***Figure 10***. A further 24% said there was not and 24% did not know. Eight in ten organisation respondents (79%) thought that there was something missing or that should be changed in the 'Standards for Approved Qualifications'.

Figure 10 – Is there anything in 'Standards for Approved Qualifications' that is missing or should be changed?
Base: All respondents (187), Optometrists (91), Dispensing opticians (51), Organisations (29), Patients, members of the public or other (16)



5.1.4 Respondents were asked to explain their answer, thinking about what is missing or should be changed. As shown in ***Figure 11***, the most common response was that the document lacked detail and was too vague and open to interpretation (25%), closely followed by the suggestion that a common framework or final assessment was required, with an independent examiner to provide consistency (24%). A further 20% raised concerns about how the changes were going to be funded or resourced and their financial impact, and 19% felt that the standards would be inconsistent and vary too much. The full range of responses is shown in the table.

Figure 11 – Please explain your response
Base: Respondents who thought there was something missing or that needed changing and provided an answer (103)

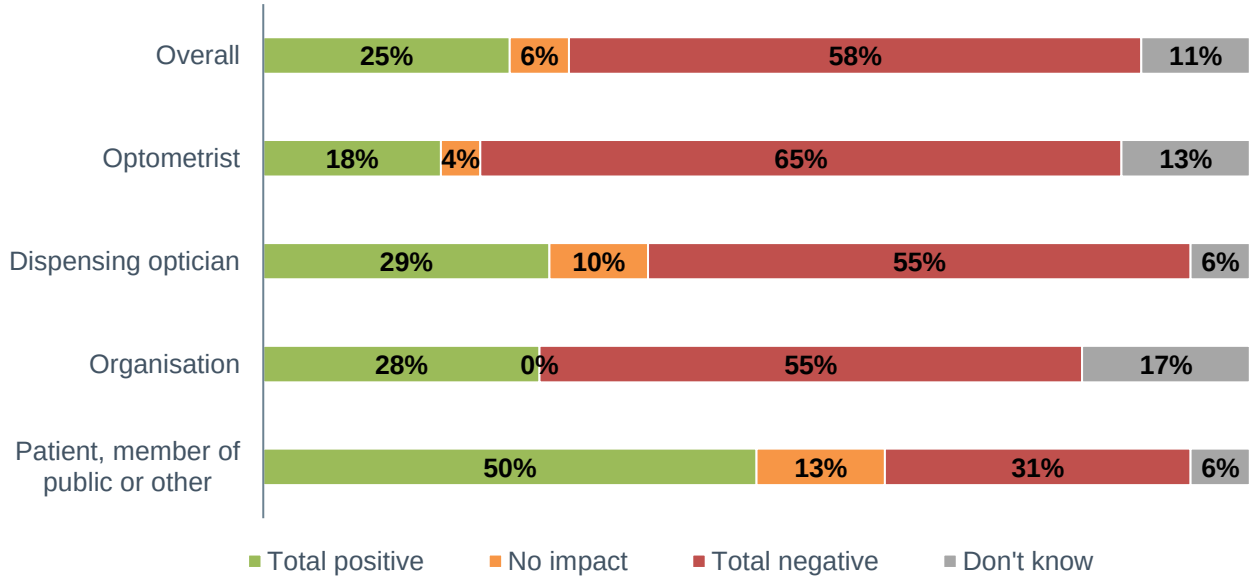
Explanation	Number	%
Document lacks detail – too vague/open to interpretation	26	25%
Needs common framework/common final assessment/independent examiner to ensure consistency	25	24%
Concern about resources/funding/financial impact	21	20%
Standards will be inconsistent/vary too much	20	19%
Standards will be lower	18	17%
Comment about specific standard/point	18	17%
Concern about multiple/commercial/stakeholder influence	17	17%
Changes will lead to negative impact on/risk to public and patients	15	15%
Changes diminish credibility of qualification/'dumbing down' profession	13	13%
Disagree with SPAs/will have negative impact	12	12%
No issues with current system/changes unnecessary	10	10%
Standards don't go far enough – no opportunity to upskill, don't fit current/evolving scope of practice	9	9%

Explanation	Number	%
Lack of detail about/more emphasis needed on clinical skills	6	6%
Minimum level of standards/high entry requirements must be set	6	6%
Support the document overall/positive changes	5	5%
Comment unrelated to Standards for Approved Qualifications document	3	3%
Reference to response to question about pre-registration training changes	3	3%
Reference to response in another section of consultation	3	3%
Oppose the document overall/negative changes	3	3%
Support OSC consultation response	2	2%
Timeframe too short- unrealistic/currently inappropriate	2	2%
Lengthy organisation response – can be found in Appendix E	5	5%
Other	26	25%

5.1.5 Respondents were asked what they thought the impact would be of the proposal to integrate what is known as pre-registration training within the approved qualification.

5.1.6 As shown in ***Figure 12***, almost six in ten (58%) felt that the proposal would have an overall negative impact on the expected knowledge, skill and behaviour of future registrants and only a quarter (25%) thought the impact would be positive. A further 6% felt there would be no impact and 11% said they did not know. A larger proportion of dispensing opticians felt the impact would be positive (29%) than optometrists (18%).

Figure 12 – What do you think the impact of this proposal to integrate what is known as pre-registration training within the approved qualification will be on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians?
Base: All respondents (187), Optometrists (91), Dispensing opticians (51), Organisations (29), Patients, members of the public or other (16)



5.1.7 Respondents were asked to explain their answer and consider what potential improvements or barriers integrating what is known as pre-registration training within the approved qualification could create for future optometrists and dispensing opticians.

5.1.8 As shown in ***Figure 13***, the most common response was that the changes were unnecessary as there were no issues with the current system, which is perceived to be robust (19%), followed by 16% expressing concerns about resources, funding or the financial impact. A further 15% said they supported the changes or that the impact of them would be positive. The full range of responses is shown in the table.

Figure 13 – Please explain your response
Base: Respondents who provided an answer (155)

Explanation	Number	%
Changes unnecessary – current system more robust/no issues with current system	29	19%
Concern about resources/funding/financial impact	25	16%
Support the changes overall/positive impact	24	15%
Standards will be inconsistent/vary too much	22	14%
Changes will lack stability – not enough time in each setting to learn/practice	21	14%
Concern about multiple/commercial/stakeholder influence	20	13%
Needs common final assessment/independent examiner to ensure consistency	20	13%
Oppose the changes overall/negative impact	17	11%
Lack of consideration of differences between roles/dispensing opticians already have integrated in-practice placements	14	9%
Impact depends on how it is implemented/must be carefully considered	13	8%
Changes will lead to negative impact on/risk to public and patients	13	8%
More practical/clinical experience earlier on will be beneficial	13	8%
Standards will be lower	12	8%
Concern about students in earlier years of course – insufficient knowledge to practice/be patient-facing	12	8%
Changes diminish credibility of qualification/'dumbing down' profession	9	6%
Universities should not be SPAs – conflict of interests/outdated teaching	8	5%
Unsure of impact/insufficient evidence/research to inform decision	8	5%
Concern about number of placements/patients available	8	5%
Concern about quality of management/supervision	8	5%
Complaint about current pre-registration system	7	5%
Disagree with SPAs/will have negative impact	5	3%
Support OSC consultation response	5	3%
Exposure to more patient/setting types will be beneficial	5	3%
Course should be extended so it does not impact theory/study	4	3%
Documents lack detail – too vague/open to interpretation	4	3%
Changes will ensure courses are more streamlined/standardised	4	3%
Changes will improve students' soft skills	4	3%
Changes will disadvantage independent/local/small practices	4	3%
Removes student choice	4	3%
Changes will lead to positive impact on public/patients	3	2%
Timeframe too short - unrealistic/currently inappropriate	3	2%
Less stress on students to choose/organise placements	2	1%
Little change/impact	2	1%
Changes will allow students to choose specialty/career path earlier on	2	1%
Lengthy response – can be found in Appendix E	11	7%
Other	30	19%

5.1.9 Respondents were invited to provide more detailed feedback about each of the standards in the 'Standards for Approved Qualifications' by taking part in Section Three of the survey. In total, 86 respondents (46% of those who took part in the consultation survey) answered these questions.

Standard 1 – Public and Patient Safety

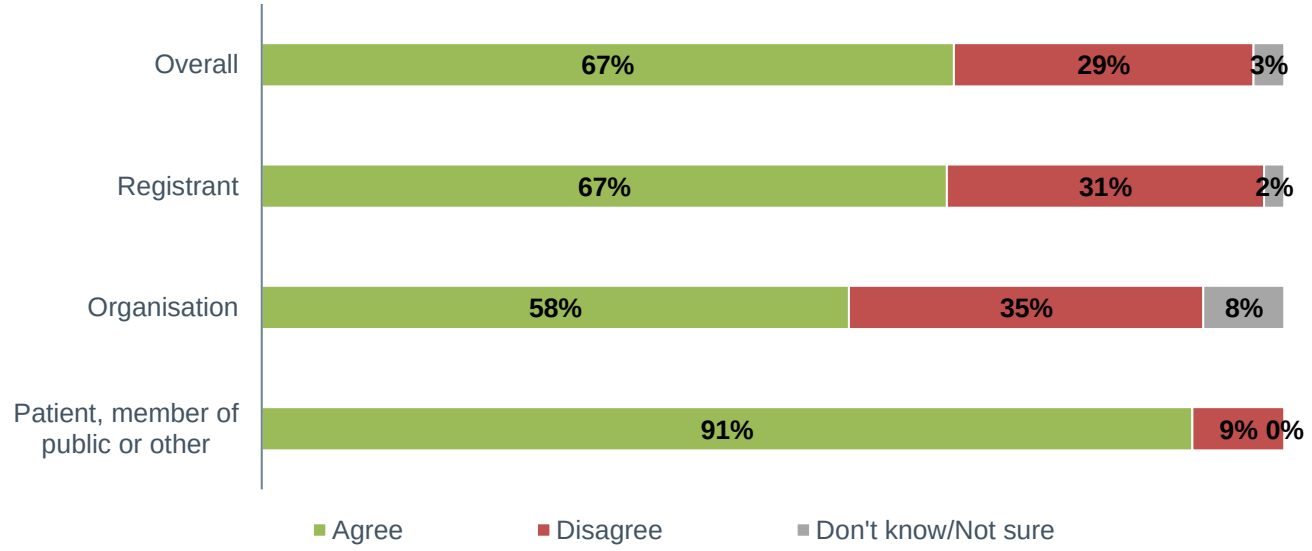
5.1.10 Standard 1 states: *'Approved qualifications must be delivered in a context which ensures public and patient safety' and includes four criteria which must be met if qualification is to be approved by us.'*

5.1.11 Within standard 1, criterion S1.1 states: '*There must be policies and systems in place to ensure students understand and adhere to the GOC's Standards for Optical Students and Standards of Practice.'*

5.1.12 Respondents who answered Section Three were asked if they agreed or disagreed that both the GOC's 'Standards for Optical Students' and 'Standards of Practice' should be included in criterion S1.1.

5.1.13 As shown in ***Figure 14***, two thirds of respondents (67%) said they agreed with including the GOC's 'Standards for Optical Students' and 'Standards of Practice' in criterion S1.1. Three in ten (29%) disagreed. No significant differences were seen by respondent type.

Figure 14 – Do you agree or disagree that both the GOC's 'Standards for Optical Students' and 'Standards of Practice' should be included in this criterion?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)

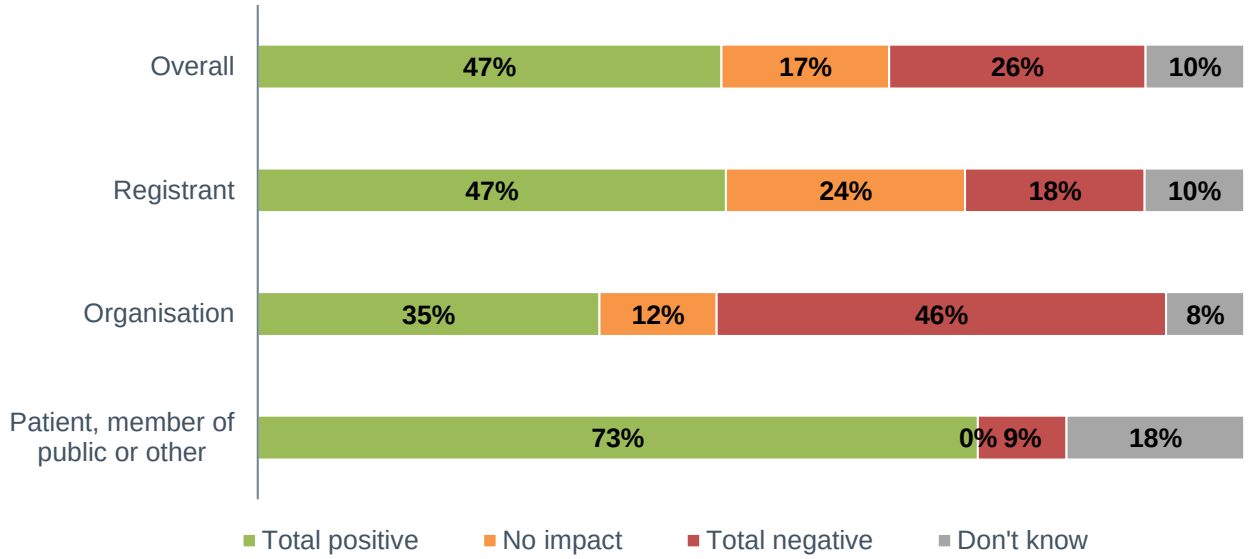


5.1.14 Within standard 1, criterion S1.2 states: *'Concerns about a student's fitness to train must be investigated and where necessary, action taken and reported to GOC. (The GOC acceptance criteria and related guidance in Annex A should be used as a guide as to when a fitness to train matter should be reported to GOC.)'*

5.1.15 Respondents who answered Section Three were asked what impact they thought the GOC acceptance criteria and the guidance in Annex A of the 'Standards for Approved Qualifications' would have on students' continuing fitness to train.

5.1.16 As shown in ***Figure 15***, almost half of respondents (47%) thought that the criteria and guidance in Annex A would have an overall positive impact on students' continuing fitness to train (FTT), which was a larger proportion than those who thought they would have a negative impact (26%). Almost half (46%) of organisation respondents, however, thought that the impact would be negative.

Figure 15 – What impact, if any, will this criteria and the guidance in Annex A have on students' continuing fitness to train?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



5.1.17 Respondents were asked to explain their answer and consider what potential improvements or barriers there could be if using the GOC acceptance criteria and related guidance in Annex A as a guide as to when a fitness to train matter should be reported to the GOC.

5.1.18 As shown in ***Figure 16***, the most common response was an agreement with the standard and criteria, and that it would have a positive impact through providing clearer guidance and tighter monitoring which would improve standards (38%). This was followed by a suggestion that the standard and guidance lacked detail, were too vaguely worded, open to interpretation and required more clarity (26%). A fifth (20%) suggested specific criteria that they felt was missing and should be included. The full range of responses is shown in the table.

Figure 16 – Please explain your response
Base: Respondents who provided an answer (61)

Explanation	Number	%
Agree with standard/criteria/positive impact – improved standards/behaviour/ clearer guidance/tighter monitoring	23	38%
Standard/guidance lacks detail - too vague/open to interpretation/more clarity needed	16	26%
Specific criteria missing/should be included	12	20%
GOC should work with universities/other stakeholders to improve guidance/document	11	18%
Providers already have systems in place/this could duplicate systems	9	15%
Comment about specific criteria/standard	8	13%
Complaint about question/consultation	6	10%
Students should be regulated by providers	6	10%
Support OSC consultation response	6	10%
Students should be regulated by GOC/should not be the responsibility of the SPA	4	7%
Disagree with student registration/students should not follow same standards as registered professionals	3	5%
Reference to comments/response elsewhere	3	5%
Should be accepted that students will make mistakes	3	5%
Positive impact on/protect public and patients	2	3%
Concern about fitness to practise delays/time taken to resolve	2	3%

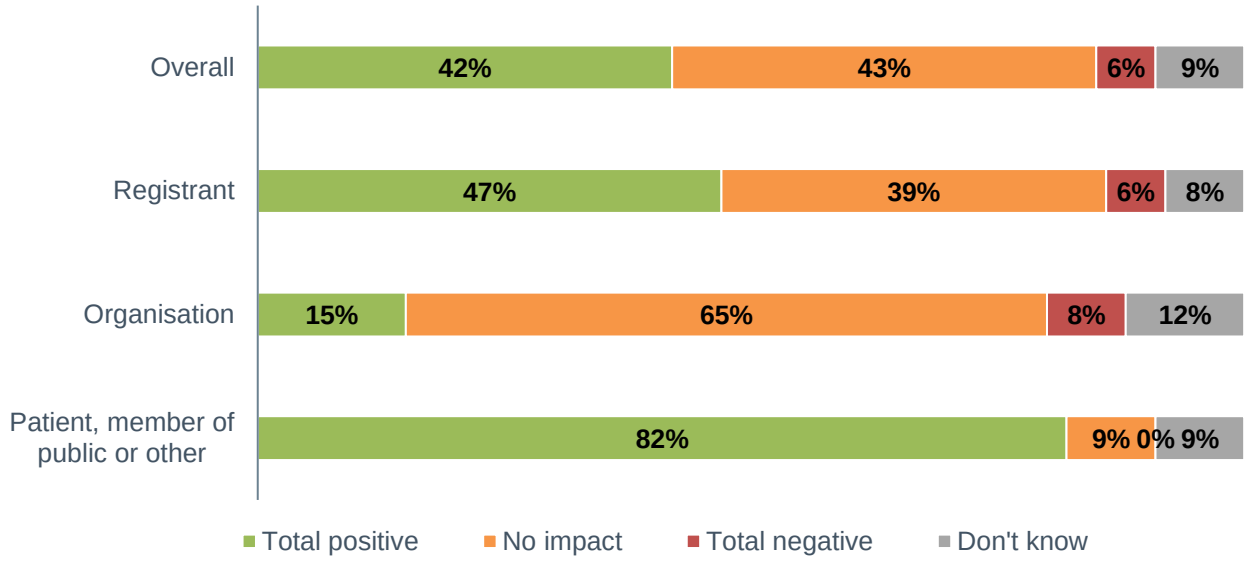
Explanation	Number	%
Timeframe too short - unrealistic/currently inappropriate	2	3%
Other	6	10%

5.1.19 Within standard 1, criterion S1.4 states: *'Students on admission and at regular intervals thereafter must be informed it is an offence not to be registered as a student with the GOC at all times whilst studying on a programme leading to an approved qualification in optometry or dispensing optician.'*

5.1.20 Respondents who answered Section Three were asked what impact they thought criterion S1.4 would have on providers and their students studying for approved qualifications for optometry and dispensing opticians.

5.1.21 As shown in ***Figure 17***, opinion was evenly split, with 43% of respondents answering that there would be no impact on providers and students, and 42% that the impact would be positive overall. Only 6% said the impact would be negative and a further 9% did not know. Almost half of registrant respondents (47%) thought the impact would be positive, whilst almost two thirds of organisation respondents (65%) thought there would be no impact.

Figure 17 – What impact, if any, will this criterion have upon providers and their students studying approved qualifications for optometry and dispensing opticians?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



5.1.22 Respondents were asked to explain their answer and consider what potential improvements or barriers criterion S1.4 could create for providers of approved qualifications and their students. As shown in ***Figure 18***, almost half (46%) felt that there would be no impact or no barrier, as students are already reminded to register. A further third (32%) thought that it was beneficial for students to be registered and 22% felt the impact of the criterion would be positive as it would remind students to register. The full range of responses is shown in the table.

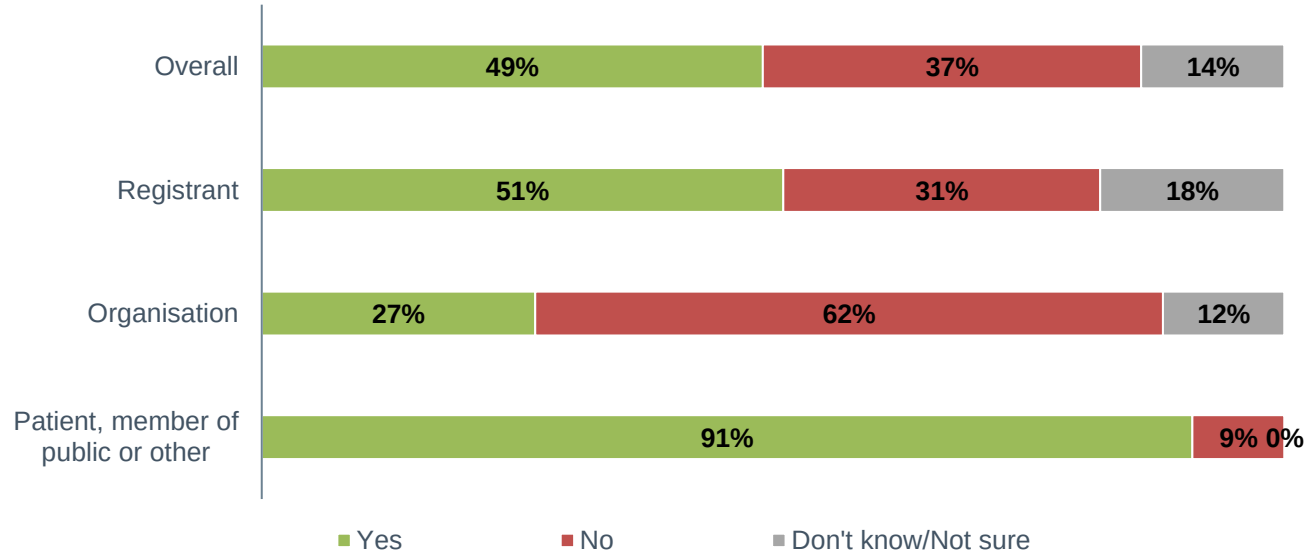
Figure 18 – Please explain your response
Base: Respondents who provided an answer (59)

Explanation	Number	%
No impact/barrier - students are already reminded to register	27	46%
Beneficial for students to be registered	19	32%
Positive impact - good to remind students	13	22%

Explanation	Number	%
Students should not have to register/other healthcare regulators do not require this	11	19%
GOC could inform providers of upcoming student renewal/lapses	6	10%
Negative cost implications of student registration	4	7%
Support OSC consultation response	3	5%
Students should be regulated by providers	3	5%
Providers already have systems in place/could duplicate systems	3	5%
Complaint about question/consultation	2	3%
Other	7	12%

5.1.23 When asked to look at standard 1 and the supporting criteria and judge if the GOC's expectations are clear and proportionate, half of respondents (49%) thought they were, as shown in ***Figure 19***. A further 37% thought that the GOC's expectations were not clear and proportionate, and this included 62% of organisation respondents. One in seven respondents (14%) overall said they did not know.

Figure 19 – Looking at the proposed standard 1 and supporting criteria, are our expectations clear and proportionate in your/your organisation's view?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



Standard 2 – Admission of students

5.1.24 Standard 2 states: *'Recruitment, selection and admission of students must be transparent, fair and appropriate for admission to a programme leading to registration as an optometrist or dispensing optician.'*

5.1.25 Within standard 2, criterion S2.1 states: *'Selection and admission criteria must be appropriate for entry to an approved qualification leading to registration as an optometrist or dispensing optician, including relevant health, character and fitness to train checks, and for overseas students, evidence of proficiency in the English language of at least Level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.'*

5.1.26 The GOC informed respondents that its research has shown that all healthcare regulators have an English language requirement for overseas students applying for admission to programmes in the UK that they approve. Respondents who answered Section Three were asked to consider what

potential improvements or barriers criterion S2.1 could create for providers of approved qualifications and their students.

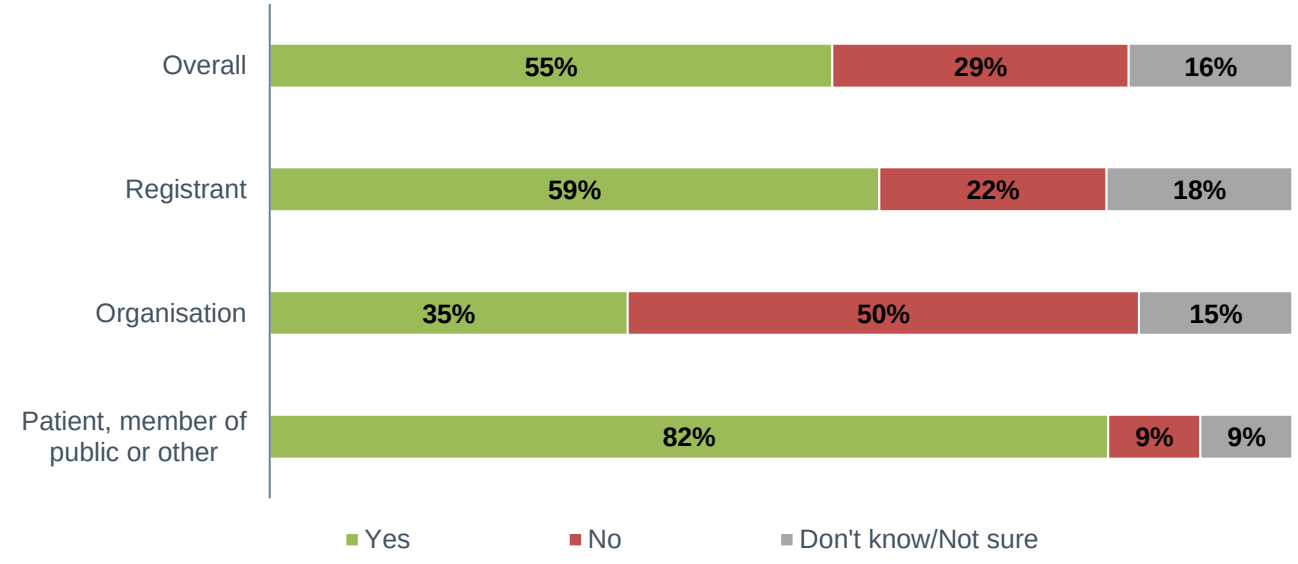
5.1.27 As shown in ***Figure 20***, 50% agreed with the criterion, with some mentioning it was an improvement that and there were no barriers they could foresee. A further 32% said it was an essential requirement for registrants to be able to communicate in a public facing role and 29% felt there would be no or little impact as the requirement was already in place for most providers and students. The full range of responses is shown in the table.

Figure 20 – Potential improvements or barriers
Base: Respondents who provided an answer (72)

Potential improvements or barriers	Number	%
Agree/overall improvement/no barriers	36	50%
Essential requirement - communication important/public facing role	23	32%
No/little impact - requirement already in place for most providers/students	21	29%
Improvement to standards/quality of care	14	19%
Improvement to/ensures understanding of teaching and education	6	8%
Barrier to recruiting overseas students	4	6%
Requirement could discriminate/unfairly reject students - lead to appeals	3	4%
Aligns with other healthcare professions	3	4%
Improvement to teaching of students applying for registration through EEA application process via GOC	2	3%
Students struggling to reach requirement should be offered support	2	3%
Support OSC consultation response	2	3%
Other	6	8%

5.1.28 Respondents were then asked if the GOC's expectations were clear and proportionate in relation to standard 2. As shown in ***Figure 21***, over half of respondents (55%) thought the expectations were clear and proportionate, whilst three in ten (29%) did not. Half of organisation respondents said they did not think the expectations were clear and proportionate. Overall, 16% of respondents said they did not know in relation to the question.

Figure 21 – Looking at the proposed standard 2 and supporting criteria, are our expectations clear and proportionate in your/your organisation's view?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



Standard 3 – Assessment of Outcomes and Curriculum Design

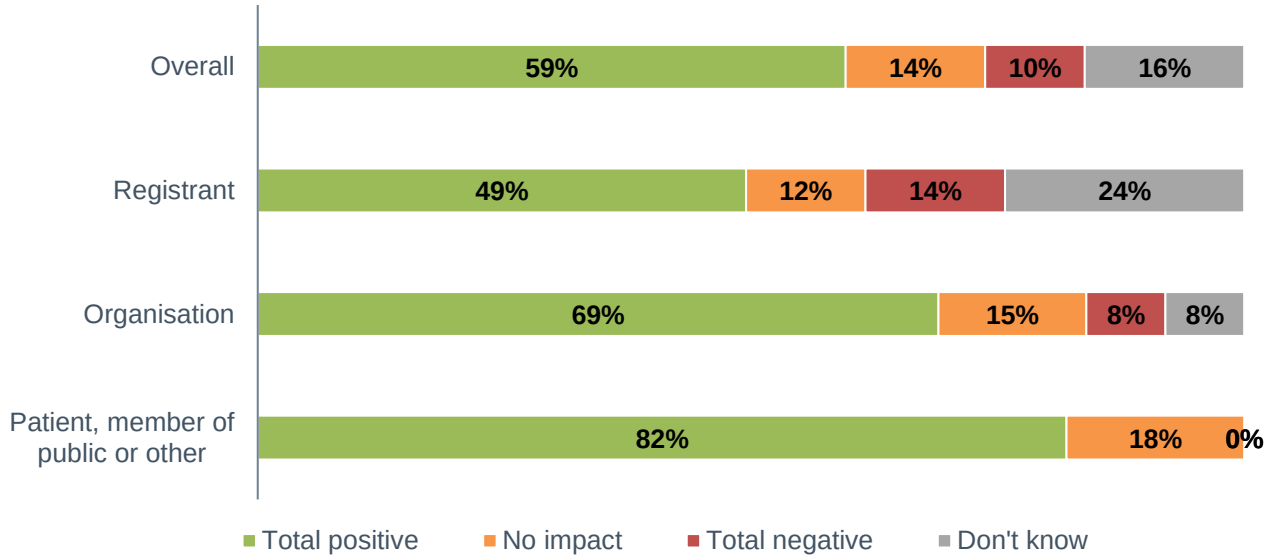
5.1.29 Standard 3 states: *'The approved qualification must be supported by an integrated curriculum and assessment strategy that ensures students who are awarded the approved qualification meet all the outcomes at the required level (Miller's triangle; knows, knows how, show how & does).'*

5.1.30 Within standard 3, criterion S3.11 states: *'The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland and the Framework for Qualifications of Higher Education Institutions in Scotland), or a qualification regulated by Qfqual, SQA or Qualifications Wales.'* The GOC states that this is a new requirement that is not currently included in the Quality Assurance Handbooks.

5.1.31 The GOC informed respondents that it thinks it is important that it specifies that the qualifications it approves must either be a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications to ensure that approved qualifications sit within an external quality controlled and regulated academic framework. Respondents who completed Section Three were asked what they thought the impact would be for providers of approved qualifications and their students.

5.1.32 As shown in ***Figure 22***, six in ten (59%) thought the criterion would have an overall positive impact for providers and students and 10% thought the impact would be negative. A further 14% thought it would not have any impact and 16% did not know. No significant differences were seen by respondent type.

Figure 22 – What impact, if any, will this criterion have for providers of approved qualifications and their students?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



5.1.33 Respondents were asked to explain their answer and consider what potential improvements or barriers criterion S3.11 could create for providers of approved qualifications and their students. As shown in ***Figure 23***, the most common response was that it would have a positive impact or that they agreed overall with the criterion (36%). A further 32% suggested that it would result in higher standards or high standards being maintained and 22% felt that there would be no impact. The full range of responses is shown in the table.

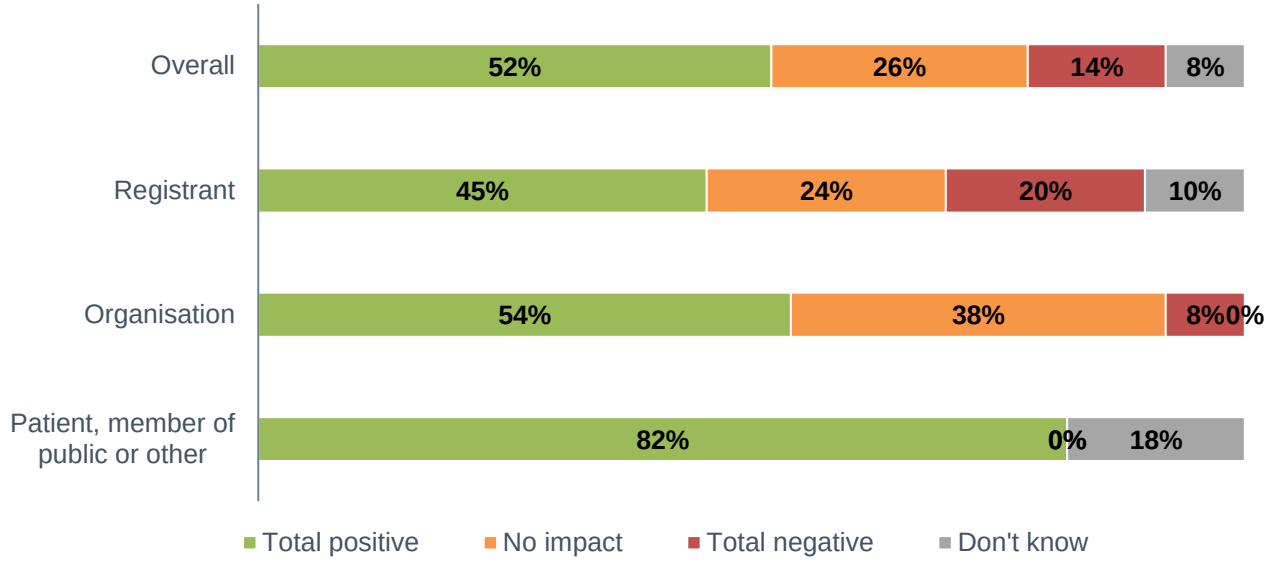
Figure 23 – Please explain your response
Base: Respondents who provided an answer (50)

Explanation	Number	%
Positive impact/agree overall	18	36%
Standards will be higher/maintained	16	32%
No impact - this is already in place	11	22%
Standards will be consistent	8	16%
Positive impact on students - improved education/standards/provides choice	6	12%
Negative impact/disagree overall	5	10%
Standard/criteria diminishes credibility of qualification/'dumbing down' profession/only academic institutions should offer qualification	5	10%
Standard/criteria lacks detail - too vague/further guidance needed	4	8%
Negative impact on providers - restrictive- administrative and financial burden	4	8%
Reference to comments/response elsewhere	3	6%
Adverse impact on College of Optometrists	2	4%
Positive impact on/protects public and patients	2	4%
Positive impact on providers - expectations clearer/consistency	2	4%
Could duplicate quality assurance procedures/should not duplicate	2	4%
Support OSC consultation response	2	4%
Other	3	6%

5.1.34 Within standard 3, criterion S3.18 states: *'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 students' experience of studying on a programme leading to an approved qualification.'* The GOC states that this is a new requirement not currently included in its Quality Assurance Handbooks and builds on the intention explored in previous consultations for a greater emphasis on evidencing a commitment to equality, diversity and inclusion by providers of approved qualifications.

5.1.35 Respondents who completed Section Three were asked what they thought the impact would be for providers of approved qualifications and their students. As shown in ***Figure 24***, over half (52%) felt the criterion would have a positive impact overall on providers and students, whereas only 14% thought the impact would be negative. A further quarter (26%) thought there would be no impact and 8% said they did not know.

Figure 24 – What impact, if any, will this criterion have upon providers of approved qualifications and their students?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



5.1.36 Respondents were asked to explain their answer and consider what potential improvements or barriers criterion S3.18 could create for providers of approved qualifications and their students. As shown in ***Figure 25***, the most common response was an agreement with the criteria or that it would have a positive impact (48%). This was followed by 38% suggesting that there would be no impact as providers already take equality and diversity data into account. A further 23% mentioned that there would be a positive impact on providers and students, as it would lead to equal opportunities, provide safe spaces to learn and increase representation of different communities. The full range of responses is shown in the table.

Figure 25 – Please explain your response
Base: Respondents who provided an answer (56)

Explanation	Number	%
Positive impact/agree overall	27	48%
No impact - providers already do this	21	38%
Positive impact on providers and students - equal opportunities/embeds importance/safe space to learn/increases representation	13	23%
Concern about students' anonymity if disclosing characteristics in small class/cohort numbers	5	9%
Negative impact/disagree overall	4	7%
Standard/criteria lacks detail - too vague/open to interpretation/further guidance needed	4	7%
Negative impact on providers - additional administrative/financial burden	3	5%
New documents/changes could affect students based on EDI characteristics	3	5%
Not always appropriate to include/accommodate everybody	2	4%
Students should be judged on ability rather than EDI characteristics	2	4%
Other	5	9%

5.1.37 In the consultation the GOC said:

'Standard 3 describes the GOC's expectations around assessment strategy, choice and design of assessment items, standard setting and quality control, and includes the 'common assessment framework.' Standard 3 includes several new requirements not currently included in the Quality Assurance Handbooks:

- *Approved qualifications must have a clear assessment strategy for the award of an approved qualification (criterion S3.1). This strategy must describe how the outcomes will be assessed, how assessment will measure students' achievement of outcomes at the required level (Miller's triangle) and how this leads to an award of an approved qualification.*

- *An approved qualification must be taught and assessed in a progressive and integrated manner so that the component parts, including academic study and clinical experience and professional experience are linked into a cohesive programme of (using Harden's model of a spiral curriculum), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved (criterion S3.2).*

- *Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, placement providers, members of the optometry team and other healthcare professionals (criterion S3.4).*

- *The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not generally permitted (criterion S3.5).*

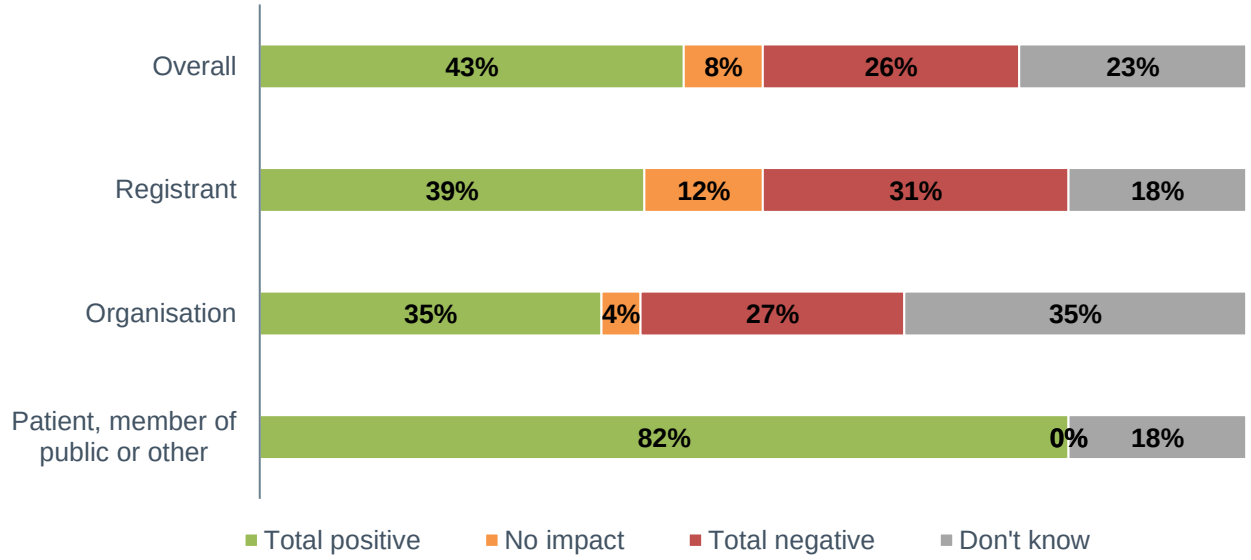
- *All assessment (including lowest pass) criteria must be explicit including an appropriate and tested standard-setting process and at the level necessary for safe and effective practice (criterion S3.7).*

Standard 3 is supported by requirements around quality control of assessments included in standard 4. The remaining criteria within standard 3 specify matters to do with the validity and reliability of assessments, reasonable adjustments, recording student's achievement of the outcomes and a requirement for regular and timely feedback to students on their performance.'

5.1.38 Those respondents who completed Section Three were asked to consider the criteria which support standard 3 and asked what they thought the impact would be upon the measurement of students' achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students.

5.1.39 As shown in ***Figure 26***, a larger proportion of respondents thought that the criteria would have an overall positive impact (43%) when compared with those who thought they would have a negative impact (26%). A further 8% felt there would be no impact and 23% said they did not know.

Figure 26 – What impact, if any, will they have upon the measurement of students' achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



5.1.40 Respondents were asked to explain their answer and consider what potential improvements or barriers the criteria in standard 3 could create for providers of approved qualifications and their students. As shown in ***Figure 27***, the most common response was that the standard lacked detail, the wording was too vague and that it required clarity so it was not open to interpretation (31%). This was followed by comments that were positive about the impact of the standard and agreement with the criteria (29%). Just under a fifth (18%) had a comment about specific criteria, such as S3.3, S3.7, S3.8 and S3.14. The full range of responses is shown in the table.

Figure 27 – Please explain your response
Base: Respondents who provided an answer (55)

Explanation	Number	%
Standard/criteria lacks detail - too vague/open to interpretation/more clarity needed	17	31%
Positive impact overall/agree with criteria	16	29%
Comment about specific criteria	10	18%
Needs common final assessment/common assessment framework to ensure standards are consistent/maintained	9	16%
Negative impact overall/disagree with criteria	8	15%
No impact - providers already do this	7	13%
Positive impact on students - improved education/standards	6	11%
Standard/criteria will create difficulties for GOC visitor panels - difficult to assess	6	11%
Negative impact on providers - vague guidance/administrative and financial burden	5	9%
Positive impact on providers - clearer framework/assessments- more flexibility	4	7%
Don't know impact until implemented/lack of research	4	7%
Reference to comments/response elsewhere	3	5%
Negative impact on employers - administrative/financial burden	2	4%
Positive impact on/protects public and patients	2	4%
Support OSC consultation response	2	4%
Impractical to expect dispensing opticians to complete placement in a hospital setting	2	4%
Lengthy organisation response – can be found in Appendix E	6	11%
Other	11	20%

Standard 4 – Management, Monitoring and Review of Approved Qualifications

5.1.41 Standard 4 states: *'Approved qualifications must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes which show who is responsible for what at each stage.'*

5.1.42 In the consultation the GOC said:

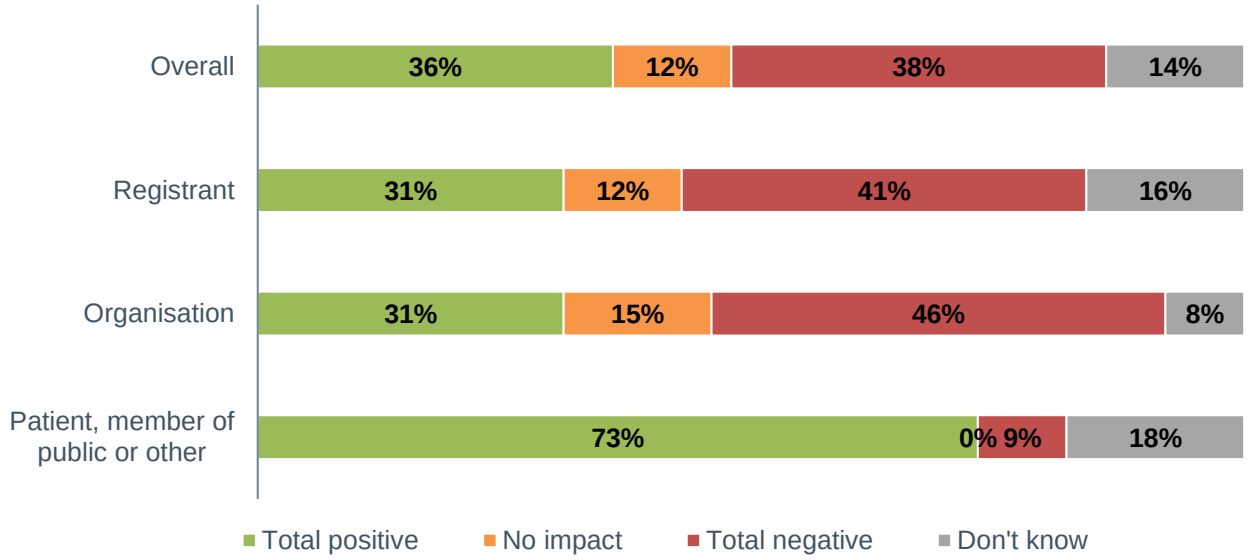
'Standard 4 uses the term 'Single Point of Accountability (or SPA for short) to describe a provider of a GOC approved qualification. The criteria within standard 4 (criterion S4.1- S4.5) specify that a SPA must be:

- *legally incorporated (criterion S4.3)*
- *have the authority and capability to award the approved qualification (which must be either a regulated qualification (by Qfqual, SQA or Qualifications Wales) or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies) (criterion S4.1)*
- *has a named contact who will be the primary contact for the GOC (criterion S4.5)*

This requirement is a significant enhancement on the current requirements laid out in the Quality Assurance Handbooks. The GOC proposes that providers of approved qualifications (SPAs) must be legally incorporated and hold the authority to award either a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies.'

5.1.43 Respondents answering Section Three were asked to consider the criteria which support standard 4 and asked what they thought the impact would be on providers of approved qualifications and their students. As shown in ***Figure 28***, opinion was evenly split between those who felt the criteria would have a positive impact for providers and students (36%) and who felt they would have a negative impact (38%). Three quarters (73%) of patients, members of the public and other respondents thought they would have a positive impact, but this percentage is only based on 11 respondents. Both registrant respondents and organisation respondents were more likely to think the criteria would have a negative impact (46% and 41% respectively) than a positive impact (both 31%).

Figure 28 – What impact, if any, will these criteria have for providers of approved qualifications and their students?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



5.1.44 Respondents were asked to explain their answer and consider what potential improvements or barriers the criteria in standard 4 could create for providers of approved qualifications and their students. As shown in ***Figure 29***, three in ten (29%) disagreed with the criteria or thought that they would have a negative impact. Over a fifth (22%) raised the concern that any organisation could set themselves up as a Single Point of Accountability (SPA) or partner and this could lead to undue commercial influence on education and training from multiples. The full range of responses is shown in the table.

Figure 29 – Please explain your response
Base: Respondents who provided an answer (55)

Explanation	Number	%
Negative impact/disagree overall	16	29%
Concern that any organisation can be an SPA or partner - could lead to multiple/commercial influence	12	22%
No impact/SPAs unnecessary - providers can do this/already do	9	16%
Negative impact on providers - administrative/financial burden	9	16%
Comment about specific standard/criteria	9	16%
Reference to comments/response elsewhere	9	16%
Standard/criteria too vague - lacks detail/evidence/research/further guidance and clarity needed	8	15%
Provides accountability/reassurance	6	11%
Positive impact on students - improved standards/provides choice	5	9%
Conflicts of interest if SPAs teaching and assessing/common final assessment needed to negate this	4	7%
Standards will be higher/maintained	4	7%
Complaint about consultation process	4	7%
Positive impact/agree overall	3	5%
Negative impact on/risk to public and patients	3	5%
High quality clinical/pre-reg supervision is vital	3	5%
Negative impact on students - reduced quality of education/forced into clinical practice	2	4%
Standards will be consistent	2	4%
Standards will be inconsistent/vary too much	2	4%
Support OSC consultation response	2	4%
Could duplicate quality assurance procedures/should not duplicate	2	4%

Explanation	Number	%
Lengthy organisation response – can be found in Appendix E	3	5%
Other	7	13%

Standard 5 – Leadership, Resources and Capacity

5.1.45 Standard 5 states: *'Leadership, resources and capacity must be sufficient to ensure the outcomes are delivered and assessed to meet these standards in an academic, professional and clinical context.'*

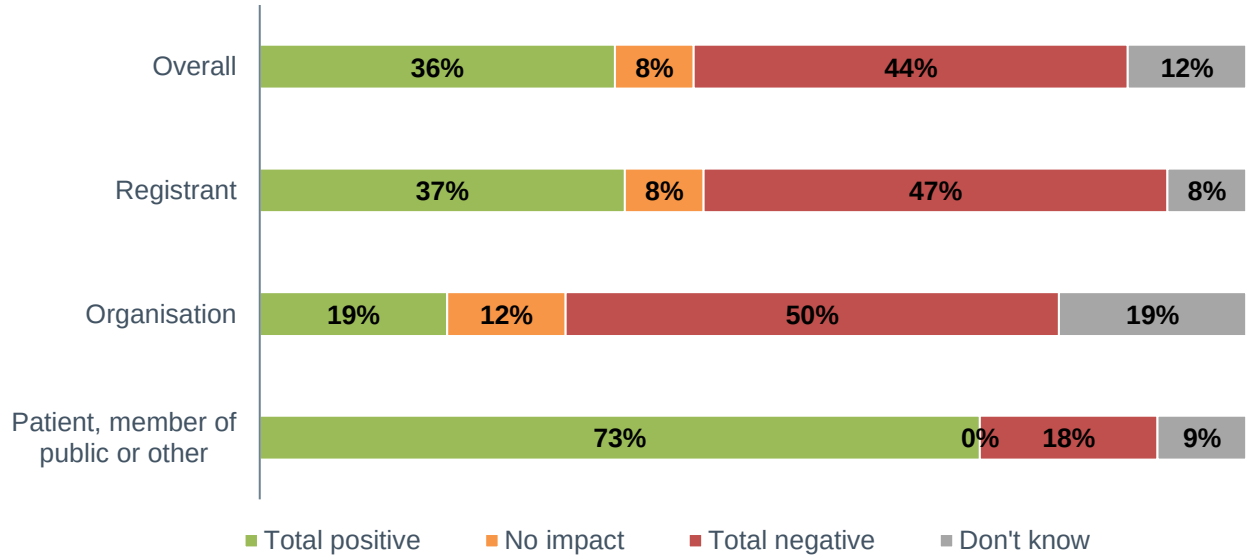
5.1.46 In the consultation the GOC said:

'We have specified a range of appropriately qualified and experienced people required to teach and assess the outcomes, including supervision. The Expert Advisory Groups, after very careful consideration, decided not to retain the highly specific numerical resourcing requirements contained within the current Quality Assurance Handbooks. Instead, the emphasis is on the provider of the approved qualification to evidence they have a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet the standards, including human and physical resources that are fit for purpose, an appropriately qualified and experienced programme leader who is supported to succeed in their role; and a Staff to Student Ratio (SSR) which is benchmarked to comparable provision.'

5.1.47 Respondents who completed Section Three were asked what impact they thought the criteria that support standard 5 would have for providers of approved qualifications and their students.

5.1.48 As shown in ***Figure 30***, a larger proportion of respondents overall felt that the criteria would have a negative impact for providers and students (44%) when compared with those who thought the impact would be positive (36%). A further 8% thought there would be no impact and 12% did not know.

Figure 30 – What impact, if any, will these criteria have for providers of approved qualifications and their students?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



5.1.49 Respondents were asked to explain their answer and consider what potential improvements or barriers the criteria in standard 5 could create for providers of approved qualifications and their

students. As shown in ***Figure 31***, the most common responses related to the standard or the criteria lacking detail, being too vague, open to interpretation or needing further guidance (32%). A similar proportion related to the opinion that that numbers are important to maintain high standards and resource programmes, and that therefore the current system should be maintained (32%). A further 21% said they disagreed with the criteria in the standard or that the impact would be negative, whilst 19% mentioned these would be a positive impact for providers as the criteria was less prescriptive and gave them more responsibility and flexibility. The full range of responses is shown in the table.

Figure 31 – Please explain your response
Base: Respondents who provided an answer (53)

Explanation	Number	%
Standard/criteria lacks detail - too vague/open to interpretation/further guidance needed	17	32%
Numbers are important to maintain standards/resource programmes - maintain current system	17	32%
Negative impact/disagree overall	11	21%
Positive impact on providers - less prescriptive/more responsibility and flexibility	10	19%
Positive impact/agree overall	7	13%
Reference to comments/response elsewhere	7	13%
No impact - providers already do this	3	6%
Standards will be lower	3	6%
Negative impact on/risk to public and patients	3	6%
Positive impact on students - consistent/improved education	2	4%
Unsure of impact/difficult to answer	2	4%
Timeframe too short- unrealistic/currently inappropriate	2	4%
Support OSC consultation response	2	4%
Other	12	23%

5.2 Qualitative consultation activity feedback

Positivity about the 'Standards for Approved Qualifications' document

5.2.1 There was some praise for the 'Standards for Approved Qualifications' document, with a few participants saying that the document was clearly and logically set out and aligned with the GOC's Standards of Practice. As they were already familiar with the Standards of Practice, they explained that this provided familiarity with this document and met their expectations.

> *I think they're all fairly black and white. I'm happy with them all.*
>
> Commissioner/provider of optical care

> *So when I read this, I thought that the sections that they covered over the five categories seemed very clear and I thought that read very well...I felt very comfortable with what was written.*
>
> Optical professional body

Lack of detail and being open to interpretation could impact standards in the profession

5.2.2 As also seen in the consultation survey results, some participants felt that the 'Standards for Approved Qualifications' document was too vague and too open to interpretation for education providers. They explained that this perceived vagueness could mean that the implementation of the 'Standards for Approved Qualifications' could lead to lower standards in the profession, which

in turn would put patients and the public at risk. In particular, some participants highlighted that if there was no prescriptive common assessment framework, this could lead to inconsistencies in the way courses and programmes are delivered and assessed, particularly if education providers are under financial pressure and experiencing resourcing issues. As highlighted in the survey results, it was suggested that maintaining some elements of the existing system, which relied on numbers, would help to avoid things becoming too open to interpretation.

> *It's a bit open to interpretation. I think that's the problem. I know the GOC wanted to move away from numbers...but I think that's one of the things where they do have to have some idea about numbers...Because if the universities can...cut down the numbers to the minimum, then they will. If that minimum isn't even specified, that's a bit risky. Otherwise, it's too open to negotiation.*
>
> Provider of GOC approved qualification(s)

> *The five areas are the broad areas we need to work towards, but there's a lot of potential for interpretation of this in different ways that could lead to programmes that look very, very different.*
>
> Optical professional body

5.2.3 These participants suggested that, as the Standards for Approved Qualifications were open to a large degree of interpretation, there will be significant inconsistencies in the standard of education and competency of optometrists and dispensing opticians from different providers, and therefore patients would experience care of varying standards depending on where an optometrist qualified. This led to some wondering how the GOC would be able to reassure the public that all optometrists and dispensing opticians would operate at the same high standard when they enter the register.

> *I think it's important that things are standardised. What we don't want is a situation like with other degrees. If you've got a degree from Reading University it's better than a degree from somewhere else, particularly when it's dealing with a qualification. If you've qualified, you've qualified – it should be a level playing field and you shouldn't be considered better because you did your qualification in a certain institution.*
>
> Contact lens optician, England

> *If more institutions offer this, are they all going to be at the same level? Does everybody have to have the same qualifications or experience when applying? I think it just leaves too much room for variation. I don't think all dispensing opticians will be created equally…I always hate if I locum at a practice and they say, 'The last person wasn't too good with this but they were good with this'. This might be the case in terms of going forward if there's lots of people leaving from different institutions.*
>
> Student dispensing optician

5.2.4 It was also suggested that the 'Standards for Approved Qualifications' document lacked detail about how courses and programmes should be designed. Some participants felt that if they were very different, this could lead to problems for education visitor panels when undertaking their assessments, which could lead to varying standards in the competency of newly qualified registrants.

> *I think there is lack of detail about a curriculum design. I was looking at that section and hoping there would be some detail telling me what it was all about, and I didn't really feel like I got anything.*
>
> Optometrist, England

> *If there isn't anything in the handbook about numbers and things, the visitor panels have got nothing to judge against. They're not experts in anything, really. They don't know how many you need to run a course.*
>
> Provider of GOC approved qualification(s)

5.2.5 As with the 'Outcomes for Registration', a few registrant participants queried why the 'Standards for Approved Qualifications' were not different for optometry and dispensing optician qualifications, given the differences that exist between the two roles in terms of the routes to qualification, course length, course programmes, and their responsibilities in practice. Some questioned whether the 'Standards for Approved Qualifications' document had been designed to be the same for the two professions as the GOC foresaw a further mass upskilling of dispensing opticians or deskilling of optometrists in the sector, bringing the two professions in closer alignment.

> *It does need to be changed for dispensing opticians and optometrists separately, because they are separate roles. They might be on the same register, and they might have the same code of conduct, but they have different positions and job roles. And for all of that to have the same entry requirements and the same educational background is a bit ridiculous, especially considering that one is a three-year degree and one is a two-year degree.*
>
> Optometrist, England

> *Although we fall under the same regulatory body, our end clinical knowledge or goals of what we need to do are different…So it's either going to be a mass upskilling of a DO or a mass down-skilling of an OO, based on the little bit of detail that they've given.*
>
> Dispensing optician, England

Single Point of Accountability (SPA)

5.2.6 Standard 4 introduces the concept 'Single Point of Accountability' (SPA) to describe a provider of a GOC approved qualification. There was some confusion amongst a number of participants about this term and who it referred to, amongst both registrants and stakeholders, with some suggesting that the term needed further clarification within the document. A few participants explained that they had not seen or heard about this concept in previous consultations related to the education and training requirements for GOC approved qualifications and they questioned why it had been introduced for this consultation, suggesting the GOC could provide more evidence about why introducing SPAs was necessary.

> *The 'single point of accountability' – does that mean a university? It took a while to get my head round it.*
>
> Optical professional body

> *Where did the idea of a single point of accountability come from? It just came out of the blue, I don't think anybody's ever suggested it.*
>
> Provider of GOC approved qualification(s)

> *What is the need for having an integrated single point of accountability?*
>
> Student optometrist

5.2.7 A small number of participants welcomed the inclusion of SPAs given its focus on mitigating risk to the public. However, most participants highlighted that a considerable barrier preventing providers from becoming SPAs would be the finances and resources required for implementation, and some

felt it would be placing too much responsibility and burden on their shoulders. It was suggested by some participants that there could be a lowering of standards if a provider lacked the resources to fully take on the role, but become a SPAs anyway.

> *With a single point of accountability, I think there'll be much more emphasis on pass/fail criteria and so on because there is going to be risk to the public if the universities are signing them off.*
>
> Large employer

> *I'm not sure that the universities are set up and able to do all this, just through numbers of staff. And if they don't have the numbers of staff to do it properly, one of the things that's certainly going to happen is that standards will drop.*
>
> Contact lens optician, Scotland

5.2.8 Participants discussed whether providers would need to enter into a partnership with another body, such as the College of Optometrists, ABDO, or another provider, if they were not able to become SPAs themselves. It was queried whether providers could form effective partnerships if they were in competition with each other, and whether there was enough time for partnerships to be formed before March 2021.

> *If I read it properly, it says by the end of stage two, the SPA will be fully formed, a partnership agreement in place and investment proposals outlined. I can't see them all being in that place…An SPA is going to have to have made their partnerships, made their alliances, agreed their structure, agreed their governance, agreed reporting lines, agreed their single point of contact, and agreed what investment or finance is required to run the programme by March 2021.*
>
> Commissioner/provider of optical care

5.2.9 It was suggested that, as a result of these proposals, large multiples might set themselves up as providers of approved qualifications or SPAs, which led to some participants questioning whether this was an aim of the proposals. Should large multiples be able to become SPAs, there was a perception that this could have a detrimental effect on the profession, as it could mean that some students would not be able to carry out what is known as pre-registration training in other settings, such as hospitals, secondary care, or independent practice. Some participants also explained that if multiples were able to set up as education providers or awarding bodies, they expected that the courses and programmes they provide or accredit may favour retail and business skills at the expense of clinical and patient care skills, which could have a detrimental impact on the quality of patient care.

> *If you have a single point of accountability, I have serious concerns that it will be misused…You are going to end up in a situation where it is potentially very viable for McEyewear to partner up with a university and say they will provide single point of entry…Those students are really only going to get one aspect of the profession. They are going to lack diversity in terms of their training. This can only have a negative impact on what happens to the general public.*
>
> Therapeutic prescriber, England

> *Something that causes me anxiety…the idea that non-educational institutions…corporate businesses, the big multiples…could become education providers from day one…The GOC is representing patients and the public, and sometimes it seems that they get lobbied quite hard by the industry, and that the loudest voice speaking to them is the industry and the big*

corporates…[The risk is] patients not getting care that's in their best interest, but getting care that's in the best interest of a commercial provider…It's about people being given clinical advice which has been heavily influenced by commercial factors.

Charity/patient organisation

5.2.10 Some participants suggested that additional quality assurance measures should be introduced for new providers with no previous experience of delivering optical qualifications who set up as SPAs, to ensure that they conform to the standards and provide high quality qualifications that the public and the profession can have confidence in.

There could be new players coming into the arena to offer qualifications with no real prior experience of it. Would they be assessed as an existing institution, such as Bradford or Manchester, or would they have extra safeguard measures just to make sure they're conforming?

Contact lens optician, England

Common final assessment

5.2.11 A number of participants highlighted that retaining a common final assessment would ease the concerns that were mooted about the potential variation in standards that could arise from allowing multiple awarding bodies or SPAs, with some highlighting that common final assessments were present in other healthcare profession qualifications. It was felt that, by retaining a common final assessment, this would provide assurance to the public that registrants were all at a certain standard when they qualified and would mitigate the need for the introduction of SPAs.

If we had a standards of proficiency, or if we had a common assessment framework, then it would really allay those fears, because it would be really quite explicit. It doesn't need to be as detailed as competencies. But just like the other regulators have done, to put that absolute, 'this is what your student has to be able to do'. And you need to demonstrate that before they go on the register, as a very minimal amount of skill.

Optical professional body

The endpoint assessment is really key...for public assurance that wherever you qualify from, you've met a certain standard.

Provider of approved qualification(s)

Changes to what is known as pre-registration training

5.2.12 There was a split amongst participants as to whether the proposed changes to what is known as pre-registration training will have a positive impact or a negative impact, although all participants generally agreed that students need as much practical experience of seeing patients and treating eye conditions as possible to develop their skills. A number of participants explained that they thought the amount of clinical experience within current education was lacking, particularly in the earlier stages of study.

I think patient contact needs to be increased and should be in the training from an early stage.

Optometrist, Northern Ireland

5.2.13 Amongst those who were positive about the proposed changes, there was a perception that education providers tended to teach outdated and unused methods or curriculum topics and placed

too much focus on the academic side of qualifications at the expense of more useful, practical knowledge and skills. They suggested that integrating what is known as pre-registration training so that it counts towards an approved qualification would mean that students are able to learn up to date methods and skills with practical 'hands on' experience early in their course, increasing their confidence, knowledge and skill. It was felt that this would also enable students to choose their specialities earlier than they might otherwise have been able to. Some participants also explained that integration of what is known as pre-registration training could also allow students to tell earlier if working as an optical professional was the right career choice for them by giving them real world experience, particularly interacting with patients and gaining an understanding of the realities of the role.

> *It's really good at selecting between people...It should be discriminating on the basis of competence between those who are going to be good optometrists and those who aren't...It can open up pathways for the people who are academic to develop their careers in ways that are more appropriate...and that will be of benefit to them and everybody else.*
>
> Optical professional body

> *If you compare us to other medical professions, they will attain their degree and then they will go and work in different areas of medicine to choose a pathway to go down. There could be an opportunity within optics to do that…to be a dry eye specialist or a low vision specialist. There should be some more pathways for us to explore based on minimum qualification and registration.*
>
> Contact lens optician, England

5.2.14 Some participants thought that integrating what is known as pre-registration training so that it counts towards an approved qualification would result in students receiving more practical experience in seeing a wider variety of patients in different settings, which would result in them becoming more competent optometrists or dispensing opticians and better prepared for the realities of practice. Others, however, highlighted the issue of variations in the quality of placements and the attention and time they receive from a supervisor. It was felt that the proposed changes may be able to mitigate this risk, as students would be provided with more placement opportunities.

> *It's a step in the right direction in the sense that if you're doing your pre-reg in an opticians which is based in a city centre, you tend to see a certain social demographic, a lot of young patients who have no issues, whereas if you do have the opportunity to move to different areas, then you see a much broader age range and different types of patients. So it's a step in the right direction.*
>
> Newly qualified optometrist

> *If you can arrange placements so that they're out getting a broader range of experience, then it's probably a better idea.*
>
> Optical professional body

5.2.15 However, it was also highlighted that there would be no guarantee that, even with a range of different placements, students would be able to see different types of patients and eye conditions, and the quality of placements might vary widely, which could disadvantage some students depending on where they manage to secure their placements.

> *I worry with this 1,600 hours that one student could get a really interesting caseload, with lots of pathology, with lots of different ages, and another one could end up in a commercial high street shop where they do not get that variety... That would have a very negative impact*

on patient care because you'll either get a fantastic student or a student that doesn't really understand it and is grasping to struggle with your pathology.

Provider of GOC approved qualification(s)

They're proposing to retain the hours required, but the actual numerical detail on patient episodes is going to be removed and left up to the provider. They've actually also stipulated that they must provide students clinical experience in a variety of settings. So they've taken away the actual patient criteria, but they've introduced variant settings. To me, they could see one type of patient in all of those settings. But if we don't specify types of patients, that could potentially mean then a registrant could go through all their training and assessments, get on the register, and they've never seen a child, or have never seen a low vision patient.

Optical professional body

5.2.16 A concern that there will be insufficient high quality placements available for all students of every provider was also raised. It was felt that placing students would be easier for some than others, given their geography and the logistical challenges they might face in the management and validation of placements. Some providers, in particular, bemoaned the administrative burden the proposed change would have on them as a department.

There are only 400 practices in the whole of Wales...It's extremely unlikely to get a student into every single one of those because some of them are a little one man practice in the middle of nowhere...So you can see some of the logistical challenges we face are...quite immense.

Provider of GOC approved qualification(s)

If you're, for instance, in South Wales, do you try and do completely local placements? In which case, are there enough for the number of students that you've got? If you're somewhere like Plymouth, which doesn't have a massive hinterland, then that's going to be difficult to do it locally.

Optical professional body

If you've got a fourth year of another 120 students...you're going to have an administration of sourcing placements, organising placements and supporting students academically as well as in a pastoral way throughout that year. The question is where does that time come from, from a university point of view? I think that comes back to how it's funded because if you have the appropriate funding, then obviously these things are doable.

Provider of GOC approved qualification(s)

5.2.17 Those who stressed the importance of students being given 'hands on' practical experience by seeing patients and a wide range of eye conditions early in their course highlighted that the proposed changes could mean that students learn better 'soft' skills such as communicating effectively with patients. It was felt that this would produce newly qualified practitioners with improved communication skills, meaning they were better prepared for practice, which would ultimately benefit the public.

I think again if executed brilliantly, it would be really amazing because you do see pre-reg's who spent that three years of theory and struggle a little bit with the pre-reg because they often are very young and just dealing with people and communicating and that sort of thing is very new to them. In some instances it's their first job and they've got the clinical side

behind them but they're very new to the working side of it, so I think pre-reg right at the end is not a great way of doing it – spread out is fantastic.

Newly qualified dispensing optician

I think that you can be a very good optometrist on paper and be absolutely terrible in person. One of the great things about learning in practice is you're getting the communication skills right, you're getting the people skills right, all the bits and pieces that you can't really teach at university.

Optometrist, Scotland

5.2.18 However, there were concerns raised that the proposed changes could result in a lack of stability for students, as they would be placed in many different settings for shorter periods of time than they would have been otherwise. This led to some participants expressing the concern that students would not be able to spend enough time in different settings to learn new skills and gain an understanding of the setting, something which the current pre-registration system allows for.

If they're going to be parachuted into one practice for six weeks to do one thing, and then somewhere else for six weeks to do something else, I think it would be virtually impossible for them to learn everything, because a lot of the benefit of learning is seeing the whole process right through and seeing people again.

Optometrist, England

You become familiar with things as you do it more often, you become proficient. So if you do a little bit and then you stop, you might deskill and upskill and I just don't know whether that would leave you on a level playing field when you finish.

Optometrist, Northern Ireland

5.2.19 It was also suggested that the proposed changes to what is known as pre-registration training may take choice away from students about where their placements are located and the setting. This could then hamper their ability to seek placements related to their chosen speciality or in a location that was easily accessible to them or force them to make a choice too early in their optical education.

It's taking away student choice...local students might want to stay local because they're married and their husband's got a job down the road, English students might want to go back to England or they see that Scotland has a different scope of primary care practice and optometry...and other students will say, 'I really want to work in the hospital sector'.

Provider of GOC approved qualification(s)

Students will not benefit from it...They need to make a decision about where they're going to complete their training when they're an 18-year-old in school. They know nothing about the optical sector, they don't know about optometry very much at all and they don't really have any idea about where they might want to carry out their clinical training. This doesn't give them a choice because…presumably their training institution has links with a small number of providers to give them this clinical experience and they've got no choice about it. Whereas in the current time, when they get to the end of three years, they've got quite a lot of knowledge about the optical profession, they know about where they might see themselves and they can go anywhere in the country to any type of practice and seek a pre-registration post. That's going to be lost to them.

Provider of GOC approved qualification(s)

5.2.20 A number of participants raised concerns in relation to the funding for placements in the sector, with some perceiving a disparity in funding between placements in the optical sector and in other healthcare settings, such as pharmacy, in which the Single Point of Accountability (SPA) model has been trialled and withdrawn.

> *With pharmacy, their regulator wanted to bring in a single point of accountability like the GOC...Pharmacy students in that pre-registration year, or their employers, get something like £17,000, whereas employers employing a pre-reg optometrist get £4,000. There's a massive disparity in the funding, but even with that disparity and with the greater funding available for the pharmacy sector, they have pulled back from the idea of a single accountability model, which I think is really interesting...The heads of pharmacy in the academic institutions felt that this was not a healthy way of ensuring high quality safe registrants at the end of the day.*
>
> Provider of GOC approved qualification(s)

5.2.21 Provider participants in particular felt that the proposed changes would impact their budgets considerably, given the additional resources they would need to oversee and to validate their students' placements. It was highlighted that the COVID-19 pandemic had already had a negative impact on them financially, and they may therefore not have the financial resources to oversee and validate more student placements. It was mentioned that optometry in particular was an expensive course for providers to run, given the equipment, staff and resources, and some universities may take the decision to withdraw courses if they become financially unviable, which could in turn have a detrimental effect on the profession.

> *Optometry is not a cheap course to run if you compare us against other courses...we've got so much equipment, staffing, resources, etc...and placements are not cheap to run either because... you have to validate each of the placement practices and keep them safe.*
>
> Provider of GOC approved qualification(s)

> *We as a university would have to quality assure a four-year degree and there would be costs associated with that...Because at the moment, we have no part to play in that - the College [of Optometrists] takes full responsibility for that fourth year…It's not a model that in other schools that the university has, that it would hand over the quality assurance to another organisation, because there are risks associated with that and also costs. We need to be a bit cautious because...we're not yet sure whether the university would sanction that.*
>
> Provider of GOC approved qualification(s)

5.2.22 Concerns were also raised about the affordability of courses for students, if they have multiple placements within their qualification. It was highlighted that registrants are currently paid for what is known as pre-registration training placements, but some felt that the changes could lead to students having to finance their placements themselves in terms of travel and accommodation without earning a wage at the same time, which would lead to them accruing more debt. It was suggested that the proposed changes could therefore lead to people from disadvantaged backgrounds being discouraged from attaining optical qualifications, which would negatively impact diversity in the profession. It was also suggested that if students are expected to travel to many different placements as part of their course, it would also disadvantage those who cannot attend placements far away from where they live, such as single parents and primary care givers.

> *They need to look at how the students are supported. As we know, it's a very diverse community who decide to take qualifications in eye health. Can they afford to travel the length and breadth of the country? If you've been brought up in Birmingham, you study at*

Aston, and then suddenly the only place that you can go and have a placement is the Highlands of Scotland, that would be difficult…It's a practical consideration.

Large employer

The one aspect for students is the cost because at the moment, they pay three years of fees and then in the fourth year, they actually get paid. I can't remember what the pre-reg salary is, but it's nigh on £18-20,000...If you take into account they're having to pay their fees and some of their accommodation during that year, they're going from making £20,000 in their pre-reg year to having to pay £15,000. So they're going to be short £35,000.

Provider of GOC approved qualification(s)

There's the potential for more debt...With students trailing off to different placements during their academic study that's going to potentially disadvantage people who are less mobile and need to get to different placement providers at different times. The likely longer duration of the course is going to run a greater student debt, but that would apply to the whole student body, not necessarily particular groups or individuals.

Provider of GOC approved qualification(s)

5.2.23 Some participants highlighted that some students, particularly in the first year, would lack confidence to be able to see patients and would feel like they had not been adequately taught for the placement. It was suggested that a tiered approach could be implemented, whereby the number of placements increases year on year within courses and programmes, with the bulk of the placements being undertaken in students' final year when they are at their most confident and clinically competent.

I think it'd be very beneficial to have some sort of experience integrated during the academic studying side. However, I don't know how I feel about it being scattered throughout the entire duration. I think it should be more focused towards the final couple of years, as opposed to at the very beginning, because for some of these students, they might just be coming from school or college…You won't have gained all of the knowledge that you'd need to actually do anything.

Student dispensing optician

Other suggestions

5.2.24 A few optometrist participants suggested that the 'Standards for Approved Qualifications' document could focus more on admission of students onto optometry and dispensing optician qualification courses to ensure that they display the right basic skills and attitude to become competent registrants.

Under admission of students…there's nothing there that really ensures that the establishment will consider whether the student is going to make a good optom or not. It's all about whether the establishment can demonstrate that they were fair in their process, and can the person pass exams, but there's nothing there about actually can this person be a good optom, or is this person interested in being a good optom?

Optometrist, England

5.2.25 Other suggestions included more focus on decision making within courses and more clarity in the 'Standards for Approved Qualifications' document about the role international providers can play in the education and training of optical professionals.

Decision making should be a really big training element from day one. I feel strongly about that…You need to start thinking what might cause this and that whole clinical decision making needs to be built into the initial training, which happens with medics currently.

Optometrist, Northern Ireland

I wondered what it meant for international providers. There was a section that mentioned international providers, and I just wondered whether the GOC review had ambitions for training to take place outside the UK…My question, I guess, would be do the GOC have jurisdiction over international providers? So that seems like a strange thing to include. But where there is a gap for me, is what the criteria are for…qualifications that may have been acquired abroad.

Large employer

6. Quality Assurance and Enhancement Method

Summary of changes

In the consultation the GOC said:

> *'Our current Quality Assurance Handbook for dispensing optician qualifications was published in 2011 and contains education policies and guidance for the quality assurance and approval of qualifications for dispensing optician qualifications. Our current Quality Assurance Handbook for optometry qualifications was published in 2015 and similarly, contains education policies and guidance for the quality assurance and approval of qualifications for optometry qualifications, albeit more up to date than those listed in the older Quality Assurance Handbook for dispensing optician qualifications.*
>
> *We propose to update our Quality Assurance Handbook policies and guidance for the quality assurance and approval of qualifications for dispensing opticians and optometrists with the proposed 'Quality Assurance and Enhancement Method' (along with the 'Outcomes for Registration' and 'Standards for Approved Qualifications').*
>
> *The proposed 'Quality Assurance and Enhancement Method' describes how we propose to gather evidence to decide whether qualifications leading to registration as either a dispensing optician or an optometrist meet our 'Outcomes for Registration' and 'Standards for Approved Qualifications,' in accordance with the Opticians Act.*
>
> *Together, we will use the proposed 'Quality Assurance and Enhancement Method,' along with the 'Outcomes for Registration' and 'Standards for Approved Qualifications' to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.*
>
> *We propose to strengthen our current approval and quality assurance (A&QA) process (as described in our two Quality Assurance Handbooks) to support our outcomes-orientated approach. Our proposal moves away from seeking assurance that our requirements are met by measuring inputs to an emphasis on evidencing outcomes, establishing a framework for gathering and assessing evidence to inform a decision as to whether to approve a qualification. Our proposal sets out four methods of assurance and enhancement which together will provide evidence as to whether a qualification meets our outcomes and standards;*
>
> - *Periodic review (of SPAs and approved qualifications)*
> - *Annual return (of SPAs and approved qualifications)*
> - *Thematic review (of standards)*
> - *Sample-based review (of outcomes)*
>
> *In addition, the framework describes our proposed multi-stage method for a risk-based consideration of applications for approval of new qualifications, as well as our process for managing serious concerns and the type and range of evidence we might consider to support this process.'*

Proposed timescale

> *'First, we are proposing that all new qualifications (that is, qualifications not currently approved or provisionally approved by us) applying for GOC approval at or after 1st March 2021 will be expected to meet the 'Outcomes for Registration' and 'Standards for Approved Qualifications.' This means*

that new qualifications applying to us for approval before 1st March 2021 must meet our current requirements as set out in our Quality Assurance Handbooks.

Second, for providers of currently approved qualifications we are proposing that the requirements contained in the current Quality Assurance Handbooks will apply to all existing GOC approved qualifications during the teach out or migration phase, although the expectation is that students on existing programmes 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.

Third, we propose that providers of currently approved qualifications have three options to choose from;

a. *To 'teach out' existing programmes to a timescale approved by us, alongside developing, seeking approval for and recruiting to a 'new' approved qualification.*
b. *Develop and seek approval to adapt an existing approved qualification to a timescale approved by us.*
c. *Choose to 'teach out' existing programmes to a timescale approved by us and partner with another organisation or institution to develop, seek approval for and recruit to a 'new' approved qualification.*

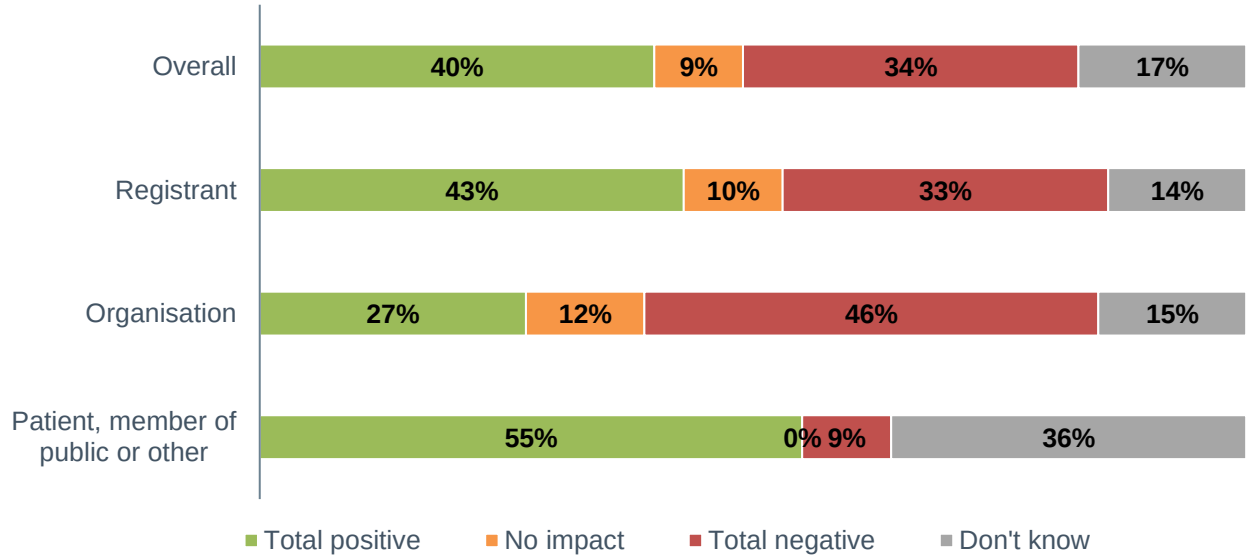
Fourth, we will work with each provider of existing GOC approved qualifications to agree a timescale for the migration/recruitment of students into new approved qualifications and when recruitment of new students to currently approved qualifications for dispensing opticians or optometry will cease. The aim is that providers of 'new' or 'adapted' approved qualifications will choose from which academic year they might begin recruiting students, from the 2022/23 academic year onwards.'

6.1 Consultation survey response

6.1.1 Respondents who completed Section Three of the consultation survey were asked what impact they thought the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews would have for providers of approved qualifications and their students.

6.1.2 As shown in ***Figure 32***, four in ten respondents (40%) felt that it would have a positive impact for providers and students, a slightly larger proportion than the 34% who thought the impact would be negative. A further 9% thought there would be no impact and 17% did not know. No significant differences were noted by respondent type, but it should be noted that organisation respondents were more likely to think that the impact would be negative (46%) than positive (27%).

Figure 32 – What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



6.1.3 Respondents were asked to explain their answer and consider what potential improvements or barriers the proposed quality assurance and enhancement framework could create for providers of approved qualifications and their students. As shown in ***Figure 33***, the most common response was a general agreement with the proposed quality and assurance framework or that it would have a positive impact (28%). Around a fifth (19%) suggested it would have a negative impact on providers, given the administrative or financial burden it would have. The same proportion (19%) felt the framework was too vague, lacking in detail and evidence, and that further guidance was required. The full range of responses is shown in the table.

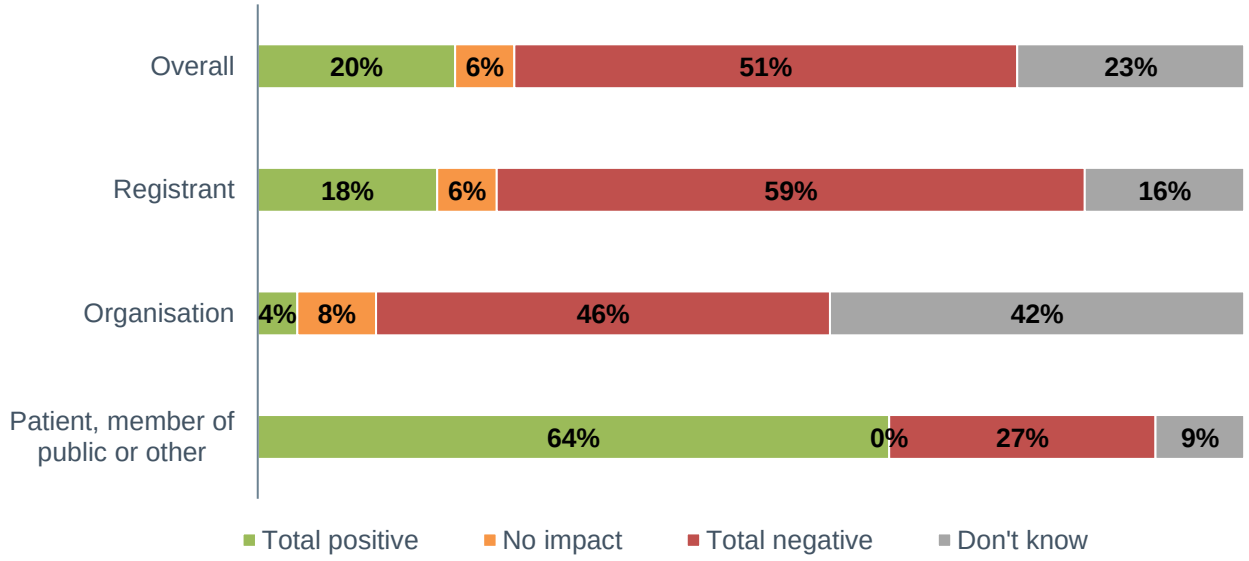
Figure 33 – Please explain your response
Base: Respondents who provided an answer (54)

Explanation	Number	%
Positive impact/agree overall	15	28%
Negative impact on providers - administrative/financial burden	10	19%
Framework too vague - lacks detail/evidence/research/further guidance needed	10	19%
No impact - providers already do this	7	13%
Could duplicate quality assurance procedures	6	11%
GOC will require additional resources to be effective	5	9%
Standards will be lower/inconsistent	4	7%
Support OSC consultation response	3	6%
Improvement from current system/needed updating	3	6%
Easier to pass/'dumbing down' profession	3	6%
Complex/overcomplicated approach	3	6%
Negative impact/disagree overall	2	4%
Standards will be consistent	2	4%
Standards will be higher/maintained	2	4%
Framework will create difficulties for GOC visitor panels - difficult to assess	2	4%
Reference to comments/response elsewhere	2	4%
Don't know impact until implemented	2	4%
Lengthy organisation response – can be found in Appendix E	8	15%
Other	11	20%

6.1.4 Respondents who completed Section Three of the consultation survey were asked what impact they thought the proposed timescale would have on the ability of providers to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes and standards.

6.1.5 As shown in ***Figure 34***, the proportion who felt that the proposed timescale would have a negative impact on the ability of providers to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes and standards was larger than the proportion who felt it would be positive (51% compared with 20%). A quarter (23%) said they did not know and 6% felt there would be no impact. It should be noted that four in ten organisation respondents (42%) said they did not know in relation to the question.

Figure 34 – What impact, if any, could the proposed timescale have on the ability of providers to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes & standards in your/your organisation's view?
Base: Those who answered Section Three (86), Registrants (49), Organisations (26), Patients, members of the public or other (11)



6.1.6 Respondents were asked to explain their answer and consider what potential improvements or barriers the proposed timescale could have for providers in developing, seeking approval for and recruiting to a 'new' or 'adapted' approved qualification. As shown in ***Figure 35***, over half (55%) suggested that the timescale was too short or unrealistic, as it takes time to develop and implement courses. A further 28% felt that the timing was inappropriate due to the COVID-19 pandemic and that the implementation should be delayed until the pandemic's impact on providers is clearer or has relented. The same proportion (28%) mentioned that there was insufficient detail or evidence provided to make an informed decision and that the proposals are yet to be finalised. The full range of responses is shown in the table.

Figure 35 – Please explain your response
Base: Respondents who provided an answer (53)

Explanation	Number	%
Timescale too short/unrealistic - takes time to develop and implement courses	29	55%
Timing inappropriate due to COVID-19/delay until impact of COVID19 is clearer or is abated	15	28%
Insufficient detail/evidence/research to inform decision/proposals are yet to be finalised	15	28%
Negative impact/disagree overall	8	15%

Explanation	Number	%
Positive impact/agree overall	7	13%
Alternative timescale/ implementation date suggested	5	9%
Support OSC consultation response	5	9%
Timescale leaves insufficient time to develop indicative document	5	9%
Changes unnecessary/should not be implemented	3	6%
Small/temporary changes could be made	2	4%
Lengthy organisation response – can be found in Appendix E	2	4%
Other	8	15%

6.2 Qualitative consultation activity feedback

Positivity about the 'Quality Assurance and Enhancement Method'

6.2.1 Many participants, particularly registrants, did not feel that they could comment on the 'Quality Assurance and Enhancement', given its complexity and relevance mainly to a provider audience. However, amongst those who did comment on the document, there was some positivity, with praise for its thoroughness, the way it is set out and its outcomes-based focus. The inclusion of risk stratification for proposed qualifications and the emphasis on taking into account the views of patients, service users, commissioners and employers were also particularly welcomed.

> *I like the opportunity that they're going to take greater emphasis on the views of patient service users, commissioners and employers. That's also to be welcomed.*
>
> Commissioner/provider of optical care

> *I quite like the way they rated the different levels of risk, depending on the particular course in terms of low, medium and high risk. I would like to think that depending on the risk of the course, students applying might say, 'I was going to apply to this university, but it looks as though they're quite a high risk, so I won't bother and I'll apply somewhere else instead'.*
>
> Contact lens optician, Scotland

Lack of detail and being open to interpretation could impact standards in the profession

6.2.2 However, as seen with the feedback on the other documents, there were some who felt that the document was too vague and open to interpretation, which could lead to variation in standards in the profession or even lower standards. These participants felt the document should set out exactly how the quality assurance process will be undertaken and standardised across the board to ensure that all newly qualified registrants are at the same standard and level of competency.

> *I have real concerns that…the level of detail that's sitting within the quality assurance and enhancement method is really lacking detail to see how that could be implemented…The new documents give the educational provider…a lot of latitude. How do you quality assure something that could have very different outcomes or mechanisms in different locations by different providers?*
>
> Optical professional body

Again, it was it was a bit vague. It needed more information. At the moment, it appears that the GOC go and visit one institution and tell them to do one thing, and then go and visit another institution and tell them they should be doing something different. So it really needs to lay out exactly what we should be doing…there's not a huge amount of standardisation as it is….Again, particularly if you're having registerable degrees from different establishments, there has to be a really consistent way of checking that everybody's doing the same thing and…that the optometrists that are coming out are to the same standard.

Optometrist, England

Proposed timescales

6.2.3 In regards to timescales, a minority of participants felt that the process of moving over to a new system had been long and drawn out and would like to see the changes brought in as soon as possible, in line with the timetable set out in the document. Some also felt that providers had recently shown they were flexible, having had to adapt to new ways of teaching and assessment in light of the COVID-19 pandemic, and therefore this suggested that the proposed timetable could be achieved. Allowing providers of approved qualifications a choice of academic year for the migration and recruitment of students into new approved qualifications was also welcomed by some.

I thought it was very sensible because you're enabling sensible grown up people to make change at a pace that their staff, their systems, and their students can cope with, with the aim of making sure the students benefit.

Optical professional body

Well, I suppose I'm actually now probably a little bit more open to it. We've completely reorganised the entire course in three months, so that sounds like it might be possible.

Provider of GOC approved qualification(s)

6.2.4 However, the majority of participants felt that the timetable was too tight and unrealistic, with many suggesting that the changes felt rushed by the GOC with little justification. These participants mentioned that, particularly at the moment, providers might lack the time and resources to develop and adapt courses and programmes in line with the proposed changes, given the impact of the COVID-19 pandemic.

I do feel that that there's an unnecessary rush to this timescale and the reason provided by the GOC has been that this has gone on long enough...There's been a lot of in and out in the GOC with temporary educational director positions and that's not the sector's fault.

Optical professional body

I think it is a very soon deadline. I don't think that they would be in a position to march it out. I mean, they're going onto these consultations now, not too far away from it, and they've only now stopped to wonder what everybody else thinks about that.

Therapeutic prescriber, Scotland

[Implementing changes due to COVID-19] has been incredibly resource heavy. Most of the staff didn't really get a proper break during the summer. So to be doing this now is probably not the best idea…What is the massive rush now?

Provider of GOC approved qualification(s)

6.2.5 Those who felt that the proposed timetable would involve rushing the implementation of the changes explained that this could have serious consequences for the profession and the sector, which would ultimately have a negative impact on patient care. These participants highlighted that providers working to different timetables when adapting their courses could lead to confusion in the sector and poor levels of education as a result, which in turn could lead to problems for employers when recruiting optometrists and dispensing opticians with different standards of education.

> *It's going to be difficult in terms of timing…there's a lot of uncertainty out there, for students, for providers. I understand why people would want to move quickly, but it will be a very confusing four or five years while we transition from one to the other, with, potentially, different education providers at different stages.*
>
> Large employer

> *I think it's unsafe to do it at this pace because we don't know about resourcing, we don't know whether it's going to be fit for purpose once things go back to a slightly more normal mode of practice...The students who are in their pre-registration year are all being delayed...and our students who just graduated are being delayed until the new year before they start...and yet this is all just marching ahead as if none of that's happening.*
>
> Provider of GOC approved qualification(s)

> *I think having a moving timescale for a university to choose when they switch will be a problem for employers, because we'll have to essentially have two programmes...If they're on different training boards, we are going to support the students through placements in two different ways, which would make it very difficult for employers.*
>
> Large employer

6.2.6 A number of participants suggested that the GOC should slow down the implementation of the changes, reflect on the findings of the consultation, and engage further with the sector to co-design the documents and ensure that the new system is fit for purpose, keeping in mind the negative impact the COVID-19 pandemic has had for education providers.

> *And what concerns me is those students who will get caught up in all of this, because there seems to be a huge rush to get this through at the next council meeting, and it just has to be delivered. And that seems to be the answer we get constantly now – it just has to be delivered. And to me, I'd rather that it was postponed slightly, and it was delivered correctly the first time than we try and rush this and everybody's in a mess.*
>
> Optical professional body

> *They should think about the purpose of a consultation, to listen to what people have to say. There's no shame in saying that they got it wrong. I would hate to think that they would just steamroll through something because that was what they were going to do. Let's just take a step back, let's look at this a different way. I think people would think more of them if they did.*
>
> Dispensing optician, Scotland

> *I think the timing of it is really key...we're in the middle of the pandemic so I think that's put a huge barrier to the rolling out the ESR within the original timeframe.*
>
> Provider of approved qualification(s)

Suggestions

6.2.7 A few participants made suggestions for inclusion within the document. This included a focus on the geography of new educational institutions and whether they were able to provide students with sufficient good quality placements and clinical opportunities nearby.

> *I wondered if there'd also be any review of the geographic siting of a proposed new qualification. I don't know, for example, whether it would be more difficult to have yet another institution in London, or would it be more difficult to have another institution on the edge of Manchester, for example, as another big city? I wonder whether there should be some comment about that in approving a course it obviously has to be deliverable geographically…The feasibility of delivering the course and their ability to provide the clinical opportunities and placements.*
>
> Optical professional body

7. Replacing the Quality Assurance Handbooks

Summary of changes

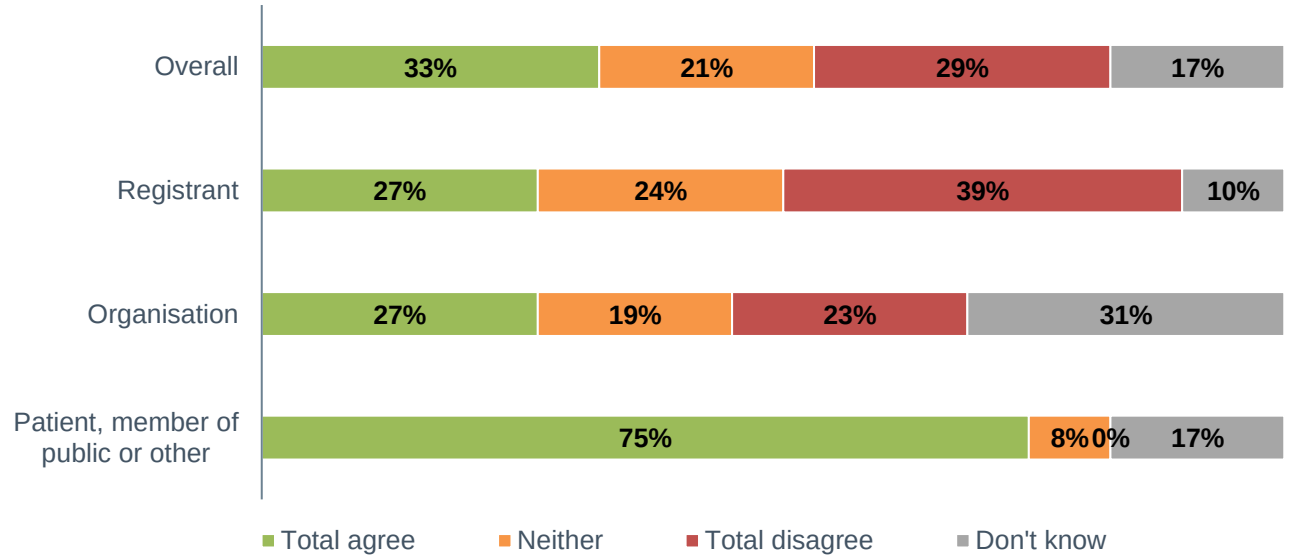
The GOC is proposing that the 'Outcomes for Registration', the 'Standards for Approved Qualifications' and the 'Quality Assurance and Enhancement Method' replace the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the required list of core competencies, the numerical requirements for students' practical experiences, education policies and guidance contained within the handbooks, and the policies on supervision and recognition of prior learning which are published separately.

7.1 Consultation survey response

7.1.1 A subset of respondents provided information on whether they agreed or not with the proposal to replace the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011) and related policies with the new documents in Section Three of the consultation survey. In total 87 respondents (47%) answered these questions.

7.1.2 Of these respondents, a third (33%) agreed with the proposal to replace the Quality Assurance Handbook for optometry and related policies with the three documents and three in ten (29%) disagreed, as shown in ***Figure 36***. A further fifth (21%) neither agreed nor disagreed and 17% said they did not know. Registrant respondents were more likely to disagree (39%) than agree (27%) with the proposals, whilst 75% of patients, members of the public and other respondents said they agreed. However, only 12 respondents in that category answered the question. It should also be noted that 31% of organisation respondents said they did not know in relation to the question.

Figure 36 – Do you agree or disagree with our proposal to replace our Quality Assurance Handbook for optometry and related policies with the proposed 'Outcomes for Registration', 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method'?
Base: Those who answered Section Three (87), Registrants (49), Organisations (26), Patients, members of the public or other (12)



7.1.3 Respondents were asked to explain their answer. As shown in ***Figure 37***, the most common response was that respondents did not know, citing what they perceived to be a lack of guidance, a missing financial impact assessment, an absence of sufficient evidence behind the proposals, or

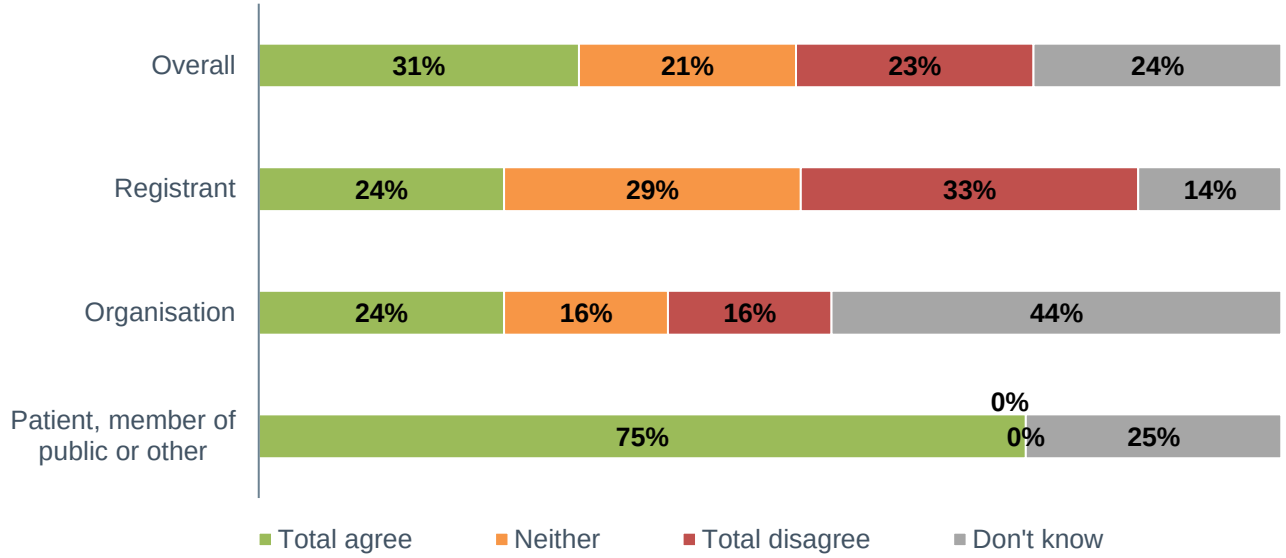
that they needed to see the final versions of the documents before being able to make an informed decision (29%). This was followed by 24% who expressed their support for or their agreement with the changes overall. A further 15% said they would support the proposed documents if they were refined or raised concerns were mitigated, and the same proportion (15%) expressed concerns that the documents were too vague and open to interpretation. The full range of responses is shown in the table.

Figure 37 – Please explain your response
Base: Respondents who provided an answer (59)

Explanation	Number	%
Don't know – lack of guidance/financial assessment/evidence/need final versions	17	29%
Support new documents/agree overall	14	24%
Support new documents if refined/concerns are mitigated	9	15%
Documents lack detail – too vague/open to interpretation	9	15%
Oppose new documents/disagree overall	8	14%
Old documents need updating but new documents are unsuitable/current handbook should just be amended	7	12%
New documents will have negative impact on/cause risk to public and patients	7	12%
New documents will worsen students/standards/profession	5	8%
No issues with current handbook/changes unnecessary	4	7%
New documents align with other professions	4	7%
New documents will improve students/standards/profession	4	7%
Lack of detail about/more emphasis needed on clinical skills	3	5%
Complaint about question/consultation	3	5%
New documents are more flexible	3	5%
Concern about multiple/commercial/stakeholder influence	3	5%
Needs common framework/common final assessment	3	5%
Disagree with SPAs/will have negative impact	3	5%
New documents will have little/no impact	2	3%
New documents will create difficulties for GOC visitor panels	2	3%
Support OSC consultation response	2	3%
Timeframe too short- unrealistic/currently inappropriate	2	3%
Lengthy organisation response – can be found in Appendix E	2	3%
Other	7	12%

7.1.4 Of the respondents who answered Section Three of the survey, three in ten (31%) agreed with the proposal to replace the Quality Assurance Handbook for dispensing optician qualifications and related policies with the three documents, as shown in ***Figure 38***. A quarter (23%) disagreed and 21% said they neither agreed nor disagreed. A quarter (24%) also said they did not know, which included 44% of organisation respondents.

Figure 38 – Do you agree or disagree with our proposal to replace our Quality Assurance Handbook for dispensing optician qualifications and related policies with the proposed 'Outcomes for Registration', 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method'?
Base: Those who answered Section Three (87), Registrants (49), Organisations (25), Patients, members of the public or other (12)



7.1.5 Respondents were again asked to explain their answer. As shown in ***Figure 39***, 22% said that they supported the new documents or agreed overall with the proposals, but the same proportion (22%) said they did not know, citing a lack of guidance, financial impact assessment or any evidence to support the proposals, or that they needed to see the final versions of the documents before making an informed decision. A further fifth (20%) mentioned that the documents lacked detail, were too vague and open to interpretation. The full range of responses is shown in the table.

Figure 39 – Please explain your response
Base: Respondents who provided an answer (41)

Explanation	Number	%
Support new documents/agree overall	9	22%
Don't know – lack of guidance/financial assessment/evidence/need final versions	9	22%
Documents lack detail – too vague/open to interpretation	8	20%
No issues with current handbook/changes unnecessary	6	15%
Oppose new documents/disagree overall	5	12%
Old documents need updating but new documents are unsuitable/current handbook should just be amended	4	10%
Lack of detail about/more emphasis needed on clinical skills	4	10%
New documents will worsen students/standards/profession	4	10%
Lack of consideration of differences between dispensing opticians and optometrists/should be separate documents	4	10%
Support new documents if refined/concerns are mitigated	3	7%
New documents align with other professions	3	7%
New documents are more flexible	3	7%
New documents will have negative impact on/cause risk to public and patients	3	7%
Needs common framework/common final assessment	3	7%
New documents will have little/no impact	2	5%
Complaint about question/consultation	2	5%
New documents will improve students/standards/profession	2	5%
Concern about multiple/commercial/stakeholder influence	2	5%
New documents will create difficulties for GOC visitor panels	2	5%
Lengthy organisation response – can be found in Appendix E	2	5%
Other	6	15%

7.2 Qualitative consultation activity feedback

General support for the replacement of the current Quality Assurance Handbooks, but some suggested that they could be adapted rather than replaced outright

7.2.1 Qualitative feedback was supportive of the aims of the consultation overall, since there was widespread agreement amongst participants that changes needed to be made as the Quality Assurance Handbooks had become outdated over time and did not fully reflect the scope of practice for registrants anymore. Some also felt that the prescriptive nature of the current handbooks was restrictive and could hold back the profession if not adapted or replaced.

> *I think they were outdated. I think they were well intentioned and well meant, but times have moved on. Skillsets have moved on, aspirations have moved on, and they just are no longer fit for purpose.*
>
> Commissioner/provider of optical care

> *I do think that they need replacing… I think through that period, the profession has moved at a quicker pace than it probably ever has. I think a lot of things are not necessarily brought up to date.*
>
> Large employer

> *[The old handbook] was very rigid and as time has gone on, there was increasingly a misalignment between what we knew our students needed to do upon graduation and what we were able to provide while still being compliant with the current regulation.*
>
> Provider of GOC approved qualification(s)

7.2.2 However, not everyone agreed that the current handbooks needed to be completely replaced, and that perhaps doing so was going a step too far. Some participants suggested that that the GOC could instead update the current documents to ensure they are up to date and fit for purpose based on the current realities of optical practice, which they felt was a more logical and measured approach.

> *I feel like the criticisms of the handbook were not really evaluated. It was more just that, 'We want a new version and we want to do it in a new way', rather than look at what was currently done...and then maybe make changes where changes were needed.*
>
> Provider of GOC approved qualification(s)

> *We're not just amending the handbook here, we're ripping it up and we're completely starting again. And we don't see, for dispensing, the evidence that warrants that. Because inevitably, there'll be a huge cost to somebody.*
>
> Optical professional body

8. Impact of proposals

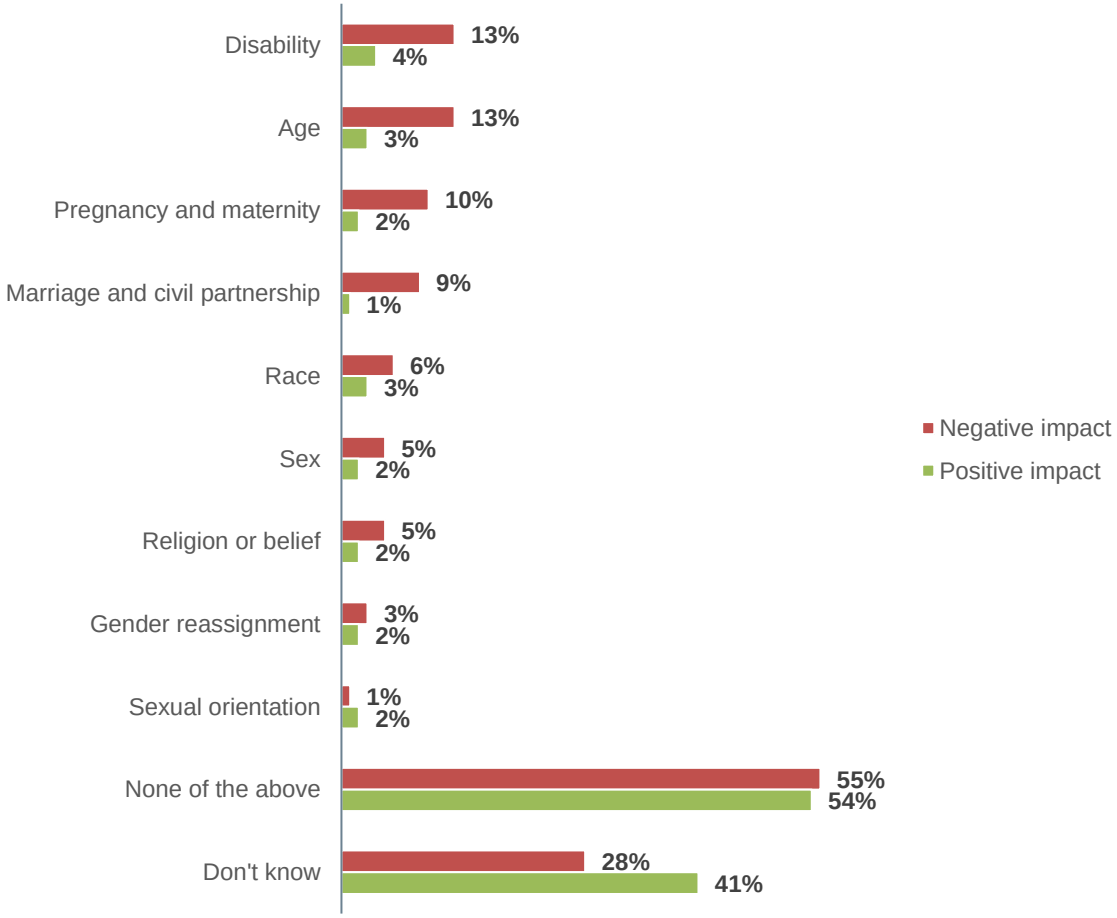
8.1 Consultation survey response

8.1.1 The GOC wanted to understand whether the proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010 and whether it might benefit any. Survey respondents were asked to identify which individuals or groups, if any, the proposals might have a negative impact and a positive impact on. Respondents were able to choose from a list and could select more than one in each case.

8.1.2 As shown in ***Figure 40***, over half (55%) said that there would be no negative impact on any of the groups or individuals listed and a further 28% did not know. In terms of a negative impact, 'disability' and 'age' were the most common groups or individuals selected by respondents (both 13%), followed by 'pregnancy and maternity' (10%) and 'marriage and civil partnership' (9%).

8.1.3 Over half (54%) thought there would be no positive impact, and four in ten (41%) said they did not know if there would be a positive impact on any of the groups or individuals listed. Only very few respondents selected any groups or individuals that there might be a positive impact for, the most common being 'disability' (4%), followed by 'race' (3%) and 'age' (3%), smaller than the proportions who thought there would be negative impacts for these groups or individuals.

Figure 40 – Do you think our proposals will have a negative or positive impact on certain individuals or groups who share any of the protected characteristics listed below?
Base: All respondents (187)



8.1.4 Respondents were asked to describe the impact on the individuals or groups they had identified. As shown in ***Figure 41***, the most common response was that the proposals would have no impact on any of the individuals or groups listed (35%). This was followed by 20% saying that the proposals will have a negative impact on students with disabilities due to a lack of understanding of accessibility issues, how to safeguard students and the additional expenses that would be incurred. The full range of responses is shown in the table.

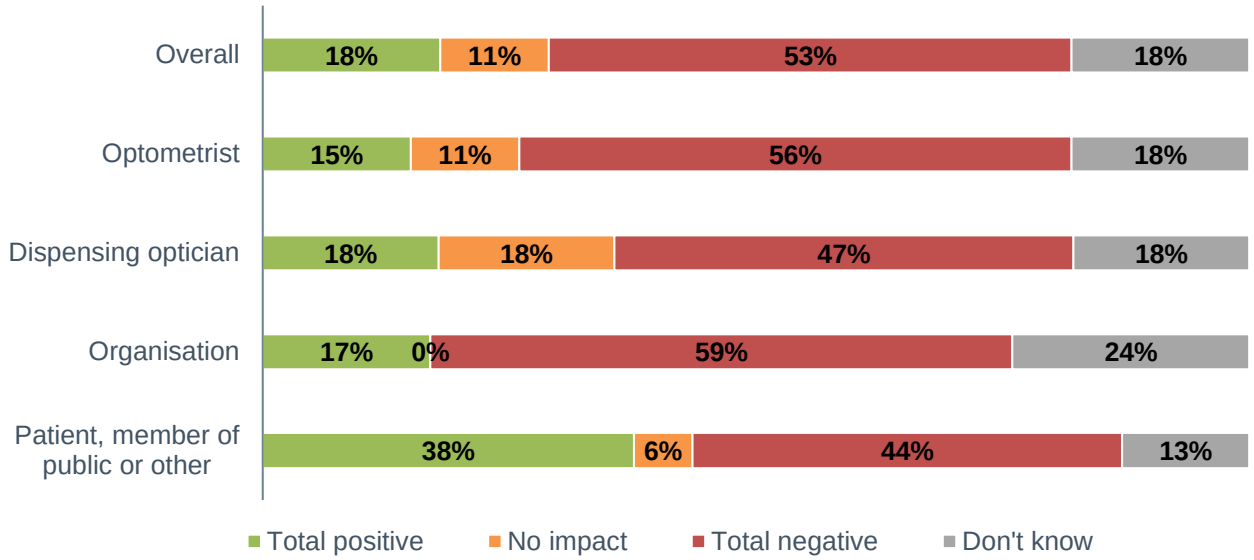
Figure 41 – Description of impact on individuals or groups
Base: Respondents who provided an answer (69)

Description of impact	Number	%
No impact on these groups	24	35%
Negative impact on students with disabilities due to accessibility issues/lack of understanding and safeguarding/additional expenses incurred	14	20%
Students negatively impacted by geography/logistics of placements	9	13%
Negative impact on low-income/disadvantaged students due to additional costs/fees	8	12%
Reduced choice/flexibility of placements	8	12%
Negative impact on students with carer/family commitments due to changing/inconvenient placements	8	12%
Unintentional/unconscious bias	4	6%
Negative impact on students with religious/cultural needs due to inconvenient placements (timings, location)	4	6%
Support OSC consultation response	3	4%
Negative impact on older students' employment prospects - younger students more appealing	3	4%
Documents too vague/lacking in detail to know impact	2	3%
Changes will enable flexibility	2	3%
Difficulties finding placements	2	3%
Negative impact on non-English speaker/foreign students	2	3%
Negative impact on students with ongoing healthcare needs in fixed location	2	3%
Positive that EDI is being considered	1	1%
Negative impact overall	1	1%
Gender pay gap	1	1%
Standards should be level – no ‘bending’ of rules	1	1%
Negative impact on BAME students outside university environment	1	1%
Lengthy organisation response – can be found in Appendix E	2	3%
Other	8	12%

8.1.5 Survey respondents were asked if the proposed changes will have any impact on any other individuals or groups. Examples were provided of students, patients and the public, current providers of approved qualifications, placement providers, employers and devolved nations.

8.1.6 ***Figure 42*** shows that over half (53%) of respondents felt that the proposed changes would have a negative impact on other individuals and groups, whereas only 18% thought the impact would be positive. One in ten (11%) thought there would be no impact and 18% did not know.

Figure 42 – Do you think any of the proposed changes will impact – positively or negatively – on any other individuals or groups? For example, students, patients and the public, current providers of approved qualifications, placement providers, employers and devolved nations?
Base: All respondents (187), Optometrists (91), Dispensing opticians (51), Organisations (29), Patients, members of the public or other (16)



8.1.7 Respondents were asked to describe what impact and individuals or groups they were thinking of when answering this question. As shown in ***Figure 43***, the most common response was that the proposals would have a negative impact on, or would present increased risk to, the public and patients (30%). This was followed by a suggestion that the proposals would have a negative impact on providers due to additional costs, the need for additional resources or an increase in competition between providers (26%). The full range of responses is shown in the table.

Figure 43 – Description of impact on individuals or groups
Base: Respondents who provided an answer (113)

Description of impact	Number	%
Negative impact on/risk to public and patients	34	30%
Negative impact on providers due to additional costs/resources/management/ increased competition	29	26%
Don't know impact - documents lack detail/lack evidence or research/lack finance assessment/too vague/open to interpretation	23	20%
Standards will be lower	22	19%
Negative financial impact on students – additional tuition fees, unpaid placements, placement travel/accommodation costs	21	19%
Negative impact overall/none will benefit	18	16%
Positive impact on students – improved quality of education/higher standards/easier route to profession/better flexibility once qualified	18	16%
Negative impact on employers due to additional costs/resources/management and supervision	17	15%
Negative impact on students – reduced quality of education/increased stress and pressure/pre-registration training changes are negative	15	13%
Standards will be inconsistent/vary too much	14	12%
Negative impact on public perceptions/diminished credibility of qualification/'dumbing down' profession	14	12%
Multiples will benefit/concern about multiple/commercial/stakeholder influence	13	12%
Positive impact overall/all will benefit	11	10%
Negative impact on/discrimination against student demographics/type (e.g. low-income, BAME, gender, dispensing opticians)	9	8%
Negative impact on College of Optometrists	7	6%
Negative impact on non-multiple practices/settings (e.g. small, local, independent, hospital)	6	5%

Description of impact	Number	%
Timeframe too short/unrealistic/currently inappropriate	6	5%
Positive impact on public and patients	5	4%
Needs common final assessment/independent examiner to ensure consistency	5	4%
Disagree with SPAs/will have negative impact	5	4%
Lack of consideration of differences between dispensing opticians and optometrists	4	4%
Conflict of interests - providers passing poor students to improve pass rates	4	4%
Lack of consideration of differences between devolved UK nations	4	4%
Impact depends on how it is implemented	2	2%
Lengthy organisation response – can be found in Appendix E	3	3%
Other	17	15%

8.2 Qualitative consultation activity feedback

How the proposed changes could discriminate against some students

8.2.1 As previously highlighted when providing feedback on the 'Standards for Approved Qualifications' document, a number of participants discussed the potential for the new documents to discriminate against some students. The focus of this feedback generally related to the costs associated with studying to be an optometrist, associated with the change set out in the new 'Standards for Approved Qualifications' document that could integrate what is known as pre-registration training throughout the degree course. Participants discussed how this change could result in the degree becoming a four-year course, and therefore would be more expensive as a result, which some participants felt would deter and potentially exclude some students who may not be able to afford increased fees.

> *Has it really been looked into in detail? Are students willing to devote four years of their life and £50,000 plus, in terms of funding, in order to do it? When I ask my first year, second, or third years what they think about it, they actually sound concerned.*
>
> Provider of GOC approved qualification(s)

8.2.2 Concerns of discrimination were also raised in relation to the way the proposed changes could impact those with families including young children, particularly those who may not be able to study full time or who may prefer the distance learning route to study to become a dispensing optician. Some participants held the perception that the proposals favoured those studying full time in a university setting, and therefore may discriminate against those who were unable to study via this route due to their family or financial situation.

> *Not everybody comes straight from university, especially DOs. People have families so they can't necessarily go full time to uni, because they've got kids that they need to raise, and they need to be able to pay the rent. A lot of them will then go down the distance learning route, but they're also getting work at the same time. If you could only go down the university route, you could be discriminate against parents, you could be discriminate against people who can't afford to go to university.*
>
> Dispensing optician, Scotland

8.2.3 It was also highlighted that the proposed changes may discriminate against those from more disadvantaged economic backgrounds who may not be able to afford to travel away from their locality to attend placements as part of their integrated course. Some participants perceived that the changes could mean that students would be required to travel around the country to complete placements as part of the degree, which would be difficult for those who may struggle to afford this

or who may have family commitments. Those who were unable to travel for these reasons may then be limited to the types of placements they can complete. It was also suggested that, if students were required to move around on a more regular basis, this could also discriminate against those with physical or mental disabilities.

> *We don't want to have poor students have to move around the country every six weeks, that is so expensive for them… Mature students won't be able to do that, students from the disabled spectrum won't be able to do that, students with mental health issues will find that incredibly stressful. Students from ethnic communities are often wanting to stay local to their families because that's what they're allowed to do. And so it's going to restrict student choice and the diversity of students will be affected, I think.*
>
> Provider of GOC approved qualification(s)

> *It may be a barrier to studying optometry for the ones who are perhaps in a more disadvantaged group, who have to stay at home and who have to be linked to one particular area. They may find that the university that's closest to them doesn't have places that are close to them.*
>
> Provider of GOC approved qualification(s)

Potential negative impacts on education providers

8.2.4 A number of participants highlighted the impact that the new documents would have on providers. Again, as highlighted in the feedback related to the 'Standards for Approved Qualifications' document, the main focus of this feedback related to the significant work that would be required from providers in order to adapt their current courses to meet the new requirements set out in the documents. Although there was a general acceptance that things may need to change, some provider participants explained that it was likely they would need to rewrite their curriculum, rather than being able to modify it in line with the new requirements, which they explained would take considerable time and resources. It was also felt that the proposed timeframe for implementing the changes would exacerbate this situation.

> *We're very willing and very keen, but there are significant barriers...It's going to need a whole rewrite of our curriculum...Every aspect of teaching will have to change...We were hoping that we might be able to move ahead and...be ready in September 2021. But there is absolutely no way with COVID that that could be done. Funding for placements really hasn't been bottomed out yet and also just trying to completely revamp the curriculum, when we're already revamping a curriculum to deal with COVID, is hard.*
>
> Provider of GOC approved qualification(s)

> *From an academic point of view, there's going to be a lot of work involved in changing the programmes over. Just trying to get one module changed is hard enough, but trying to create a whole new programme, with external bodies, whether that be the college or whether it be some of the multiples or whatever, in two years would just be so much hard work.*
>
> Optometrist, England

8.2.5 In addition to changes to the courses they deliver, provider participants also perceived that the changes required by the introduction of the new documents would mean significantly greater time and resources required to keep up with the approval, monitoring and reporting processes, which would place greater pressure on them, especially financially. A number explained that they were concerned about how the proposed changes could be financed, highlighting the fact that optical

care does not receive the same level of NHS funding as other healthcare professions such as medicine, dentistry and pharmacy. It was also acknowledged that the time and resources required from the GOC would also significantly increase as a result of the proposed changes.

> *The process of going through that approval, in its five stages as it's set out in the document – that's quite a huge process for someone to go through and monitor. Then there's the annual reporting, the thematic studies. There's an awful lot of manpower requirements on the people within the GOC and within the SPAs to try and make sure that happens. Have we got enough of those people around, bearing in mind that they will have to be different from the people who are actually teaching, and the pressure on eye care delivery in the whole sector? So do you take people away from patient care, in order to be able to work out that the next generation are doing what they should be doing? There will be a cost in terms of the amount of work experience that's required.*
>
> Large employer

> *We've got good flexibility, but it's how rigorous an approach will be required to prove various aspects of it. And that's where, to my mind, there is probably an awful lot of documentation involved, from an educational provider's perspective…It already is huge…The equivalent of one staff member is probably spending all their time trying to keep on top of the GOC requirements anyway.*
>
> Provider of GOC approved qualification(s)

> *The GOC talks about looking at the way that other professions run...but they have no appreciation of the fact that in optometry, there's no NHS behind it, whereas all the other professions have NHS backing. So if suddenly the government decides that they need some more GPs, they will throw funding at that to make it happen. But placements are paid large amounts of money to take students. There's a history of professionals educating students. None of that is fair, there isn't that NHS backing in optometry...Even pharmacy has a lot of NHS resources thrown behind it.*
>
> Provider of GOC approved qualification(s)

8.2.6 Should the optometry degree change from a three-year degree to a four-year degree, provider participants explained that this would have an impact on the way that they recruit to and deliver their courses. In relation to recruitment, it was suggested that optometry would now be competing more directly with other professions which require four-year courses, which may change the way that providers need to approach students.

> *With regards to optometry, Anglia has always followed the more standard route which is [a] three year degree, then they go and sit within the College [of Optometrists]...so that's going to cause us a lot of work...That's going to be a massive task...and considering that we'd still be rolling out the old courses, how we're then going to manage possibly having to rewrite and revalidate within the university, and then get all that work to the GOC in a timely fashion is going to be resource heavy.*
>
> Provider of GOC approved qualification(s)

> *I think the one question mark that I have is that we would be moving from a three to a four-year programme. And as yet, we don't know what impact that would have on our ability to recruit…I think my concern revolves around competing with other professions that are also four years in length. There's potentially a different market, particularly for our international students.*
>
> Provider of GOC approved qualification(s)

8.2.7 As a result of the impact on providers, some participants suggested that, due to the potential significant impacts, some may simply decide to no longer offer optometry or dispensing optician qualifications, as they may see the new requirements as too demanding or not financially viable.

> *The GOC has a very naive view about universities. They seem to think that the university as a global entity cares about optometry…they've got nothing at stake, it's a course that brings in a fair number but it's not exactly going to make or break them. It wouldn't take a lot for universities to say this is just too hard work, let's just not bother.*
>
> Provider of GOC approved qualification(s)

> *I know they're absolutely wedded to the single point of accountability model...but it is making it really difficult for us to envisage how our programmes are going to look. How we're going to make sure the quality assurance is in place, and that we can provide suitable placements in enough variety of locations and quality assure them under the current financial model, I think is impossible.*
>
> Provider of GOC approved qualification(s)

8.2.8 Some participants suggested that it could be the case that, should some providers decide to no longer offer optometry or dispensing optician qualifications, this could create or exacerbate regional shortages, or could lead to the increased involvement of multiples in the provision of education and training, who may be more likely to afford to do so. This therefore raised some concerns about the influence that multiples may be able to have as a result of the impacts of the new documents on providers.

> *If it's not viable to offer optometry, most universities will probably pull it. The cost implications of buying specialist equipment, having an SPA and the administrative load of that might end up with only the larger courses surviving, and they may end up going into partnership…with the multiples who can take their pre-reg's. A university and multiple partnership in theory is fine, but they're probably going to start influencing each other in ways that we don't really want to think about.*
>
> Student optometrist

Concerns about the impact on the quality of education

8.2.9 A key concern expressed in relation to the potential impacts of the proposed changes in the new documents was that the routes to qualification could be expanded, which could cause problems within the sector. A number of participants, both registrants and other stakeholders, expressed concerns about the proposed changes opening up optical education to degree apprenticeships, focusing on the proposed change to integrate what is known as pre-registration training within the degree. Despite some participants acknowledging that they had been assured by the GOC that this would not be the case, there was a strong perception held amongst these participants that the changes were designed to enable increased numbers of students to complete their optical education via a degree apprenticeship route.

> *I know we're not talking about apprenticeships and such, but I do really worry about that type of thing.*
>
> Provider of GOC approved qualification(s)

> *I feel like talking about the pre-reg being incorporated into the training is a way of getting the whole apprenticeship thing through the back door, in a way.*
>
> Charity/patient organisation

> *I think it feels like we're being primed to accept the apprenticeship, which I would argue is a bad thing… The apprenticeships are quite unpopular amongst optometry at the moment. It's a bit of a concern.*
>
> Student optometrist

8.2.10 Concerns were raised about this route of education, with participants suggesting that there was the potential for the market to become flooded with too many optometrists who would be fighting for jobs within the sector, which may result in lower salaries.

> *I just feel like the market could become more flooded with optometrists getting through via a degree apprenticeship. It just feels like the changes are just to up the amount of optometrists and increase the sales, as opposed to actually being a more credible profession. My feeling is both of these documents [Outcomes and Standards] exist entirely to make apprenticeships possible.*
>
> Newly qualified optometrist

> *I don't understand why they're wanting to kind of make it easier for more people to get into the profession…The market for optometrists in Scotland certainly seems to be oversaturated, and this is another way to bring in optometrists more quickly, where there are already enough. It's only going to reduce salaries overall.*
>
> Therapeutic prescriber, Scotland

8.2.11 It was also suggested that the proposed changes had the potential to lower the quality of optical education, particularly if the degree apprenticeship route became more readily accessible as a result. Some participants expressed concerns about the credibility of optical qualifications being diminished and devalued as a result of the changes, as in their opinion, they made it easier to qualify as an optometrist. Instead, it was felt that any changes to the optical education system should have the opposite impact, and that standards should be increasing, potentially making it more difficult to become an optometrist, and therefore increasing the credibility of the profession and its respectability alongside other healthcare professions.

> *I think it needs to be almost more difficult [to qualify]. At least in terms of entry into optometry, standards need to raise rather than become lowered or become too influenced by the multiple sector and that kind of thing. The more robust the standards of entry into the profession, the more likely will be seen as an actual a credible profession. I think the moment you lower those entry requirements, what sort of credibility does that leave in the profession? And where does that leave individual registrants?*
>
> Newly qualified optometrist

> *It's devaluing the qualification that I'm working very hard to get and making it easier for other people to get.*
>
> Student dispensing optician

Positive impact of the proposed changes

8.2.12 Despite some concerns about the proposed changes negatively impacting the standard of optical education, some participants were more positive, explaining that they felt the new documents would increase the standard of education and therefore the quality of care provided to patients. They stated that the new documents would increase consistency in optical education, with everyone

learning to the same standards, which are more relevant to the current state of the profession and the requirements of the roles of optometrists and dispensing opticians.

> *I think the new proposals are elevating the standard of optometry and registrants that are entering the register…I think that's good because that means patient care is going to be better. It means the quality of education that we can go into delivering is going to be better…I don't see much of a disadvantage.*
>
> Student optometrist

> *From what I've read through it seems that they're trying to make it so that across the board, everything is to a set standard. So I do agree with that.*
>
> Newly qualified dispensing optician

> *I think it's a really good idea. I think it's quite evident, because of the changes that are happening in optometry, that it needs to happen. Without doubt it will see increasing the standards.*
>
> Provider of approved qualification(s)

8.2.13 Another positive impact of the proposed changes highlighted by a number of participants was the increased flexibility that the new documents would provide. Participants explained that they felt the documents would allow for changes and updates to be made more easily to reflect changes in the profession, such as changes in practice, developments in technology and changes within the NHS.

> *I would be reasonably confident, given a few caveats, that it will put in place a framework and a structure, a governance and accountability framework to ensure that both the training institutions, the students and employers, get what we need. In other words, an optometrist or dispensing optician who's capable of delivering care for the 21st century.*
>
> Commissioner/provider of optical care

> *Having an outcomes-based format, it's going to be much easier for it to respond to changes, both in the clinical requirements and potentially in any other registration or other legal requirements or generic capability requirements around that. So I think yes, it's very timely for it to be altered.*
>
> Optical professional body

> *I think what I like about it is that it's reasonably flexible in what it allows. There's quite a lot of flexibility, and I think that will be good from the perspective of innovation and teaching, and so on.*
>
> Provider of GOC approved qualification(s)

8.2.14 It was also stated that the flexibility of the new documents would be particularly important in the post-COVID setting, and that the pandemic has highlighted the need for flexibility and a move away from prescriptiveness, allowing changes to be made in a rapidly evolving setting.

> *With ESR, we don't want to go to an even more prescriptive approach. We want the freedom to move as optometry moves forward into the new era, for the arising post-COVID or during COVID. So we want more freedom and less restriction in order to be able to move forward.*
>
> Provider of GOC approved qualification(s)

> *I actually think it's a necessary step...Things are changing all the time and the last six months have been the biggest proof of that. We're a sector that continually evolves, in my opinion, so I think to have this framework evolve with us is only a positive thing.*
>
> Large employer

8.2.15 Despite a number of concerns being raised about the proposed changes enabling degree apprenticeships, and associated concerns about what this would mean for the standards of optical education in the future, some participants stated that this change may actually have positive impacts. It was highlighted that the detail of the new documents would ensure the quality of any new routes to qualification such as degree apprenticeships, which should alleviate concerns. It was also felt that there could be significant benefits of a degree apprenticeship route, such as the ability to increase the number of optometrists in areas where it has become difficult to recruit, and that training and educating students in this way may produce optometrists who are more experienced in the realities of practice.

> *A lot of the resistance from the sector that was given to the consultation on apprenticeships seems to have been addressed in these documents, because that gives anyone who had concerns the assurance that it's not a back door in...and any new route is going to have to be held to the same standards as the current higher education.*
>
> Large employer

> *I can absolutely understand that we have areas where we can't recruit, and that's a problem. And if apprenticeship is the only way to fill those spaces, then it should be the only thing that apprenticeship is used for. It shouldn't be used by a company or an organisation to train up 100 optometrists who then get scattered across the country.*
>
> Therapeutic prescriber, Scotland

> *With the apprenticeship you've got people who can work in practice, while then doing apprenticeship work, which I actually think is a good thing. It means that you're not having somebody at 18 that's just rolled into optometry because it seemed like something they could do. If you get somebody that's actually in practice, who's maybe been an optical assistant for many years and wants to then get qualified…I think that's a positive thing, because you've already got someone with experience. I taught a couple of classes…the very motivated students usually were the ones that had been working from the age of 16 in practice.*
>
> Optometrist, Scotland

Minimal impact of the proposed changes

8.2.16 Not all participants felt that the proposed changes would have any significant impacts on students, the wider profession, or patients and the public. Some participants, typically registrants rather than other stakeholders, stated that, after reviewing the new documents, they could not see what impact the proposed changes could have and explained that they expected things would remain generally consistent. They often held the perception that the new documents were very similar to the previous handbooks or admitted that they could not understand how the old and new documents were different and so were unable to pass comment.

> *The vast majority of the documents is not a significant departure from what already exists…So realistically I don't think it's going to make a seismic change in any way.*
>
> Optometrist, Wales

I can't really see the point. In my reading of it, I don't really see what difference it's going to make really. But perhaps that's me lacking understanding of the document…I haven't been able to spot major differences…I'm not expecting much of a difference in terms of outcomes.

Optometrist, England

Like everybody else, I fail to see any stark differences between the handbook and the three documents. I wondered if I was missing something. And it is a very dry read, so that is possible!

Optometrist, England Midlands

9. Patient feedback

9.1 Consultation survey response

9.1.1 Patients and members of the public were able to take part in the consultation and answer a subset of questions related to the 'Outcomes for Registration'. These questions were answered by seven patients or members of the public. Out of these seven, four said they thought there was something missing or that should be changed in the criteria in the 'Outcomes for Registration', two said there was nothing missing or to be changed, and one did not know.

9.1.2 Respondents were asked to explain their answer, with three indicating that they consented for their responses to be published. One suggested changes could be made to the writing style to make the document easier to understand, and that a list of the proposed changes would have been helpful. Another response related to Equality and Diversity training in the profession and one suggested reordering the categories in the 'Outcomes for Registration' in terms of importance.

9.1.3 Patient and public respondents were also asked if there was anything else that they would like to say about the education and training of future optometrists and dispensing opticians. This question was answered by three respondents. One suggested that the changes will lower standards and devalue the reputation of the FBDO (Fellowship Dispensing Diploma) qualification. Another respondent mentioned that their optician was very friendly and well organised. The third related to how optometrists should have an understanding of their safeguarding responsibilities and their duty of care.

9.2 Qualitative consultation activity feedback

9.2.1 This section details feedback from patients in the two online focus groups with members of the public who had visited an optician within the last two years.

Receiving a high standard of care at the opticians

9.2.2 All participants reported high levels of satisfaction with visiting opticians and indicated that they trust in the optical professionals they see, particularly if they saw the same optician regularly and had built up a relationship with them. Participants reported experiences of good communication, friendliness, use of up to date technology and thorough examinations, as well as practices recently taking appropriate measures to combat the spread of COVID-19.

> *I remember the COVID thing was on quite severely at the time and I was very impressed with the precautions they took, but still managed to give me a very thorough examination.*
>
> Patient, England

9.2.3 All participants were confident that they receive high standards of optical care, explaining that they perceived them to be high as staff were professional, very thorough with examinations and tests, communicated well and used up to date equipment. Some participants who tended to visit large high street chain opticians said that they trusted in the brand to provide a high standard of care, as they have a reputation to uphold.

> *If I'm thinking about quality and customer service, Specsavers is one of the biggest, so they're clearly doing something right, otherwise people wouldn't bother going there. That's why I trust them for myself to have a good time when I go there.*
>
> Patient, Wales

9.2.4 There was perception amongst participants that those who they dealt with when they visited an opticians are healthcare professionals who can diagnose and treat eye conditions, and conduct eye tests, in addition to being involved in retail whilst selling them glasses and contact lenses. As this perception included a strong focus on regarding opticians as healthcare professionals, this reassured them that they would deliver a high standard of care, in line with other healthcare professions.

> *Because it's healthcare, they're like a doctor in a way, they've got to treat you as professionally as they can.*
>
> Patient, Scotland

> *It was a local optician that discovered my daughter's eye condition when she was going blind, because the hospital didn't know as much as the optician.*
>
> Patient, Wales

9.2.5 When asked to think about high standards of care, a few participants suggested that a relationship between a patient and an optical professional that was built on trust and good communication was important. These participants described building this relationship with their optician over a number of years and the benefit was that opticians got to know patients, their background and their history, which was felt to be of importance in the delivery of high quality care. It was suggested the relationship between a patient and an optician was different than that between patients and other healthcare professionals, where that relationship cannot be built up over time.

> *I go to the opticians next door to me. I've been going there for 15 plus years. It's been the same lady during the day test. When you go and they know your history. They ask you how you're doing and family history. That's important in this day and age.*
>
> Patient, Northern Ireland

Diversity in the profession

9.2.6 During the focus group discussion, participants were asked to think about diversity in the optical profession, and whether it was important that those they see when they visit an optician are reflective of the communities in which they live. There was a general consensus amongst participants that diversity was important in all professions, but it was not something they had ever thought of in relation to their opticians. However, it was felt that optical practices, particularly small independents, should be staffed by people who know the community.

> *It's [diversity] not something I really think about when I go to the opticians. Diversity isn't something that crosses my mind.*
>
> Patient, England

> *I think it's very important to be focusing on diversity. It's important in any sector, in any place of work.*
>
> Patient, Wales

All the employees that work in my opticians are local people. I know them from living in the area. It's not a very big place. Around here you know most people. The one lady [in the opticians] I've grown up with.

Patient, Wales

Communication

9.2.7 Participants explained that they had generally experienced good communication when they visited opticians, reporting that often examinations and tests were very thorough and detailed, and that it was always explained to them what was being done and why. However, a few participants did mention that there were sometimes instances when jargon or hard to understand language was used, but that was infrequent.

All the tests they do, they tell you exactly why they're doing them.

Patient, Northern Ireland

I didn't really understand a lot of stuff that they were saying to me, especially when I had my colour blind test. They were telling me all these different types of colour blindness and the ones I had, and I literally had absolutely no idea what they were talking about at first. But eventually they explained it well.

Patient, Wales

9.2.8 All participants agreed that good communication is important, particularly as it can put patients' minds at ease, reassuring them that they are in good hands and are in receipt of a high standard of care. It was suggested that a good relationship between patients and optical professionals is built on good communication. It was highlighted that if communication between patients and optical professionals breaks down it can lead to a breakdown in trust and could lead to patients not trusting the profession as a whole, which could have serious consequences for patients.

Communication is part of the building of a relationship so that you can trust the optician and are comfortable that they're doing it properly and you're getting the right result.

Patient, England

You might not trust another optician [if communication breaks down], so maybe you might not go to another optician, which sadly could lead to your eyesight getting worse or eventually losing your eyesight.

Patient, Wales

Consent and shared decision-making

9.2.9 Participants struggled to recall any specific instances of being asked for consent when visiting an opticians. However, most highlighted that there was assumed consent provided by patients for eye tests and examinations simply as a result of a patient making the decision to attend the practice in the first place. Some participants also suggested that being asked for consent was only really necessary if an invasive procedure was being conducted that involved a higher level of risk, such as an injection or as surgery.

Have I been asked for consent? Not that I can remember. Did I have to sign a form? Possibly, but I don't really remember. But I don't really think consent should be given or should be asked for because they're not really putting needles in you or anything like that. It's just testing your eyes and putting glasses on you. You're choosing to go there. You're not forced to go there.

Patient, Scotland

I don't remember signing any consent forms and I don't think it's invasive enough to be asking for any consent. And they're not really doing anything you don't want them to. You want them to test your eyes.

Patient, England

9.2.10 Participants also suggested that if consent was explicitly sought on a frequent basis during a visit to an opticians, it could be a bit annoying for patients and may deter them from attending. It was felt that, if patients trusted optical professionals to conduct the right tests and examinations in the right manner, it was not necessary to explicitly seek consent for everything.

You go to an optician for them to check your eyes and things, so within reason I'm happy for them to do whatever they feel they need to do. If you trust them, I don't think you need for them to ask you at every stage if you're happy with this and that.

Patient, England

9.2.11 Shared decision-making was not something many participants were aware of or thought about, particularly in relation to optical care. Whilst they acknowledged the importance of being involved in and informed about their care, participants generally felt that they should be able to trust an optical professional to make the correct decision about examinations, tests and treatments as they had expertise in that field, and could defer to their expertise. Those participants who were aware of the phrase 'shared decision-making' suggested it was something they associated more with medical and hospital care, rather than with opticians.

It's not something I've ever heard of this 'shared decision making'.

Patient, Scotland

At the end of the day, what, as an ordinary commoner, do I know? The health professionals know more than me, and they can tell you more about options.

Patient, Northern Ireland

I've experienced that [shared decision making] in a hospital. I think it's a good thing. We were talking about the different options and decided together. But I was glad that they sort of lead you in what was the best thing for you.

Patient, England

Regulation in the profession and the role patients can play in qualifications

9.2.12 There was some understanding amongst participants that optical professionals were educated to degree level and had some sort of training to be able to work in the UK and had to adhere to some sort of standards, but the degree of knowledge on the subject was basic.

I'm not sure of the qualifications, but I'm pretty sure you needed a degree of some kind to even be able to perform those tests.

Patient, England

There has to be a standard that they have to be up to. I know a lot of them have letters after their name, whatever that is, so they all have to have the same level of qualifications.

Patient, Northern Ireland

9.2.13 There was also some awareness of the differences between optometrists and dispensing opticians, with the former carrying out eye tests and diagnosing eye conditions and the latter fitting glasses and contact lenses. However, not all participants were aware of the difference, and most were unaware of the term 'dispensing optician'.

> *I was aware there are different types. In our opticians, you have the main optician that can do the tests and put drops and things like that. And then you've got the other one that just does the glasses, the contact lenses and things like that.*
>
> Patient, Wales

9.2.14 When asked to think about how optical professionals might train, all participants agreed that it was important student optical professionals gain experience of seeing real patients with real conditions and problems, rather than simply learning the theory behind eye tests and treating eyes. Participants also expected that education and training would be provided in relation to how to communicate effectively with patients.

> *I think it gives them more of an insight into a real eye, actually seeing how it works and what can go wrong.*
>
> Patient, Wales

> *I would expect that in this day and age part of their formal training would be about customer care and how you talk to people. In all walks of life, people tend to have that sort of training these days.*
>
> Patient, England

9.2.15 Participants were generally happy with the idea of being seen by a student at an opticians for eye tests and examinations. It was often suggested that, as with every profession, training had to begin somewhere, and therefore they would be willing to assist in this way. However, it was generally agreed that for less routine work like more complicated tests and procedures they would expect the student to be closely supervised by someone who was fully qualified and experienced. Participants explained that some patients would expect the more complicated work to be carried out by a fully qualified professional themselves, and that some may not be happy to have more complex work carried out by someone in training.

> *If I went to the optician and he said, 'Look, we've got a student here today, do you mind if he does it?' I wouldn't mind. Everybody's got to learn somehow, don't they?*
>
> Patient, England

> *If it's something little, like if you're just going to look at the board and look at the X's and O's and the letters, I wouldn't expect much from that. If it's something a little more serious then I would expect them to be overseen.*
>
> Patient, Scotland

> *I would draw the line at certain things. Checking eyes and changing glasses, I'd be happy with that. But the more technical side, I think would be better to the professional, the service you're paying for.*
>
> Patient, Northern Ireland

9.2.16 Participants said that although they accepted that optical students would not be as experienced as their fully qualified colleagues, they would still expect them to adhere to the same high standards of care, have the right knowledge and skills and be able to communicate effectively with patients.

They should have a good manner of communicating. You don't want to be in there and they are talking all legally and you can't understand them.

Patient, Wales

9.2.17 When asked to consider how to incentivise patients in allowing optical students to undertake their eye tests and examinations, participants mostly thought of financial incentives such as free or cheaper eye tests and discounts on frames and contact lenses.

They could provide some kind of benefit for people participating, like discounts on a pair of glasses or something? Or maybe it's just a free eye check? If they said would I mind having my eyes checked at the university and we'll give you a discount on a pair of glasses, I'd do it.

Patient, Wales

Should we not be offered a different price for getting the student to do your eye tests? And then it's up to the customer what level they want to pay for?

Patient, Northern Ireland

9.2.18 In addition to patients assisting in the qualification of optical professionals by allowing students to treat optical patients in practice, some participants also suggested that schools and care homes could be utilised as part of their training. Participants explained that by being able to carry out tests and examinations on children and older people, students would be able to gain more experience with patients and would see a wider range of patient types, and potentially different eye problems and conditions.

They could go around schools. Maybe they already do. It might help get children's eyes assessed and give them practice at the same time.

Patient, England

They could go out to nursing homes. Probably not at the minute, but that could be another way for trainees to get more experience. As long as they weren't on their own.

Patient, Northern Ireland

Appendix A – Consultation document

Education and training requirements for GOC approved qualifications

Overview

This consultation seeks your views on our proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician.

What are we seeking your views on?

We are seeking your views on;

• Our proposed **Outcomes for Registration**, which describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC.

• Our proposed **Standards for Approved Qualifications**, which describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.

• Our proposed **Quality Assurance and Enhancement Method**, which describes how we propose to gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets our Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act.

• Our **outline impact assessment**, which describes our assessment of the impact of our proposals to update our requirements for GOC approved qualifications.

What will our proposals replace?

Together, these documents will replace our 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 which are published separately. You can read the documents we are proposing to replace, here; **Optometry Handbook 2015** *<user_uploads/optometry_handbook_2015_87326_pdf--17-.pdf>* ; **Dispensing Handbook 2011** *<user_uploads/dispensing_handbook_2011_pdf--6-.pdf>* .

Why are we consulting?

We would like to hear your views on the proposals in the consultation to help us update our requirements for education and training requirements for GOC approved qualifications to ensure that the qualifications we approve are fit for purpose.

Our proposals mitigate the risk that our current requirements (contained within our Quality Assurance Handbooks) become out of date.

The proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' together will ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services in each of the devolved nations. They respond to the changing needs of patients and service users and changes in higher education, not least as a result of the COVID-19 emergency, as well as increased expectations of the student community and their future employers.

What have we consulted on previously?

These proposals are based on our analysis of key findings in our Concepts and Principles Consultation published in 2017-2018 and feedback from our 2018-2019 consultation on proposals stemming from the Education Strategic Review (ESR). For more information please visit the **ESR policy development and research page** *<https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm>* .

What are we not consulting on?

We also approve two post registration qualifications; dispensing opticians, contact lens qualifications; and for optometrists, therapeutic prescribing qualifications. Our requirements for these qualifications were published in 2007 and 2008 respectively. Work to update our requirements for contact lens qualifications and therapeutic prescribing qualifications will commence in Autumn 2020 and will be consulted upon separately.

We are not consulting on whether or not we should approve degree apprenticeships. All qualifications we approve, including any proposals for degree apprenticeships that might arise, will have to meet all of our proposed outcomes and standards, which are significantly more stretching than our current requirements in our Quality Assurance Handbooks. For more information about degree apprenticeships please see our **statement here** *<https://www.optical.org/en/news_publications/news_item.cfm/goc-position-on-proposed-apprenticeship-standard>* .

How have we developed our proposals?

Our proposals have been guided by evidence-based policy making and draw upon best practice from other regulators, professional and chartered bodies. You can read our research, background and briefing papers **here** *<https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm>* .

In preparing this document we were advised by two Expert Advisory Groups (EAGs) with input from the Quality Assurance Agency and feedback from a range of stakeholder groups including our Education Visitors, our Advisory Panel (including the Education Committee) the optical sector and sight-loss charities.

We would like to thank everyone who took the time to help us develop our proposals to ensure our proposed ‘Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' protects and benefits the public, safeguards patients and helps to secure the health of service-users.

You can read the EAGs’ terms of reference and membership **here** *<https://www.optical.org/en/Education/education-strategic-review-esr/expert-advisory-groups.cfm>* .

What do I need to do?

If you are a member of the public, a patient or service user, you may only be interested in reading our proposed ‘Outcomes for Registration’ and answering a few questions focused on your experience as a patient or service-user. (Section 1, which should take about five minutes to complete in addition to reading the document.)

If you are a GOC Registrant, a student or an employer of GOC Registrants, you may only be interested in reading our proposed ‘Outcomes for Registration’ and ‘Standards for Approved Qualifications’ and answering questions about our proposals as a whole. (Section 2, which should take about 10 minutes to complete in addition to reading the documents.)

If you are an academic, a researcher or a supervisor, or you are responding on behalf of an provider of a GOC approved qualification, a professional membership or third sector body, or another organisation or regulator, we suggest you read our proposed ‘Outcomes for Registration’ and ‘Standards for Approved Qualifications’ as well as our proposed ‘Quality Assurance and Enhancement Method’ and answer our Technical Questionnaire, in addition to answering questions about our proposals as a whole. (Section 3, which will take about 30 minutes to complete in addition to reading the documents.)

We recognise our proposals are detailed, with a range of impacts on different stakeholder groups, so if you wish to answer all the questions in each section of the questionnaire, please do so.

Towards the end there are some questions for everyone to answer about the impact of our proposals. (Section 4, which will take about five minutes to complete.)

Consultation data will be securely shared with our research partner for this work, **Enventure Research** *<https://www.enventure.co.uk/>* , for independent analysis and reporting. We will be receiving data on a regular basis and will adjust our approach to engagement with the sector as guided by Enventure Research.

Privacy Statement

The information you provide to us, the GOC (as data controller), will be processed and used in line with our statutory purpose under the Opticians Act as a public task in order to set standards for

optical education and training, performance and conduct. For more information regarding how we process your data please see the full privacy statement on our website.

Right to Erasure

Article 17 of the General Data Protection Regulations provides data with the right to erasure; this is known as the right to be forgotten. Right to erasure requests should be sent to the Data Protection Officer (FOI@optical.org) and will be responded to within one calendar month of receipt.

Data Controller

We are registered as a data controller with the Information Commissioner's Office, registration number Z5718812. We are committed to maintaining robust information governance policies and processes to ensure compliance with relevant legislation. Any information you supply will be stored and processed by us or on our behalf, by approved and verified third parties, in accordance with the General Data Protection Regulations and Data Protection Act 2018.

Introduction

It is helpful for us to know a little bit about you. If you do not wish to provide your name and email address you can leave Q1 and Q2 blank.

1 What is your name?

Name

2 What is your email address?

If you would like to recieve further updates about our proposals please provide your email address.

Email

About you

In order to ensure we ask you the right questions, we would like to know a little more about you.

1 Are you responding on behalf of an organisation?

(Required)

Please select only one item

◯ Yes ◯ No

About your organisation

1 On behalf of which organisation are you responding?

Please answer (Required)

2 Which of the following categories best describes your organisation?

(Required)

Please select only one item

◯ Provider of GOC approved qualification(s) ◯ Optical professional body
◯ Optical business registrant ◯ Other optical employer
◯ Current CET or CPD provider ◯ Optical defence/representative body
◯ Optical insurer ◯ Commissioner of optical care ◯ Healthcare regulator
◯ Other (please specify)

If you selected 'other', please specify

About you (continued)

1 Knowing who you are helps us to ask you the right questions. Which category best describes you?

(Required)

Please select only one item

◯ Member of the public ◯ Patient/ service user (or their carer) ◯ Optical patient
◯ Optometrist ◯ Dispensing optician ◯ Optometry student
◯ Dispensing student ◯ Other (please specify)

If you selected 'other', please specify

Section One

Public, patient or service user

If you are a member of the public, a patient or service user, or a carer, you may only be interested in reading our proposed **'Outcomes for Registration'** *<user_uploads/esr-consultation-outcomes-for-registration-4.pdf>* and answering a few questions focused on your experience as a patient or service-user. This section will take around five minutes to complete in addition to reading the document. However, if you wish to answer all the questions, including our Technical Questionnaire, please do so. Please also remember that we are asking all respondents to complete section 4 as well.

1 Have you read the 'Outcomes for Registration,' before answering these questions?

(Required)

Please select only one item

◯ Yes ◯ No

2 Is there anything in the criteria in the 'Outcomes for Registration' that is missing or should be changed?

(Required)

Please select only one item

◯ Yes ◯ No ◯ Don't know

Please explain your response

3 Is there anything else you would like to tell us about the education and training of future optometrists and dispensing opticians?

Please answer

Section One: Information for Respondents

Thank you for responding to Section 1 of this consultation. Your response will help to inform our proposals on the education and training requirements for GOC approved qualifications.

1 Would you like to continue to Section 2 of this survey and answer questions about our proposed 'Standards for Approved Qualifications'?

(Required)

Please select only one item

◯ Yes ◯ No - Go to Section 4 (Impact of our proposals)

Section Two

Section 2 will take around 10 minutes to complete, after you have read the relevant documents **Outcomes for Registration** *<user_uploads/esr-consultation-outcomes-for-registration-5.pdf>* , and **Standards for Approved Qualifications** *<user_uploads/esr-consultation-standards-for-approved-qualifications-8.pdf>* **.**

Respondents please note

GOC Registrant, Student Registrant or an employer of GOC Registrants

If you are a GOC Registrant, a student or an employer of GOC Registrants, you may only be interested in reading our proposed ‘Outcomes for Registration’ and ‘Standards for Approved Qualifications’ and answering questions about our proposals as a whole. However, if you wish to also answer our Technical Questionnaire, please do so in Section 3.

Academic, researcher or supervisor, provider of a GOC approved qualification, professional membership or third sector body or other organisation or regulator

If you are an academic, a researcher or supervisor, a provider of a GOC approved qualification, a professional membership or third sector body or other organisation or regulator, in addition to answering questions about our proposals as a whole in Section 2, we suggest you answer our Technical Questionnaire in Section 3.

1 Have you read the ‘Outcomes for Registration’ and ‘Standards for Approved Qualifications’ before answering these questions?

(Required)

Please select only one item

◯ Yes ◯ No

2 What impact, if any, will introducing the proposed ‘Outcomes for Registration’ have on the expected knowledge, skill and behaviour of future optometrists?

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact
◯ Very negative impact ◯ Don’t know

3 What impact, if any, will introducing the proposed ‘Outcomes for Registration’ have on the expected knowledge, skill and behaviour of future dispensing opticians?

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact
◯ Very negative impact ◯ Don’t know

4 Is there anything in the criteria in the ‘Outcomes for Registration’ that is missing or should be changed?

(Required)

Please select only one item

◯ Yes ◯ No ◯ Don't Know

If you ticked ‘yes’ please tell us what you think is missing or should be changed.

5 What impact, if any, will introducing the proposed ‘Standards for Approved Qualifications’ have on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact
◯ Very negative impact ◯ Don’t know

6 Is there anything in the ‘Standards for Approved Qualifications’ that is missing or should be changed?

(Required)

Please select only one item

◯ Yes ◯ No ◯ Don't know

If you ticked ‘yes’ please tell us what you think is missing or should be changed.

7 The ‘Standards for Approved Qualifications’ include a proposal to integrate what is currently known as pre-registration training within the approved qualification (which must be either a regulated qualification (by Qfqual or equivalent or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies). What do you think the impact of this proposal will be on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact
◯ Very negative impact ◯ Don’t know

Please explain your answer. Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create.

Section Two: Information for Respondents

Thank you for responding to Section 2 of this consultation. Your response will help to inform our proposals on the education and training requirements for GOC approved qualifications.

If you are an academic, a researcher or a supervisor, or you are responding on behalf of an provider of a GOC approved qualification, a professional membership or third sector body, or another organisation or regulator, we suggest you answer our Technical Questionnaire in Section 3.

Please note: Section 3 will take around 30 minutes to complete, in addition to reading the relevant documents.

1 Would you like to continue to Section 3 of this consultation and answer technical questions about our proposals?

(Required)

Please select only one item

◯ Yes ◯ No - Go to Section 4 (Impact of our proposals)

Section Three: Part A - Replacing Quality Assurance Handbooks

Technical Questionnaire

We suggest you read our proposed **'Outcomes for Registration'** *<user_uploads/esr-consultation-outcomes-for-registration-6.pdf>* and **'Standards for Approved Qualifications'** *<user_uploads/esr-consultation-standards-for-approved-qualifications-9.pdf>* as well as our proposed **'Quality Assurance and Enhancement Method'** *<user_uploads/esr-consultation-quality-assurance-and-enhancement-method-2.pdf>* to answer our Technical Questionnaire below, (Section 3).

This section will take around 30 minutes to complete, not including reading the relevant documents.

1 Have you read the 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' before answering these questions?

(Required)

Please select only one item

◯ Yes ◯ No

2 Do you agree or disagree with our proposal to replace our Quality Assurance Handbook for optometry and related policies with the proposed ‘Outcomes for Registration,’ ‘Standards for Approved Qualifications’ and ‘Quality Assurance and Enhancement Method?’

Please select only one item

◯ Strongly agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree
◯ Strongly disagree ◯ Don’t know

Please explain your response

3 Do you agree or disagree with our proposal to replace our Quality Assurance Handbook for dispensing optician qualifications and related policies with the proposed ‘Outcomes for Registration,’ ‘Standards for Approved Qualifications’ and ‘Quality Assurance and Enhancement Method?’

Please select only one item

◯ Strongly agree ◯ Agree ◯ Neither agree nor disagree ◯ Disagree
◯ Strongly disagree ◯ Don’t know

Please explain your response

Section Three: Part B - Standard 1

Now we would like to ask you some questions about each **Standard for Approved Qualifications** *<user_uploads/esr-consultation-standards-for-approved-qualifications-10.pdf>* . There are five Standards in total.

Standard 1 - Public and Patient Safety

Standard 1 states, 'Approved qualifications must be delivered in a context which ensures public and patient safety' and includes four criteria which must be met if qualification is to be approved by us.' We want to ask you some questions about criteria S1.1, S1.2 and S1.4, and about the standard as a whole.

1 Please consider criterion S1.1 'There must be policies and systems in place to ensure students understand and adhere to GOC's Standards for Optical Students and Standards of Practice.' Do you agree or disagree that both the GOC's Standards for Optical Students and Standards of Practice should be included in this criterion?

(Required)

Please select only one item

- ◯ Agree – it should be both the GOC's Standards for Optical Students and Standards of Practice
- ◯ Disagree – it should be the GOC's Standards for Optical Students only
- ◯ Don't know/ Not sure

2 Please consider S1.2 – ‘Concerns about a student’s fitness to train must be investigated and where necessary, action taken and reported to GOC. (The GOC acceptance criteria and related guidance in Annex A should be used as a guide as to when a fitness to train matter should be reported to GOC.)’ What impact, if any, will this criteria and the guidance in Annex A have on student’s continuing fitness to train?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact

◯ Very negative impact ◯ Don’t know

Please explain your answer. Please consider what potential improvements or barriers of using the GOC acceptance criteria and related guidance in Annex A to the standards as a guide as to when a fitness to train matter should be reported to GOC could create.

3 The GOC is unique amongst healthcare regulators in registering students, and whilst we may consult on whether we should continue to register students at a later date, we anticipate continuing to register students for the time being. Please consider criterion S1.4 ‘Students on admission and at regular intervals thereafter must be informed it is an offence not to be registered as a student with the GOC at all times whilst studying on a programme leading to an approved qualification in optometry or dispensing optician.’ What impact, if any, will this criterion have upon providers and their students studying approved qualifications for optometry and dispensing opticians?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact
◯ Very negative impact ◯ Don’t know

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students.

4 Looking at the proposed standard 1 and supporting criteria, are our expectations clear and proportionate in your/your organisation’s view?

(Required)

Please select only one item

◯ Yes ◯ No ◯ Don’t know

Section Three: Part C - Standard 2

Standard 2 – Admission of Students

Standard 2 *<user_uploads/esr-consultation-standards-for-approved-qualifications-11.pdf>* states, 'Recruitment, selection and admission of students must be transparent, fair and appropriate for admission to a programme leading to registration as an optometrist or dispensing optician.' We want to ask you some questions about criterion S2.1 and about the standard as a whole.

Please consider S2.1 – 'Selection and admission criteria must be appropriate for entry to an approved qualification leading to registration as an optometrist or dispensing optician, including relevant health, character and fitness to train checks, and for overseas students, evidence of proficiency in the English language of at least Level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.'

1 Our research has shown that all UK healthcare regulators have a English language requirement for overseas students applying to for admission to programmes in the UK that they approve. What potential improvements or barriers, if any, might this criterion create for providers of approved qualifications and their students?

Please answer

2 Looking at the proposed Standard 2 and supporting criteria, are our expectations clear and proportionate in your/your organisation's view?

(Required)

Please select only one item

◯ Yes ◯ No ◯ Don't know

Section Three: Part D(i) - Standard 3

Standard 3 – Assessment of Outcomes and Curriculum Design

Standard 3 *<user_uploads/esr-consultation-standards-for-approved-qualifications-12.pdf>* states, 'The approved qualification must be supported by an integrated curriculum and assessment strategy that ensures students who are awarded the approved qualification meet all the **outcomes** *<user_uploads/esr-consultation-outcomes-for-registration-7.pdf>* at the required level (Miller's triangle; knows, knows how, show how & does).'

We want to ask you some questions about criterion S3.11 and S3.18 and about the standard as a whole.

Please consider criterion S3.11 – 'The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland and the Framework for Qualifications of Higher Education Institutions in Scotland), or a qualification regulated by Qfqual, SQA or Qualifications Wales.' This is a new requirement that is not currently included in our Quality Assurance Handbooks.

1 We think it's important that we specify that the qualifications we approve must either be a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications to ensure that approved qualifications sit within an external quality controlled and regulated academic framework. What impact, if any, will this criterion have for providers of approved qualifications and their students?

(Required)

Please select only one item

- ◯ Very positive impact
- ◯ Positive impact
- ◯ No impact
- ◯ Negative impact
- ◯ Very negative impact
- ◯ Don't know

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students.

2 Please consider criterion S3.18 – ‘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 student’s experience of studying on a programme leading to an approved qualification.’ This is a new requirement not currently included in our Quality Assurance Handbooks and builds on the intention explored in previous consultations for a greater emphasis on evidencing a commitment to equality, diversity and inclusion by providers of approved qualifications. What impact, if any, will this criterion have upon providers of approved qualifications and their students?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact

◯ Very negative impact ◯ Don’t know

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students.

Section Three: Part D(ii) - Standard 3

Standard 3 describes our expectations around assessment strategy, choice and design of assessment items, standard setting and quality control, and includes the 'common assessment framework.' **Standard 3** *<user_uploads/esr-consultation-standards-for-approved-qualifications-13.pdf>* includes several new requirements not currently included in our Quality Assurance Handbooks.

- approved qualifications must have a clear assessment strategy for the award of an approved qualification (criterion S3.1) This strategy must describe how the **outcomes** *<user_uploads/esr-consultation-outcomes-for-registration-8.pdf>* will be assessed, how assessment will measure student's achievement of outcomes at the required level (Miller's triangle) and how this leads to an award of an approved qualification.

- an approved qualification must be taught and assessed in a progressive and integrated manner so that the component parts, including academic study and clinical experience and professional experience are linked into a cohesive programme of (using Harden's model of a spiral curriculum), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved. (criterion S3.2)

- curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, placement providers, members of the optometry team and other healthcare professionals (criterion S3.4).

- the outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not generally permitted (criterion S3.5)

- all assessment (including lowest pass) criteria must be explicit including an appropriate and tested standard-setting process and at the level necessary for safe and effective practice (criterion S3.7)

Standard 3 is supported by requirements around quality control of assessments included in the next standard, standard 4. The remaining criteria within standard 3 specify matters to do with the validity and reliability of assessments, reasonable adjustments, recording student's achievement of the outcomes and a requirement for regular and timely feedback to students on their performance.

1 Please consider the criteria which support standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact

◯ Very negative impact ◯ Don't know

Please explain your answer. Please consider what potential improvements or barriers the criteria in Standard 3 could create for providers of approved qualifications and their students.

Section Three: Part E - Standard 4

Standard 4 – Management, Monitoring and Review of Approved Qualifications.

Standard 4 *<user_uploads/esr-consultation-standards-for-approved-qualifications-14.pdf>* states, 'Approved qualifications must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes which show who is responsible for what at each stage.' We want to ask you some questions about criterion S4.1, S4.2, S4.3, S4.4 and S4.5 and about the standard as a whole.

Standard 4 uses the term 'Single Point of Accountability (or SPA for short) to describe a provider of a GOC approved qualification. The criteria within standard 4 (criterion S4.1-S4.5) specifies that a SPA must be:

- legally incorporated (criterion S4.3)

- have the authority and capability to award the approved qualification (*which must be either a regulated qualification (by Qfqual, SQA or Qualifications Wales) or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies)* (criterion S4.1)

- has a named contact who will be the primary contact for the GOC (criterion S4.5)

This is a significant enhancement upon our current Quality Assurance Handbook requirements. Our proposal is that providers of approved qualifications (SPAs) must be legally incorporated and hold the authority to award either a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies.

1 Please consider the criteria which support this standard. What impact, if any, will these criteria have for providers of approved qualifications and their students?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact

◯ Very negative impact ◯ Don't know

Please explain your answer. Please consider what potential improvements or barriers the criteria in Standard 4 could create for providers of approved qualifications and their students.

Section Three: Part F - Standard 5

Standard 5 – Leadership, Resources and Capacity

Standard 5 *<user_uploads/esr-consultation-standards-for-approved-qualifications-15.pdf>* states, 'Leadership, resources and capacity must be sufficient to ensure the outcomes are delivered and assessed to meet these standards in an academic, professional and clinical context.' We want to ask you some questions about criterion S5.1, S5.2, S5.3, S5.4 and S5.5 and about the standard as a whole.

Please consider criterion S5.1, S5.2, S5.3, S5.4 and S5.5. We have specified a range of appropriately qualified and experienced people required to teach and assess the outcomes, including supervision. The Expert Advisory Groups, after very careful consideration, decided not to retain the highly specific numerical resourcing requirements contained within the current Quality Assurance Handbooks. Instead, the emphasis is on the provider of the approved qualification to evidence they have a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet the standards, including human and physical resources that are fit for purpose, an appropriately qualified and experienced programme leader who is supported to succeed in their role; and an Staff to Student Ratio (SSR) which is benchmarked to comparable provision.

1 Please consider the criteria which support Standard 5. What impact, if any, will they have for providers of approved qualifications and their students?

(Required)

Please select only one item

- ◯ Very positive impact
- ◯ Positive impact
- ◯ No impact
- ◯ Negative impact
- ◯ Very negative impact
- ◯ Don’t know

Please explain your answer, thinking about what potential improvements or barriers the criteria in Standard 5 could create for providers of approved qualifications and their students.

Section Three: Part G(i) - Quality Assurance and Enhancement Method

We would like to ask you some questions about our proposed **Quality Assurance and Enhancement Method** *<user_uploads/esr-consultation-quality-assurance-and-enhancement-method-3.pdf>* .

What are we proposing to change?

Our current Quality Assurance Handbook for dispensing optician qualifications was published in 2011 and contains education policies and guidance for the quality assurance and approval of qualifications for dispensing optician qualifications. Our current Quality Assurance Handbook for optometry qualifications was published in 2015 and similarly, contains education policies and guidance for the quality assurance and approval of qualifications for optometry qualifications, albeit more up to date than those listed in the older Quality Assurance Handbook for dispensing optician qualifications.

Our proposal - Quality Assurance and Enhancement Method

We propose to update our Quality Assurance Handbook policies and guidance for the quality assurance and approval of qualifications for dispensing opticians and optometrists with the proposed 'Quality Assurance and Enhancement Method' (along with the 'Outcomes for Registration' and 'Standards for Approved Qualifications').

The proposed 'Quality Assurance and Enhancement Method' describes how we propose to gather evidence to decide whether qualifications leading to registration as either a dispensing optician or an optometrist meet our 'Outcomes for Registration' and 'Standards for Approved Qualifications,' in accordance with the Opticians Act.

Together, we will use the proposed 'Quality Assurance and Enhancement Method,' along with the 'Outcomes for Registration' and 'Standards for Approved Qualifications' to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.

We propose to strengthen our current approval and quality assurance (A&QA) process (as described in our two Quality Assurance Handbooks) to support our outcomes-orientated approach. Our proposal moves away from seeking assurance that our requirements are met by measuring inputs to an emphasis on evidencing outcomes, establishing a framework for gathering and assessing evidence to inform a decision as to whether to approve a qualification. Our proposal sets out four methods of assurance and enhancement which together will provide evidence as to whether a qualification meets our outcomes and standards;

- Periodic review (of SPAs and approved qualifications)
- Annual return (of SPAs and approved qualifications)

- Thematic review (of standards).

- Sample-based review (of outcomes).

In addition, the framework describes our proposed multi-stage method for a risk-based consideration of applications for approval of new qualifications, as well as our process for managing serious concerns and the type and range of evidence we might consider to support this process.

1 What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact

◯ Very negative impact ◯ Don’t know

Please explain your answer. Please consider what potential improvements or barriers the proposed quality assurance and enhancement framework could create?

Section Three: Part G(ii) - Quality Assurance and Enhancement Method Timescale

We would like to ask you about the impact of the timescale outlined in the proposed Quality Assurance and Enhancement Method *<user_uploads/esr-consultation-quality-assurance-and-enhancement-method-4.pdf>* **.**

First, we are proposing that all new qualifications (that is, qualifications not currently approved or provisionally approved by us) applying for GOC approval at or after 1st March 2021 will be expected to meet the 'Outcomes for Registration' and 'Standards for Approved Qualifications.' This means that new qualifications applying to us for approval before 1st March 2021 must meet our current requirements as set out in our Quality Assurance Handbooks.

Second, for providers of currently approved qualifications we are proposing that the requirements contained in the current Quality Assurance Handbooks will apply to all existing GOC approved qualifications during the teach out or migration phase, although the expectation is that students on existing programmes 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.

Third, we propose that providers of currently approved qualifications have three options to choose from;

a. To 'teach out' existing programmes to a timescale approved by us, alongside developing, seeking approval for and recruiting to a 'new' approved qualification.

b. Develop and seek approval to adapt an existing approved qualification to a timescale approved by us.

c. Choose to 'teach out' existing programmes to a timescale approved by us and partner with another organisation or institution to develop, seek approval for and recruit to a 'new' approved qualification.

Fourth, we will work with each provider of existing GOC approved qualifications to agree a timescale for the migration/ recruitment of students into new approved qualifications and when recruitment of new students to currently approved qualifications for dispensing opticians or optometry will cease. The aim is that providers of 'new' or 'adapted' approved qualifications will choose from which academic year they might begin recruiting students, from the 2022/23 academic year onwards.

1 What impact, if any, could the proposed timescale have on the ability of providers to develop, seek approval for and recruit to a ‘new’ or ‘adapted’ approved qualification that meets the outcomes & standards in your/your organisation’s view?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact
◯ Very negative impact ◯ Don’t know

Please explain your answer. Please consider, thinking about what potential improvements or barriers the proposed timescale have for providers in developing, seeking approval for and recruiting to a ‘new’ or ‘adapted’ approved qualification could create?

Section Four: Impact of our proposals

We would like to ask everyone the following questions on **impact of our proposals** *<user_uploads/impact-assessment.pdf>* .

1 We want to understand whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a negative impact on certain individuals or groups who share any of the protected characteristics listed below? (Please select all that apply)

(Required)

Please select all that apply

☐ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership
☐ Pregnancy and maternity ☐ Race ☐ Religion or belief ☐ Sex
☐ Sexual orientation ☐ None of the above ☐ Don't know

2 We also want to understand whether our proposals may benefit any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a positive impact on any individuals or groups who share any of the protected characteristics listed below? (Please tick all that apply)

(Required)

Please select all that apply

☐ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership
☐ Pregnancy and maternity ☐ Race ☐ Religion or belief ☐ Sex
☐ Sexual orientation ☐ None of the above ☐ Don't know

3 Please describe the impact on the individuals or groups that you have ticked in questions 1 & 2.

Please answer

4 Do you think any of the proposed changes will impact – positively or negatively – on any other individuals or groups? For example, students, patients and the public, current providers of approved qualifications, placement providers, employers and devolved nations?

(Required)

Please select only one item

◯ Very positive impact ◯ Positive impact ◯ No impact ◯ Negative impact
◯ Very negative impact ◯ Don’t know

5 Please describe the impact and the individuals or groups concerned. We are particularly keen to understand further any financial or other impacts we haven't considered in our accompanying impact assessment.

Please answer

Further information

1 Can we publish your response?

(Required)

Please select only one item

◯ Yes ◯ Yes, but please keep my name / my organisation's name private ◯ No

Equality, Diversity and Inclusion

We welcome consultation responses from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity.

We don't want anybody to miss out or be disadvantaged because of the way we work and we try hard to make sure this doesn't happen. The following questions help us to understand who we are reaching with our surveys, so that we can make sure that everybody has the opportunity to get involved.

You do not have to answer these questions (just click 'Prefer not to say'), but we would be grateful if you did. Your answers to these questions will be treated as confidential and held securely in line with data protection requirements. They will not be considered or published alongside your name or anything else that might identify you.

For more information about how we use information like this across the General Optical Council, please visit the **Equality, Diversity and Inclusion section of our website** *<https://www.optical.org/en/about_us/equality-and-diversity.cfm>* .

If you are responding on behalf of an organisation, please do not respond to these questions.

1 Gender

Please select only one item

◯ Male ◯ Female ◯ Other ◯ Prefer not to say

2 Age

Please select only one item

◯ 16-24 ◯ 25-34 ◯ 35-44 ◯ 45-54 ◯ 55-64 ◯ 65+
◯ Prefer not to say

3 Sexual orientation

Please select only one item

◯ Bisexual ◯ Heterosexual/straight ◯ Gay/Lesbian/Homosexual ◯ Other
◯ Prefer not to say

4 The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities. Do you consider yourself to have a disability?

Please select only one item

◯ Yes ◯ No ◯ Prefer not to say

5 My gender identity is different from the gender I was assigned at birth.

Please select only one item

◯ Yes ◯ No ◯ Prefer not to say

6 Are you pregnant, on maternity leave, or returning from maternity leave?

Please select only one item

◯ Yes ◯ No ◯ Prefer not to say

7 Ethnicity

Please select only one item

◯ White - English/Welsh/Scottish/Northern Irish/British ◯ White - Irish
◯ White - Gypsy or Irish Traveller ◯ White - other (please specify)
◯ White and Asian ◯ White and Black Caribbean ◯ White and Black African
◯ Any other mixed/multiple ethnic background (please specify) ◯ Indian/Indian British
◯ Pakistani/Pakistani British ◯ Bangladeshi/Bangladeshi British
◯ Chinese/Chinese British ◯ Any other Asian background (please specify)
◯ African/African British ◯ Caribbean/Caribbean British
◯ Any other Black background (please specify) ◯ Arab/Arab British
◯ Any other ethnic group (please specify) ◯ Prefer not to say

If you have selected 'other', please specify

8 Marital status

Please select only one item

◯ Civil partnership ◯ Divorced/legally dissolved ◯ Married ◯ Partner
◯ Separated ◯ Widowed ◯ Single ◯ Not stated ◯ Prefer not to say

9 Do you perform the role of a carer?

Please select only one item

◯ Yes ◯ No ◯ Prefer not to say

10 Religion/belief

Please select only one item

◯ No religion ◯ Buddhist ◯ Christian ◯ Hindu ◯ Jewish ◯ Muslim
◯ Sikh ◯ Any other religion/belief (please specify) ◯ Prefer not to say

If you have selected 'other', please specify

Appendix B – Registrant focus group guide

Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not elicit useful responses. Times shown are based on 75-minute online focus group

Introduction

- Moderator introduction
- Background to the research:
    - GOC is currently running a consultation on its proposals to update its requirements for GOC approved qualifications leading to registration as an optometrist or dispensing optician.
    - As you may know from recently taking part, the GOC is seeking views via an online consultation survey.
    - In addition, we are delivering a programme of other consultation activities, including a series of online focus groups like this with GOC registrants, and a programme of interviews with stakeholders representing a wide range of organisations from across the UK optical sector.

- This group is your opportunity to give direct feedback on how the proposed changes to the education and training requirements for GOC approved qualifications will affect the profession. We will be covering similar areas to the online consultation you completed, exploring your views and experiences in greater depth.

- Confidentiality:
    - Everything said during this discussion is confidential, so please be as open and honest as possible. There are no right or wrong answers.
    - Enventure Research is an independent research agency, not part of the GOC.
    - We may use quotes from this discussion within the report, but these will remain anonymous and any identifying information will be removed.
    - Market Research Society Code of Conduct and GDPR – ensure confidentiality.
    - All views and opinions of all present, no matter what your role or workplace, are important and valid.

- The group will be recorded – thank you for returning your signed consent forms. The recording will only be used to listen back to and write up notes. It is not passed to anyone else, including the GOC, and will be securely deleted once the consultation is over. ***Moderator to start recording and ask everyone to confirm again that this is OK.***

- Whilst I have a good broad understanding of the optical sector, please treat me as a lay person in terms of any abbreviations, acronyms or clinical terminology.

- The session will last for no more than 75 minutes in total. Do you have any questions before we begin?

Can you please briefly introduce yourselves in three sentences?

- First name
- Job role/title and workplace setting
- How long you have been working in the optical profession?

Replacing Quality Assurance Handbooks

The GOC is proposing to replace its Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), with three documents:

1. 'Outcomes for Registration', which describes the expected knowledge, skills and behaviours a registrant must have when they qualify and register with the GOC
2. 'Standards for Approved Qualifications', which describes the expected context for the delivery and assessment of the outcomes leading to an approved qualification being awarded
3. 'Quality Assurance and Enhancement Method', which describes how the GOC will gather evidence to decide if a qualification meets the 'Outcomes for Registration' and 'Standards for Approved Qualifications'

Moderator to show slide, which shows this information

The GOC thinks that these documents will ensure that qualifications it approves are responsive to a rapidly changing landscape in the commissioning of eye-care services in each of the devolved nations. The documents aim to respond to the changing needs of patients and service users and changes in higher education, as well as the expectations of the student community and their future employers.

- What is your overall initial reaction to the proposal to replace the Quality Assurance Handbooks with these three documents?
    - Do you agree or disagree with the proposal?
- Overall, what impact, if any, do you think this proposal will have?
    - Are the overall impacts positive or negative?
- What might the impacts be for:
    - Students?
    - Registrants?
    - Public and patients?
    - The optical sector as a whole?
- Are there any barriers that the GOC need to consider when replacing the Quality Assurance Handbooks with these three documents?
- Overall, do the proposals discriminate against or unintentionally disadvantage any individuals or groups?
    - If so, which groups or individuals?
    - What can be done to avoid this discrimination or disadvantage?

Outcomes for Registration

Now I would like to focus on the proposed 'Outcomes for Registration'.

- When you read the 'Outcomes for Registration', what was your initial reaction to it?
- What impact, if any, do you think introducing the proposed 'Outcomes for Registration' will have on the expected knowledge, skills, and behaviour of future registrants?
    - Are the impacts positive or negative?
    - Will there be any differences between the impacts on dispensing opticians and optometrists?
    - Will there be any differences in impact in different devolved nations in the UK?
- What do you think about the outcomes that will be in place?
    - Are they realistic? Are they achievable for potential registrants?
    - Can you foresee any problems? Barriers?
    - Can you think of how these outcomes may benefit registrants and/or the profession?
- What do you think about the additional safeguards built into the standards? i.e. that the design, quality assurance, teaching and assessment of approved qualifications (which must be either an academic award like a degree or a regulated qualification) must be informed by and involve stakeholders?
- Is there anything in the 'Outcomes for Registration' that is missing or needs changing?

Standards for Approved Qualifications

Now I would like to focus on the proposed 'Standards for Approved Qualifications'.

- When you read the 'Standards for Approved Qualifications', what was your initial reaction to it?
- What impact, if any, do you think introducing the proposed 'Standards for Approved Qualifications' will have on the expected knowledge, skill and behaviour of future registrants?
    - Are the impacts positive or negative?
    - Will there be any differences between the impacts on dispensing opticians and optometrists?
    - Will there be any differences in impact in different devolved nations in the UK?
- What do you think about the Standards for future providers of approved qualifications?
    - Are they realistic? Are they achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how these standards may benefit registrants and/or the profession?
- Is there anything in the 'Standards for Approved Qualifications' that is missing or needs changing?

[If not already discussed] The 'Standards for Approved Qualifications' include a proposal to integrate what is currently known as pre-registration training so that it counts towards the approved qualification.

- What impact will this have on the expected knowledge, skills, and behaviour of future registrants?
    - Are the impacts positive or negative?
    - Will there be any regional differences?

Quality Assurance and Enhancement Method

- Have you read the 'Quality Assurance and Enhancement Method'?
- When you read the 'Quality Assurance and Enhancement Method', what was your initial reaction to it?

The GOC is also proposing to work with each provider of approved qualifications to agree a timescale for the migration and recruitment of students into new approved qualifications and to agree when recruitment of new students to currently approved qualifications will cease. The aim is that providers of 'new' or 'adapted' approved qualifications will choose from which academic year they might begin recruiting students, in three tranches, from the 2022/23 academic year onwards.

- Is this timescale realistic and achievable?
    - Why or why not?
- What impact could this timescale have on providers' ability to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes and Standards?
- What are the potential positive and negative impacts?

Are there any barriers?

The GOC is proposing that all new qualifications (i.e. qualifications not currently approved by the GOC) applying for approval on or after 1 March 2021 will be expected to meet the 'Outcomes for Registration' and the 'Standards for Approved Qualifications'.

- What do you think about this? Is this timescale realistic and achievable?
    - Why or why not?
- What are the potential positive and negative impacts?
- Are there any barriers?

Summary and close

Based on everything we have discussed today:

- What impact do you think the changes overall will have on:
    - The optical sector?
    - Optical students?
    - Patients and the public?
- Is there anything else that the GOC needs to consider when implementing these changes that we have not already discussed?

Appendix C - External stakeholder interview guide

Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups and interviews if, for example, certain questions do not illicit useful responses. Timings for each section will be based on how much each participant has to say, particularly on the 'Standards for Approved Qualifications'. Interviews will last for 30-40 minutes.

Before the interview, all stakeholders will have been asked to take part in the online consultation via Citizen Space and so will have read the necessary documentation and formed their opinions on the proposals.

Introduction

- Moderator introduction
- Background to the research:
    - GOC is currently running a consultation on its proposals to update its requirements for GOC approved qualifications leading to registration as an optometrist or dispensing optician.
    - As you may know from recently taking part, the GOC is seeking views via an online consultation survey.
    - In addition, we are delivering a programme of other consultation activities, including a series of online focus groups with GOC registrants and members of the public, and a programme of interviews like this with stakeholders representing a wide range of organisations from across the UK optical sector.

- These interviews are an opportunity to get direct in depth feedback from those involved in optical care, education, training, and qualifications. We will be covering similar areas to the online consultation you completed, exploring your views and experiences on the most relevant areas to you and your position/organisation in greater depth.

- Confidentiality:
    - Enventure Research is an independent research agency, not part of the GOC.
    - If you are happy to be identified and represent your organisation, we may use quotes from this interview within the report. We will provide any comments we intend to include in our report to you before sending to the GOC for you to verify via email. – ***Moderator to confirm whether they are happy to be named or would prefer to be anonymous***
    - Market Research Society Code of Conduct and GDPR – ensure confidentiality.

- The interview will be recorded. The recording will only be used to listen back to and write up notes. It is not passed to anyone else, including the GOC, and will be securely deleted once the consultation is over. ***Moderator to start recording, confirm again that this is OK.***

- Please note that whilst I have a good broad understanding of the optical sector, please treat me as a lay person in terms of any abbreviations, acronyms or clinical terminology.

- The interview will last for no more than 40 minutes in total. Do you have any questions before we begin?

Can you please introduce yourself?

- First name
- Job role / title
- The organisation you represent and its remit

Replacing Quality Assurance Handbooks

The GOC is proposing to replace its Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), with three documents:

1. 'Outcomes for Registration', which describes the expected knowledge, skills and behaviours a registrant must have when they qualify and register with the GOC
2. 'Standards for Approved Qualifications', which describes the expected context for the delivery and assessment of the outcomes leading to an approved qualification being awarded
3. 'Quality Assurance and Enhancement Method', which describes how the GOC will gather evidence to decide if a qualification meets the 'Outcomes for Registration' and 'Standards for Approved Qualifications'

The GOC thinks that these documents will ensure that qualifications it approves are responsive to a rapidly changing landscape in the commissioning of eye-care services in each of the devolved nations. The documents aim to respond to the changing needs of patients and service users and changes in higher education, as well as the expectations of the student community and their future employers.

- What is your overall initial reaction to the proposal to replace the Quality Assurance Handbooks with these three documents?
    - Do you agree or disagree with the proposal?
- Overall, what impact, if any, do you think this proposal will have?
    - Are the overall impacts positive or negative?
- What might the impacts be for:
    - You/your organisation?
    - Students?
    - Providers of approved qualifications?
    - Registrants?
    - Public and patients?
    - The optical sector as a whole?
- Are there any barriers that the GOC need to consider when replacing the Quality Assurance Handbooks with this three documents?
- Overall, do the proposals discriminate against or unintentionally disadvantage any individuals or groups?
    - If so, which groups or individuals?
    - Is there anything missing from our impact assessment?
    - What can be done to avoid this discrimination or disadvantage?

Outcomes for Registration

Now I would like to focus on the proposed 'Outcomes for Registration'.

- Have you read the 'Outcomes for Registration' in detail?
- What was your initial reaction to it?
- What impact, if any, do you think introducing the proposed 'Outcomes for Registration' will have on the expected knowledge, skill and behaviour of future registrants?
    - Are the impacts positive or negative?
    - Will there be any differences between the impacts on dispensing opticians and optometrists?
    - Will there be any differences in impact in different devolved nations in the UK?
- Will there be any impact on your organisation/ you?
- What do you think about the outcomes that will be in place?
    - Are they realistic? Are they achievable for potential registrants?
    - Can you foresee any problems? Barriers?
    - Can you think of how these outcomes may benefit registrants and/or the profession?
- What do you think about the additional safeguards built into the standards? i.e. that the design, quality assurance, teaching and assessment of approved qualifications (which must be either an

academic award like a degree or a regulated qualification) must be informed by and involve stakeholders?
- Is there anything in the 'Outcomes for Registration' that is missing or needs changing?

Standards for Approved Qualifications

Now I would like to focus on the proposed 'Standards for Approved Qualifications'.

- Have you read the 'Standards for Approved Qualifications' in detail?
- What was your initial reaction to it?
- What impact, if any, do you think introducing the proposed 'Standards for Approved Qualifications' will have on the expected knowledge, skill and behaviour of future registrants?
    - Are the impacts positive or negative?
    - Will there be any differences between the impacts on dispensing opticians and optometrists?
    - Will there be any differences in impact in different devolved nations in the UK?
- Will there be any impact on your organisation/ you?
- What do you think about the standards for future providers of approved qualifications?
    - Are they realistic? Are they achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how these standards may benefit registrants and/or the profession?
- Is there anything in the 'Standards for Approved Qualifications' that is missing or needs changing?

[If not already discussed] The 'Standards for Approved Qualifications' include a proposal to integrate what is currently known as pre-registration training so that it counts towards the approved qualification.

- What impact will this have on the expected knowledge, skill and behaviour of future registrants?
    - Are the impacts positive or negative?
    - Will there be any regional differences?
    - What will be the impact for your organisation/you?

- Would you like to give feedback on any of the five standards and their criteria?
    - Which standard or standard(s) would you like to give feedback on?

Moderator and participant to choose from the following:

Standard 1 – Public and patient safety (focus on criteria S1.1, S1.2 and S1.4)
Standard 2 – Admission of students (focus on criteria S2.1 – S2.4)
Standard 3 – Assessment of Outcomes and Curriculum Design (focus on criteria S3.11 and S3.18)
Standard 4 – Management, Monitoring and Review of Approved Qualifications (focus on criteria S4.1 to S4.5)
Standard 5 – Leadership, Resources and Capacity (focus on criteria S5.1 to S5.5)

- What do you think about the standard?
- What do you think about the criteria?
- Do you agree or disagree with the standard/criteria?
- Are the expectations clear and proportionate?
- What will be the impact?
    - For providers of approved qualifications?
    - For students?
    - For patients and the public?
    - For your organisation/you?
- Does anything need changing?

Quality Assurance and Enhancement Method

- Have you read the ‘Quality Assurance and Enhancement Method’?
- What was your initial reaction to it?

The GOC is proposing to work with each provider of approved qualifications to agree a timescale for the migration and recruitment of students into new approved qualifications and when recruitment of new students to currently approved qualifications will cease. The aim is that providers of ‘new’ or ‘adapted’ approved qualifications will choose from which academic year they might begin recruiting students, over three years, starting from the 2022/23 academic year.

- Is this timescale realistic and achievable?
    - Why or why not?
- What impact could this timescale have on providers’ ability to develop, seek approval for and recruit to a ‘new’ or ‘adapted’ approved qualification that meets the outcomes and standards?
- What are the potential positive and negative impacts?
- Are there any barriers?

The GOC is proposing that all new qualifications (i.e. qualifications not currently approved by the GOC) applying for approval on or after 1 March 2021 will be expected to meet the ‘Outcomes for Registration’ and the ‘Standards for Approved Qualifications’.

- Is this timescale realistic and achievable?
    - Why or why not?
- What impact could this timescale have on providers’ ability to develop, seek approval for and recruit to a ‘new’ or ‘adapted’ approved qualification that meets the outcomes and standards?
- What are the potential positive and negative impacts?
- Are there any barriers?

Summary and close

Based on everything we have discussed today:

- What impact do you think the changes overall will have on:
    - You and your organisation?
    - The optical sector?
    - Patients and the public?
- Is there anything else that the GOC needs to consider when implementing these changes that we have not already discussed?

Appendix D - Patient focus group guide

Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not elicit useful responses. Times shown are based on 60-minute online focus group

Introduction

- Moderator introduction
- We are currently working with the General Optical Council (GOC), the organisation which regulates the optical professions in the UK, to find out about what is important to people when visiting an opticians

- Confidentiality:
    - Everything said during this discussion is confidential, so please be as open and honest as possible. There are no right or wrong answers.
    - Enventure Research is an independent research agency, not part of the GOC.
    - We may use quotes from this discussion within the report, but these will remain anonymous and any identifying information will be removed.
    - Market Research Society Code of Conduct and GDPR – ensure confidentiality.
- All views and opinions of all present are valid and your contributions will help shape future GOC policy.
- Please listen to other participants' views and try not to speak over each other.
- The group will be recorded – thank you for returning your signed consent forms. The recording will only be used to listen back to and write up notes. It is not passed to anyone else, including the GOC, and will be securely deleted once the research project has finished. ***Moderator to start recording and ask everyone to confirm again that this is OK.***
- The session will last for no more than one hour. Do you have any questions before we begin?

Can you please briefly introduce yourselves in three sentences?

- First name
- Where you live
- When and where you last visited an optician

Visiting/seeing an optical professional

- Thinking back to the last time you visited an opticians, how did you find the experience overall?
    - Were you satisfied or dissatisfied?
- Why were you satisfied?
- Why were you dissatisfied?
    - *Moderator to explore:*
        - *Experience overall*
        - *The process of making an appointment*
        - *Waiting times*
        - *The quality of the eye examination*
        - *The optician who saw them*
        - *The costs*
        - *Communication*
        - *Other reasons*
- Was there anything that could have improved your experience?

How optical professionals work

- When you visit an opticians, how confident are you that you will receive a high standard of care?
    - Why do you feel confident? / Why don't you feel confident?
    - *Moderator to explore:*

        - *Previous experience*
        - *Opticians is a chain/known brand*
        - *Qualifications*
        - *Awareness of regulation and standards*
- What does a high standard of care look like?
- What do you know about the qualifications of optical professionals?
- How do you think optical professionals fit into the healthcare system?
    - How do they work with other healthcare professionals?
    - Does anyone have any experience of how they work with other healthcare professionals?
    - How does optical professionals working with other healthcare professionals benefit patients?

Now I would like us to think about diversity in the optical profession.

- In terms of diversity in the profession, do you think opticians reflect the community in which you live?
    - Why do they / do not?
    - Does diversity in the profession matter?
    - Does more need to be done to ensure diversity amongst optical professionals?

Communication, consent and shared decision making

Now I would like to focus on communication and the way optical staff speak to you.

- When you last visited or saw an optical professional how would you rate their communication with you?
    - Was there anything that could have been improved?
- How important is good communication between optical professionals and patients?
    - What is it more important than?
        - *Moderator to explore whether it's more important than other factors such as cost, convenience of appointment etc.*
    - What is it less important than?
    - What could be the consequences if there is not good communication between optical professionals and patients?
- Do patients have a responsibility to also communicate well with optical professionals?
    - Why/why not?
    - When do they have a responsibility to communicate well with optical professionals?
    - What could be the consequences if a patient does not communicate well with an optical professional?
- When optical professionals treat patients, they are supposed to ask for their consent before doing so. How important is asking patients for their consent?
    - How do you think consent should be asked for and recorded?

Now I would like us to think about the way that decisions are made about how to look after patients. Shared decision-making is a process in which optical professionals and patients may work together to select tests, treatments, or support packages for patients, based on clinical evidence and the patient's informed preferences.

- When you visit an opticians, how important is informed shared-decision making between you and the optical professional?
    - Is it something people think about when visiting an optical professional?
    - Why is it/is it not?
- Can you think of any experiences where you have experienced shared decision making with any healthcare professionals? What did you think about this experience?
- What level of involvement do you/patients in general want in decisions about eye care services?

The regulation of opticians and their qualifications

- Do you know about any of the things that opticians have to do to be allowed to work in the UK?
    - *Moderator to explore:*
        - *Regulatory body*
        - *Standards of practice*
        - *Recognised academic qualifications*
        - *Regular training to update skills*

In the UK there are two types of optical professionals that the GOC regulates - optometrists who examine, diagnose, and treat eyes and dispensing opticians that help fit eyeglasses, contact lenses, and other vision-correcting devices.

- Were you aware of these two types of optical professional?

In the UK to qualify as an optometrist or dispensing opticians, people have to study on a course at an educational institution and pass an assessment. They also have to undertake salaried and supervised work placement in the industry.

- What role, if any, do you think patients could play in the training and qualifications of optometrists and dispensing opticians?
    - How could they get involved in teaching, assessment and in programme design and review, to make sure programmes or courses meet the needs of patients?
        - *Moderator to explore optical students seeing patients as part of their assessment*
    - Is patient involvement appropriate/a good idea? Why/why not?
    - How could it benefit patients?
    - How could it benefit students?
    - How could patients be encouraged to become involved?
    - What might be the difficulties or barriers preventing patients' involvement in programme design and delivery, teaching and assessment?

- What knowledge and behaviour would you expect a student optometrist or dispensing optician to have and show when interacting with patients?
    - What knowledge and behaviour would you expect students to have and show to interact safely with patients at different points (years?) of their course?
    - What type of supervision do you think students might need to ensure patients are kept safe?

Summary and close

- Is there anything else that you would like to add that we have not discussed today?
- Based on everything we have discussed today, what do you think are the most important things that we have discussed?

Appendix E – Supplementary freetext responses

Outcomes for Registration – supplementary freetext responses

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – Association of British Dispensing Opticians (ABDO) response

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.

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.

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 'person-centred 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.

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. These outcomes are:

O6.1 Undertakes safe and appropriate ocular examination using appropriate techniques and procedures to inform clinical decision making including management of medicines within individual scope of practice.

O6.2 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.

O6.3 Analyses visual function from a range of diagnostic sources and uses data to put together a management plan in areas of professional practice such as:

- *Dispensing of Optical Appliances*
- *Low Vision/Visual Impairment*
- *Refractive management*
- *Anterior eye and Contact Lenses*
- *Ocular and systemic Disease*
- *Binocular Vision*
- *Paediatrics*
- *Patients with Learning Disabilities and complex needs*
- *Occupational optometry*

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.

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 the pressure on providers to achieve results, at the expense of proficiency.

Lower and inconsistent standards would not be in the interests of patients, the general public, students, employers or commissioners. They would also be contrary to the original purpose of the ESR, which was to promote higher standards in order to prepare students for future roles, including delivering enhanced services for patients.

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.

There is established good practice which the GOC could follow.

The Health and Care Professions Council (HCPC) produces separate standards of proficiency for each of the fifteen professions it regulates. According to the HCPC, "the role of the standards of proficiency [is that]:

- *they set out the threshold standards we consider necessary to protect the public (unique to each of our registered professions)*
- *they set clear expectations of our registrants' knowledge and abilities when they start practising*
- *registrants must continue to meet the standards of proficiency that apply to their scope of practice*
- *HCPC approved programmes equip graduates to meet these standards*
- *they outline what service users and the public should expect from their health and care professional*
- *we use them if someone raises a concern about a registrant's practice" (Footnote 1)*

It may be seen that "threshold standards" and "clear expectations for registrant's knowledge and abilities" at the commencement of practice are at the heart of this approach.

By way of further example, the General Medical Council (GMC) has produced both two related publications: Outcomes for graduates and Practical skills and procedures, which the GMC says, "supplements the outcomes by defining the core diagnostic, therapeutic and practical skills and procedures newly qualified doctors must be able to perform safely and effectively, and identifying the level of supervision needed to ensure patient safety." (Footnote 2)

The GMC makes clear the importance of both publications by saying that together, the Outcomes for graduates and the Practical skills and procedures, "set out what we expect newly qualified doctors to be able to know and do." They go on to say that these publications should be read alongside Promoting excellence: standards for medical education and training, which set the standards and requirements for all stages of medical education and training. (Footnote 3)

Once again the emphasis is on "threshold standards" and "clear expectations" for new registrants. By threshold standards and "clear expectations", both of these bodies are referring to benchmarked standards that are objectively verifiable and can be reliably assessed.

By way of further example, the General Pharmaceutical Council (GPhC) also provides additional information about the clinical knowledge and skills required of newly qualified pharmacists. The GPhC's publication Standards for the initial education and training of pharmacists includes the outcomes required of newly-qualified pharmacists and has as an annex an indicative syllabus that describes in detail the required clinical knowledge and skills. (Footnote 4)

It is the absence of detail, and the absence of objectively verifiable benchmarked standards that can be reliably assessed that is most notably absent from the GOC's proposals.

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.

Footnotes:
1. This is the link to the relevant page on the HCPC's website: https://www.hcpc-uk.org/standards/standards-of-proficiency/
2. This is the link to the relevant page on the GMC's website: https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf
3. This publication is available on the GMC website: https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence
4. This publication is available on the GPhC's website: https://www.pharmacyregulation.org/sites/default/files/document/future_pharmacists_standards_for_the_initial_education_and_training_of_pharmacists.pdf

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – OASC response

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 expand into the roles that would then be required. None of this professional development is evident in the current ESR documents.

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.

Outcome 3. Lifelong Learning, does not really need its own section, for 3 elements, and could more sensibly be merged with 7 as Leadership and Management and Lifelong Learning work well together. We are unclear why this requires a standalone section.

3.1 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

3.3 is about reflective cycle and changing the way a registrant practices but again this is something that clinicians can do once they are in practice for a few years as they have patient surveys, clinical audit, etc information to reflect on.

Outcome 4 Ethics and Standards, the detail that is provided seems disproportionate to that listed in 6. Clinical Practice. 6 should demonstrate the core requirements of a competent dispensing optician or optometrist and that which should receive the majority of teaching time. If the expected focus is required for outcome 4, which we agree is important, there is a risk that valuable teaching material will have to be lost from other areas of core skills to be able to fit the learning outcomes to educational delivery?

Outcome 7. 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.

Outcome 6. Clinical Practice, what exactly does "analyse visual function from a range of diagnostic sources and uses data to put together a management plan in areas of professional practice such as: Dispensing of optical appliances" mean? 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.

'Within scope of practice' is mentioned, but where is this scope of practice defined? Has the GOC set out what a Dispensing Optician can do or not do in all the different work settings (same with optom practice!).

Overall the outcomes for registration lack clarity, 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.

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?

This resultant variation in interpretation is potentially dangerous, where the outcomes for registration will create professionals working at different clinical levels resulting in inadequate, potentially unsafe practice and putting patient safety at risk. We would strongly request that specific indicators must be listed here to ensure graduates and course delivery cover the required core skills and knowledge of the profession they have chosen.

We firmly believe that dispensing optics should maintain its core grounding knowledge and continue to develop additional clinical elements to help evolve their scope of practice, making the register more diverse where specialised skills would be recognised and added as a clear record. It is very hard to see how this will be achieved with what has so far been proposed, especially when outcome 6 does not recognise any differences between dispensing opticians or optometrists. The roles of optometric practitioners are distinct and should be treated as such, and absolutely cannot be covered in 3 requirements (for outcome 6), clearly 'one size' does not fit all.

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – Scottish Government response

The Scottish Government requires highly skilled and knowledgeable professionals to deliver eye care in Scotland. The scope of practice is changing and our optometrists especially are being required to undertake a higher level of clinical care and undertake procedures in community and hospital practice that until very recently were considered to be advanced or very advanced. 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.

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.

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.

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.

Leadership and Management skills are vital for healthcare professionals and it is very welcome that they are included within this proposal in order to support high quality and safe patient care.

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 (5) should be further strengthened to ensure that this requirement is very explicit. It is vital to ensuring patient safety.

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – NHS Education for Scotland response

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 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?

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.

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-optimal practice) and critically evaluating the range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis).

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.

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.

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.

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".

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – College of Optometrists response

We welcome the planned shift from a set of prescriptive competencies to higher-level outcomes. We see this as better reflecting the nature of optometry practice and better supporting and enabling the profession's on-going development. In addition, it moves the way in which the threshold requirements for registration as an optometrist to be framed in a way that is more aligned with that of other regulated healthcare professions.

We welcome the range of professional capability areas that the draft outcomes reflect. This affirms the relevance of areas such as professionalism, service development and evaluation and engagement in evidence-based practice, to optometrists' professional practice and roles. At the same time, we think that it will be useful to review the order in which the individual sections of the outcomes are presented and the relative depth and detail into which individual sections and outcomes go.

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.*

Profession-specific distinctions

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.

In developing the draft outcomes further to achieve this distinction, the model of the HCPC's standards of proficiency (equivalent to the GOC's draft outcomes) seems a useful model to consider. Generic standards of proficiency relate to the fifteen professions that the HCPC regulates. However, the distinctive nature of each profession's practice and therefore the requirements of that profession's pre-registration education is captured in profession-specific standards.

Issues with the current clinical practice outcomes

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.

The reasons for our concerns are set out below.

- *The clinical practice outcomes require substantive development to capture the key characteristics and requirements of optometry professional practice, but without detracting from the 'high-level' style of the outcomes.*
- *In part, this substantiation is needed to achieve due distinction between the professional practice of optometrists and dispensing opticians respectively.*
- *As currently drafted, the outcomes underplay the nature of optometry professional practice and risk future optometrists not being educated to meet changing population, patient, service delivery and scope of practice/role needs.*
- *The category of clinical practice outcomes makes insufficient distinction between the threshold requirements for registration as an optometrist and as a dispensing optician. Again, this risks the outcomes' credibility and currency, and work against building confidence in the outcomes' clear assertion of threshold requirements for safe, effective, independent practice at the point of registration.*

- *While we see the need for more substantiation, as set out in our recommendations below, we are concerned to avoid a reversion to the current competency-based approach; this would pose a significant risk to education providers being able to continue to develop programmes that respond to changing in population/patient needs, models of care and optometry scope of practice and developments in the evidence and technological advances.*
- *We therefore recognise the importance of achieving a careful balance between 'high-level' expressions of capability and providing sufficient specificity to provide clarity on requirements. We make further proposals below on how we think this balance can be achieved through the outcomes being underpinned by curriculum guidance.*

Developing the clinical practice outcomes

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*
- *Safely use ophthalmic drugs to facilitate optometric examination and the diagnosis and treatment of ocular disease.*

Threshold level of the outcomes

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.

Developing underpinning curriculum guidance

While we welcome the high-level nature of the draft outcomes in terms of the level of detail that they provide, we believe that the outcomes need to be underpinned by curriculum guidance, or a similar indicative content resource, that provides more detail on the outcomes' intended interpretation. We therefore strongly welcome this proposal in the GOC's draft outcomes document.

We believe that, as the College and UK professional body for optometry, we would be well-placed to work with other key stakeholders, including optometry university teams and employer representatives, to develop this curriculum guidance.

In leading the development of curriculum guidance, we would plan to review how the outcomes of the College's Higher Qualification professional certificates could appropriately be reflected and integrated into expectations of pre-registration education to reflect changing service delivery, scope of practice and workforce deployment needs.

We would expect the GOC's standards of education formally to indicate that the GOC would use the curriculum guidance in how it enacts it quality assurance and enhancement role and in implementing its outcomes for registration. Again, this model would have precedent in the established approach of other healthcare regulators (e.g. the HCPC).

The time needed to undertake both the levels project and to develop the current outcomes, including by moderating them against the findings and recommendations of the current level project should not be under-estimated. The timeframes for progressing and implementing the ESR need to reflect this. We expand on these points in our response to questions in Sections 2 and 3 and in our letter.

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – Association of Optometrists response

As we have said in Section 1 of our consultation response ('Unclear minimum requirements to join the register'), in principle we support the move to higher-level requirements, and the current draft Outcomes are more clear, logical and fit for purpose than the drafts the GOC consulted on in 2018/19. However, 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. Of the seven outcome domains, only outcome 6 describes knowledge, skills and behaviours that are specific to optical practice, and then only those that are common across optometry and dispensing optics.

Indicative guidance

The GOC has said it will 'co-produce' with the sector an indicative guidance document to provide more detail on required clinical skills. We welcome this proposal, which would help providers to understand baseline expectations, and to construct programmes that can deliver safe beginner optometrists, while also enabling the guidance to be amended quickly in response to developments where needed. The indicative document would set a sector benchmark for course content, and it is right that the GOC and the sector should share responsibility for producing this; it would not be appropriate for the GOC to define such detail on its own.

However, 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.

In working with the sector to develop this indicative guidance, the GOC should consider the approach taken by other regulators of healthcare professionals. For example, the GMC Practical skills and procedures document has been produced to supplement the outcomes for medical graduates by "defining the core diagnostic, therapeutic and practical skills and procedures newly qualified doctors must be able to perform safely and effectively". The GPhC Standards for the initial education and training of pharmacists includes an indicative syllabus as an annex alongside higher level outcomes for registration within the standards.

Verification process

We are pleased that the GOC plans to use the Delphi verification method to test the outcomes for registration. As we have argued in previous ESR consultations, using an accepted verification methodology should provide confidence about the appropriateness of the outcomes.

However, we are concerned about the tight timeline for the completion of this work over the autumn, at a time when academics will be busy adapting to delivery during the pandemic. This means that, as with the GOC's further work on the financial impacts of the ESR, there won't be an opportunity for stakeholders to consider and respond to the outputs from the verification process before the GOC decides whether to finalise the framework. This is not an acceptable consultation process.

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – Optometry Schools Council response

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.

We welcome the move towards higher level outcomes, but consider that it is essential that there is enough time given for the development of the 'sector-led co-produced indicative document which will provide a

greater level of detail for each profession'. The current timeframe allows only a couple of months for this, which is inadequate. Since the proposed outcomes are registration level they are more advanced than those currently delivered by most of the programmes at the HEIs of our members. In order to facilitate students meeting the outcomes, further funding will be required. We have concerns that adequate levels of funding will not be available and explain this in further detail later in our consultation response.

O4.1 – We do not think it is possible to 'demonstrate a value or attitude'. The wording should be amended or removed to state behaviour only (which is observable).

GENERAL COMMENT ABOUT THE TIMING OF THE CONSULTATION AND PROGRESS OF THE ESR:

We are supportive in principle of the need to review optometry education to take into account changes in practice and technology. However, 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. Our members have been under extreme pressure since March 2020 and the need for continual engagement and consideration of the ESR has added to this pressure and potentially affected mental and physical health. Eventually the current situation with COVID-19 will pass, but we do not yet know what the medium to long term effects will be on the higher education sector and practice. In particular the financial impact of COVID-19 on the finances of higher education and the capacity of practices to takes students on placements are unknown. Funding and placements are key components of the proposals and it would be dangerous to approve the new model until there is confidence that both are available.

We have heard it said that the ESR needs to be concluded as the new model will give greater flexibility to providers to deal with adverse circumstances like the pandemic. We don't think this is a strong argument since the GOC have been able to flex their current requirements to cope with the pandemic. We have also heard it said that the ESR needs to be approved as there are new providers who want to have their courses accredited early in the New Year under the new system. We do not think the needs of new entrants should be driving the timetable.

The continued progression of the ESR is putting unacceptable levels of pressure on our members. We have spent the past seven months working tirelessly to adapt our courses in order to meet GOC standards to graduate our students and are now operating our programmes under a multitude of daily new pressures. In amongst all of this 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.

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – FODO response

Yes, there is a lack of detail but we understand that the indicative document which will provide a greater level of detail is yet to be commissioned. We hope this will address many of the questions raised about the Outcomes for Registration for both optometrists and dispensing opticians including the differentiating thresholds.

We would also 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.

We have some proposed drafting changes which we will forward separately.

Main feedback on Outcomes for Optometrists

Subject to our feedback and caveats above, we would expect there to be a very positive impact. At this stage, however, we cannot objectively comment as we have yet to see results from work the GOC has commissioned.

As the representative body for the widest range of eye care providers, we are particularly keen to see the "GOC commissioned sector-led co-produced indicative document which will provide a greater detail for each profession to support providers as they develop new qualifications or adapt existing approved qualifications to meet these outcomes", commissioned this autumn. Without sight of this, we are not able to say with confidence whether the impact is likely to be positive or even very positive.

In the final stages of this process and as research is nearing completion, it is critical, in our view, to ensure that a representative sample of providers who offer pre-registration placements are part of any co-produced documents or recommendations. This will help avoid preventable systems failures in the future. We would be happy to advise the GOC on this. As our members provide the majority of pre-registration placements across the UK, we would be happy to support or coordinate collaborative input to this work.

We look forward to a co-produced document into which employers' views on the detail (practical/implementation) have been taken into account.

Other feedback

The document is reliant on Millers triangle (pyramid) and Hardens spiral. Although these theoretical models have been taken on board by other clinical courses when developing a curriculum and assessments, they are by no means perfect.

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:

"The most difficult facet of clinical competence to examine is level 4 in Miller's triangle – "does" or performance. However, even if we have tools to adequately assess performance in a test environment this does not necessarily assess what physicians really do in practice. It is important to directly observe trainee physicians to ensure effective assessment of clinical skills. This type of assessment can be time consuming and costly".

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – unnamed provider response

Outcomes are (we assume deliberately) set at a high level, and 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 outcomes appear to be a mechanism for assuring the GOC that those joining the register can practice at this 'entry-level' and for assessing the provision of training to deliver these qualities in a new registrant. That is, they are 'Outcomes of training'. It is not clear how these outcomes will be used by the GOC in relation to those already on the register, or whether these Outcomes are applicable only to the product of training. It is clear how the Standards can be applied to practitioners on the register.

Given the above, the primary goal of the Outcomes appears to be to promote safe and appropriate entry to the register (to be confirmed). If this is the case, the 'level' of the all outcomes in terms of Miller's pyramid need careful re-consideration with modelling of both the appropriateness of the level and how these levels can realistically and validly be assessed by providers. Are the appropriate resources (time/funds/personnel/availability and appropriateness of clinical placement opportunities for students) realistically available? 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, to the detriment of other more patient-safety focused outcomes. E.g.

"O1.5 Ensures that care is not compromised because of own personal values and beliefs. –DOES"

This outcome is laudable, but how is it assessed with any integrity as a 'DOES', when DOES is defined as "Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably. (Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments and observed practice, case-based assessments, portfolios, sustained research project (thesis, poster and oral presentation) etc.)"?

This definition implies that a 'one-off' demonstration of DOES won't meet the requirements as the use of consistently, repeatedly and reliably suggest more than one assessment. Furthermore, 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. Conversations with the GOC suggest actors could be used to simulate emergencies or non-verbal cues to ensure consistent assessment of these situations for all trainees. Not only is this an unaffordable aspiration for most programs, it is entirely different responding to an emergency when the learner knows they are in a simulated environment. E.g. "O2.2 Acts upon nonverbal cues from patients or carers that could indicate discomfort, a lack of understanding or an inability to give informed consent. –DOES", "O1.5 Ensures that care is not compromised because of own personal values and beliefs. –DOES"

A more realistic, measurable way of promoting these as outcomes from entry to the register may be "O2.2 Recognises that nonverbal cues from patients or carers that could indicate discomfort, a lack of understanding or an inability to give informed consent. – LEVEL TO BE DETERMINED", "O1.5 Understands how personal values and beliefs can compromise patient care and how to mitigate against this. – LEVEL TO BE DETERMINED"

Further consideration should be given as to whether some of the Outcomes are not relevant to entry level optometry and more appropriately applied to post-graduate training and career development. Not every optometrist needs to be able to provide services in special schools, prisons or domiciliary settings and neither are these settings necessarily appropriate settings (potentially unsafe for patients and/or students) for entry-level training. We recommend these Outcomes should be linked with higher qualifications or CPD.

There are other examples where the Outcomes are either ambiguous or not fit-for-purpose, primarily in relation to the ability to assess the attributes articulated. E.g."O4.1 – Demonstrate the values, attitudes and behaviours expected from a GOC registrant as described in the GOC Standards of Practice - DOES"

We do not think it is feasible to 'demonstrate a value or attitude'. The wording should be amended or removed to state behaviour only (something which is observable and a proxy for values/attitudes).

Recognition of the time which it will take to develop a 'sector-led co-produced indicative document which will provide a greater level of detail for each profession' needs to be acknowledged. There is not enough time in the current time-frame suggested for the delivery of the ESR for this to happen.

Explanation of what is missing or should be changed in the 'Outcomes for Registration' – 'other' responses

- *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. Many registrants have not been prepared for this and found the transition very hard.*

- *Optometry degree at university MUST be included in any future Optometrist education without this standards WILL drop & the public WILL suffer - optometry is already in decline under GOC oversight as corporate bodies are too powerful & GOC is a weak regulator.*

- *The list is quite extensive and covers most of the necessary criteria. However, I worry that this is just a list and does not attribute any level of importance to each section. This has the potential for education to be developed in a tickbox approach.*

- *Some reference to the business standards. Provide link to where information can be found e.g. NHS safeguarding app, GOC duty of candour guidelines, equality legislation.*

- *More emphasis on outcomes linked to EDI sensitive training*

- *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 . This will mean a mess of differing standards amongst qualified DOs. ABDO College has an industry-leading syllabus will well-defined targets for knowledge. The GOC should have consulted ABDO in this work.*

- *Making life to onerous for seeking retention*

- *There is a lacuna in the level of scope of practice that is expected. For the avoidance of doubt for optometrists 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". Current experience with patients and patient management already starts early however the separation between University and Employer means that there is no linking of disease management. This may take a 5th year. As a transition it may be permissible to enter the professional register of optometrists at the point of beginning IP placement. There is no need to change anything for DO's as they (usually) engage with clinical face to face experience from initial training.*

- *Whole idea needs scrapping as it is vulnerable to manipulation by conflicted interest corporates who would be potentially delivering the lion's share of training. pre reg years are abysmal at present to do a whole qualification at a multiple would be a farce.*

- *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. I am not opposed to allowing providers to design and run innovative programmes (quite the opposite, in fact) but the GOC is taking a very big risk here because not only is the Outcomes document grossly deficient in detail, the proposed changes will, in all likelihood, lead to multiple routes to registration at the same time as there is a move away from the common assessment framework that exists for virtually all Optoms and DOs. The 'indicative document' that will support the 'Outcomes' will be precisely that (indicative only) so this proposed, supplementary document will not make up for the gross lack of direction from the GOC about what it expects of its new registrants.*

- *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. Other regulatory bodies (e.g. GMC) also indicate the benchmark standards which they can verify.*

- *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."*

- *Whilst there is greater detail surrounding the varied working environments available to optometrists and dispensing opticians (such as O1.4; encouraging experience in a range of environments), AIO feel there is a lack of detail in other areas. Category 3 (Lifelong Learning) could place more emphasis on the importance of Evidence Based Practice. For clinicians to continue to develop, the necessary skills to source, digest, critique and implement new ideas and concepts should be encouraged as part of this category. 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. To break this element of the profession down into 3 competencies, no matter how much it is caveated that the number is not proportional to the weighting, is simply insufficient. For instance, O6.1 mentions "appropriate" tests; this is far too vague. There needs to be clear guidance on what is expected of graduates in order to prevent an under-qualified workforce. There is no guidance on the background knowledge of core subjects such as optics. Prior to the 1990s, graduates would have been taught the basis of interferometry yet there was little clinical application at that time. Now that*

OCT has arrived, an understanding in this area is vital to be able to use the instrument correctly. If knowledge is restricted down to that which is only appropriate for the present examination, there is a great risk of a workforce unable to adapt to emerging technologies as they lack the fundamental skills and knowledge. The GOC needs to provide greater detail in this particular Outcome.

- *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. Further clarification is needed. The outcomes appear to be a mechanism for assuring the GOC that those joining the register can practice at 'entry-level' and for assessing the provision of training to deliver these qualities in a new registrant. Given the above, the primary goal of the Outcomes appears to be to promote safe and appropriate entry to the register (to be confirmed). If this is the case, the 'level' of the all outcomes will need careful re-consideration with modelling of both the appropriateness of the level and how these levels can realistically and validly be assessed by providers. Are the appropriate resources (time/funds/ personnel/ availability and appropriateness of clinical placement opportunities for students) realistically available? 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?"*

- *This document is meaningless without any context for what are the expectations in terms of clinical experience to meet each specific outcome. If taken on face value without this context, some outcomes could be achieved by a first year optometrist, who clearly would not have the experience to practice. To suggest outcomes for registration for communication of a qualified optometrist can be narrowed down to 4 outcomes trivialises the skills required to safely and effectively practice. This document lacks detail and highlights the lack of thought to this proposal.*

Standards for Approved Qualifications – supplementary freetext responses

Explanation of what is missing or should be changed in the 'Standard for Approved Qualifications' – ABDO response

We wish to highlight two main things which are missing from the proposed standards for approved qualifications:

- *A common assessment framework*
- *Flexibility about the structure of educational delivery and assessment*

Lack of a common assessment framework

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.

At its meeting in May 2019 to discuss the last ESR consultation, Council was asked to provide a steer on, "the need for a final national examination or a standardised assessment framework and definition of a 'safe beginner'".

This led to the decision by the Council in July 2019 that there should be a common assessment framework, which was described by the GOC as a standardised framework that: "gives an assurance that people will reach the same level, but gives room for flexibility to decide which elements to assess, when and how to ensure that the individual reaches the baseline for a 'safe beginner'". (Footnote 5)

When the current expert advisory groups – one for optometrists and one for dispensing opticians – were established in September 2019, the terms of reference included the requirement to, "provide advice, support and assistance in the creation of the Assessment Framework."

These developments led us to believe that the common assessment framework would help to offset the risk of inconsistent and lower standards in the event that there are different routes to registration. However, the GOC has subsequently abandoned its attempts to develop a common assessment framework altogether.

Instead, the GOC now say that the idea of a common assessment framework has been incorporated in the standards for approved qualifications. But on closer examination, this cannot be the case. The standards themselves are not a framework but aspirational goals. There is no objective common framework by which

the quality and standard of training provision can be assessed. Requiring each provider of a qualification to meet generic standards by reference to its own self-assessment of those standards will not provide any assurance that all students will reach the same baseline on entry to the profession. For example, Standard 3.7 in the proposed standards for approved qualifications provides that: "Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process."

It seems to be the GOC's intention that the provider of the approved qualification should itself decide what is the 'right standard'. But if it is left to the discretion of the provider of the approved qualification it seems inevitable that there will be significant variations between different approved qualifications. This is not in the interests of students, patients, the general public, employers or commissioners.

Furthermore, Standard 3.6 provides that: "Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician."

Again, 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.

It seems clear to us that the GOC has departed from the decision to develop a common assessment framework without being transparent about why it has done so and without adequately considering the obvious risks.

These risks could be partly addressed by defining the ""standards of proficiency"" that would be required of dispensing opticians in order to practise safely 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. We again emphasise the importance of clearly-expressed, objectively-verifiable standards of proficiency that would provide clarity of expectation as to the threshold standard that students are required to meet before qualifying and to then maintain thereafter. This clarity of expectation is notably absent from the GOC's proposals.

Lack of flexibility about the structure of educational delivery and assessment

In addition to developing standards of proficiency, the GOC should revise the proposed standards for approved providers of qualifications to provide more flexibility about the structure of educational delivery and assessment. The proposed standards are unduly prescriptive in requiring there to be a single point of accountability for each route of registration and the GOC should focus more on the outcomes which need to be achieved.

A more flexible approach would enable ABDO and other professional bodies to continue to provide external, rigorous professional examinations that ensure consistent, high standards of attainment by students from a range of different education providers – without having to duplicate the management controls and quality assurance processes which those providers have already. The fact that ABDO's Level 6 FBDO qualification is a qualification regulated by Ofqual would provide further assurance of high quality education.

Under this more flexible approach, it would still be possible (although not mandatory) for education providers to act as a single point of accountability, although there ought still to be some form of independent, external assessment to ensure consistent, high standards. However, standards of proficiency, (which would provide clarity about the required clinical knowledge and skills), coupled with the ability for professional bodies to continue to offer professional examinations, would offset significantly the risk of lower and inconsistent standards.

We note by way of further example that the General Pharmaceutical Council has adopted a more flexible approach, which enables different types of route to registration as a pharmacist, which may or may not include

a separate period of pre-registration training. This could provide a helpful model for the modification of the system of education for dispensing opticians and optometrists. The introduction to the Standards for the initial education and training of pharmacists emphasises their built-in flexibility, stating that: "In Great Britain the four-year MPharm degree is separate from the 52-week pre-registration training with one exception: a five-year MPharm degree with two intercalated periods of pre-registration training. We expect the MPharm degree plus pre-registration training model to predominate in the short term, with an integrated degree combining academic study and pre-registration training being a future possibility. However, these standards have been written in such a way that they could support an integrated degree because we have not been prescriptive about delivery structures." (Footnote 6)

Certainly in relation to dispensing opticians, the GOC has not explained why it is intent on prescribing a change to the structure of educational delivery rather than retaining the flexibility that exists currently. 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. ABDO has, prior to this consultation, made very clear its concerns about the move to a SPA model without any proper evidential basis. ABDO continue to consider that it is a serious flaw in the current consultation process that there has been no proper explanation or investigation of how the new proposed structure is supposed to confer benefits or any adequate impact assessment relating to the impacts, both financial and institutional, of such a major change.

The objective of integrating clinical experience with academic study can be achieved without structural change and indeed, is being achieved already. There is already a single set of competencies for dispensing opticians covering both academic study and clinical experience. The GOC's own research shows a high level of satisfaction with the clinical experience received by student dispensing opticians.

Therefore, the current system does give assurance to the GOC, students, employers, commissioners and, most importantly, patients that the same high level of ability has been demonstrated by each student on entry, independently assessed by a GOC/Ofqual approved awarding body.

Footnotes:
5. See the GOC's "Response to the Education Strategic Review (ESR) Consultation on draft Education Standards for providers and Learning Outcomes for students" (published September 2019), which is available on the GOC website: https://www.optical.org/filemanager/root/site_assets/education/education_strategic_review/consultations/1908_-_esr_consultation_response_report.pdf
6. This publication is available on the GPhC's website: https://www.pharmacyregulation.org/sites/default/files/document/future_pharmacists_standards_for_the_initial_education_and_training_of_pharmacists.pdf

Explanation of what is missing or should be changed in the 'Standards for Approved Qualifications' – OASC response

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.

Without a requirement for independent final assessment, or at least further specific detail for minimum requirements to be achieved to become a safe practitioner, there is a huge risk that the variation in standards between the resultant graduates will pose a threat to patient safety.

S1. Public and Patient Safety, we collectively agree is currently achieved in all existing courses.

S2. Admissions of Students:

S2.2 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?

S2.4 Assessments should not be exempted unless equivalence can be evidenced; 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?

S3 Assessment of Outcomes and Curriculum Design;

S3.12 Colleges may struggle with research capabilities

S3.13 there is relatively little evidence based research in the field of dispensing optics, this is improving over time but does limit this criteria?

S3.14 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 dispensing opticians as there would not be enough placements in the country for the number of registered students.

S3.17 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?

S4 Management, Monitoring and Review of Approved Qualifications:
The lack of clarity in the SPA model reduces the council's ability to provide meaningful feedback on this section. There is no allowance for models that are already in place and it seems the new system is the 'only' option. There should be a far more flexible approach to the SPA to allow for already existing integrated models of education delivery and assessment instead of 'having' to adapt to the new proposed SPA model. We do not agree with institutes assessing their own students as there is too much pressure from the institute hierarchy to achieve a high pass rate, this most certainly does not protect the public.

S4.3 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?

S4.10 the SPA will be responsible for the recruitment of supervisors? In reality the model of clinical placement at the start of their studies means that most students are already in employment when they register with their chosen institute, their supervisors are therefore already in situ, and the institute themselves will have limited influence in this process. ABDO currently undertake professional registration checks on all supervisors, but 'recruitment' of supervisors would indicate a far more intricate process should be adopted?

S5 Leadership, Resources and Capacity

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. Sufficient staff to teach and assess the outcomes raises the concerns that the institute delivering the teaching and their own assessments is able to teach the students to pass the tests they set themselves which would artificially inflate the pass rates. Independent assessment is critical in maintaining standards within the professions.

Explanation of what is missing or should be changed in the 'Standards for Approved Qualifications' – unnamed provider response

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 the standards are currently written and in the context of not knowing whether entry-level qualification is set at level 6 or level 7, we are concerned that HEIs don't have sufficient funding to successfully deliver the ESR as it is articulated in these documents (see points below).

We also 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. Given that more than 80% of our clinical placements currently occur in the large 'multiple' optical companies practices we are extremely concerned about undue influence that these companies will have on the HEI's outcomes and delivery. Experiences at HEIs where these large companies have been partners in healthcare training programmes have established how risky these partnerships can be and this is understandable given commercial pressures and priorities.

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. The current system, where HEIs are able to successfully progress students to complete a degree, but the College of Optometrists (who are not subject to TEF) are the gatekeepers for registration is a valuable and important failsafe. This seems to be working; what is the rationale for entering a riskier mode of delivery of training? Newly qualified optometrists are less likely to be subject to Fitness to Practice procedures than those who have been on the register for longer (Forte, 2015) which suggests that the entry route and assessment procedure is currently fit-for-purpose, but that the sector's energies should be directed towards post-registration CPD/CET provision and regulation, rather than pre-registration training.

Given the nature of HEIs and the dual income stream for these institutions which includes not only student fees but the research income generated by staff activity, the impact of the ESR cannot be underestimated in relation to the pressure the consultation process around the ESR (and in due course the potential development, validation and roll out of new programmes aligned with the ESR) has placed on staff, undermining the time they have to progress research activities. This is a negative outcome for training environment and quality and subsequently the development of the profession. The additional burden for HEI staff in acting as SPA will further undermine research activity and potentially deter universities from supporting these programmes going forward if research activity diminishes.

Explanation of what is missing or should be changed in the 'Standards for Approved Qualifications' – the College of Optometrists response

The following should be addressed in the draft standards:

- *S3.4 should also make reference to seeking feedback from students.*

- *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.*

- *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 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.*

- *It is not clear why S3.17 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.*

- *S3.18 should make clear that the analysis of equality, diversity and inclusion data and trends should be an integral part of programme review and evaluation.*

- *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.*

- *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.*

Explanation of what is missing or should be changed in the 'Standards for Approved Qualifications' – FODO response

Main feedback on Standards

They should have a positive impact as they aim to move towards an outcomes based, rather than inputs based, approach.

We welcome removing over bureaucratic and input focussed numerical requirements but understand and support the need to specify a minimum of patient-facing professional and clinical experience to "safeguard against potentially significant variations in the volume of clinical and professional experience across providers".

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.

At this stage we have been unable to conclude objectively that the impact would be positive or very positive as we are awaiting publication of research the GOC has commissioned to help us better understand the practical and financial realities of the proposals in a real world setting.

Other feedback

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. At this stage, given the education of optometrists for example, we expect that early student placement would mimic that of an optical assistant and eventually evolve into a role that more closely resembles a more advanced pre-registration role. If that were the case the SPA provider might need to have a backstop medical malpractice insurance policy in place, given student placements and supervision might be varied.

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

S3.1 Please see our feedback on Miller's triangle above.

S3.3 Is an important goal but it might be difficult to provide adequate and meaningful "real" experience for all of the settings and scenarios identified. This is especially true in initial years of the new format and during the pandemic. It is important therefore to make special provisions for capacity constrains beyond the SPA's control.

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.

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.

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 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 had called for this from the outset and submitted some early thinking on what a 'framework' might look like.

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.

Explanation of what is missing or should be changed in the 'Standards for Approved Qualifications' – 'other' responses

- *I don't think enough emphasis on accountability has been addressed. The current system is a mandatory competency based system - 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. If students are not called upon to demonstrate competence I fear standards will be lowered, qualifications will be seen to be 'dumbed down' & ultimately the public will be out at risk.*

- *An experienced Optometrist coming from another country should not be forced to take such a long process of revision in order to be registered as a fully qualified Optometrist in UK.*

- *As above (weighting, tick-box). Consistent standards and academic levels across all providers.*

- *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. Students would benefit from knowing about the NHSE/GOS regulations.*

- *A complete overhaul of assessing DO competency and examination. ABDO churn out the same old papers on their course, examiners sell courses for financial gain to get students through exams, but once qualified, they have no idea how to check prisms or work out prism by degeneration, and have a poor grasp of relation dispensing to binocular vision anomalies.*

- *Placements can vary widely and it is important for consistency as we have with college accredited visits to check competencies. It would be impossible to verify if study abroad met our criteria. The GOC should be able to investigate where it appears a student has not went to lectures or failed to hand work in on time. This is a chance for exploitation by the larger multiples*

- *It is reassuring to see there is a specific amount of time (1600 hours) of required patient facing experience. Within this I think there should be a specific amount of time set aside for areas of optometry that are currently under represented clinically in the undergraduate degree. The two most obvious examples are paediatric and binocular vision patients, which are cases most optometrists encounter every day. I remember in my whole undergraduate degree having one hour with an orthoptist to investigate a BV patient (who was a classmate), and observing two paediatric patients being seen. This obviously leads you to being woefully unprepared for seeing these patients in clinic. Optometry students would benefit from protected time (eg one week) with an orthoptist while they are*

learning BV theory at University. Where BV and paediatrics are essential for all optoms, it would also be good to have clinical experience in areas such as low vision, complex contact lenses, domiciliary optometry. It may not be possible, but some ocular A+E exposure would likely give students a much better understanding of how to deal with emergencies, and what requires referral.

- *In relation to Standard 3 - assessment - it is really important that the whole curriculum is assessment. Not everything that matters can be measured easily. HEIs have, in the past, wrestled with assessment of leadership as this is difficult with pre-registrants not holding managerial positions. But it is possible. See: Swanwick T, McKimm J Assessment of leadership development in the medical undergraduate curriculum: a UK consensus statement BMJ Leader Published Online First: 02 July 2020. doi: 10.1136/leader-2020-000229*

- *There should be more vigorous testing of the student in a clinical setting. The stations exams was a good introduction and possibly should be undertaken twice in the pre ref year to help the student highlight skills which need to be improved.*

- *We believe, a single point of accountability (SPA) should be that. A SINGLE point. We hope that it doesn't amount to many different organisations forming the SPA. Rather it should be one organisation e.g. a university. Having said that, placing the burden of responsibility on one individual organisation for any given student means that it will be the GOC responsibility to ensure, on the balance of probability, the organisation that are allowed to run this new ESR won't fail. These proposals from the GOC mean that there is no room for error, we hope the GOC won't entrust already failing organisations to enact the ESR (NAMELY THE COLLEGE OF OPTOMETRIST).*

- *Please see answer above - 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. This will mean a mess of differing standards amongst qualified DOs. ABDO College has an industry-leading syllabus will well-defined targets for knowledge. The GOC should have consulted ABDO in this work.*

- *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. We need clear, functional standards for each role within the wider optical profession that reflects our individual performance requirements. A ""one size fits all"" approach to standards is, quite honestly, preposterous and indicates that the GOC is out to tick boxes instead of protecting the public. This document reads like a motivational essay rather than a serious document designed with safety in mind.*

- *Make a Qualification mandatory for ALL Opticians (DO & OO)*

- *When considering what should be added there is some scope for improvement in supporting the early practitioner defining what their role can be across the spectrum of eyecare delivery opportunities; and more attention given to a framework being laid out around postgraduate development. The profession, and our immediate stakeholders, would benefit from clearer understanding of performance indicators (such as qualifications or engagement in local protocols). There can be commercial impact on the experience and outcomes for pre-reg practitioners: we would propose an educational and performance benefit to a mechanism that minimises such. Whilst proposing this we are not ignoring the requirement for such professionals to sell and supply optical appliances in a commercially viable business setting. We would encourage all attempts to develop a stronger mentorship culture with the professions of dispensing opticians and optometrists.*

- *The current pre-registration scheme should remain as it is a standardised way to test all pre-registration students. If there is a single point of accountability then the universities may use that to their advantage to improve their standing on the league tables by making exams easier. This can have a detrimental impact on the quality of optometrists that will enter the market. Also having a Standards of Approved Qualifications will question the role of the GOC in the profession.*

- *The retention of a national qualifying exam at the end of the training period (see below comments). There also needs to be a more explicit statement regarding capacity. Student experience, as achieved through practical teaching, patient episodes etc., must be first and foremost in such Standards; AIO feel that more clear instruction should be made regarding student numbers (i.e. what is an acceptable*

Student:Staff Ratio). As a very practical course, AIO recognise that students must have sufficient time to prepare them with the necessary skills so that they can demonstrate a clear level of proficiency rather than basic competence.

- *Putting this in the context of having a route to registration through one provider and not the traditional pre-registration year, I feel S3.3 is extremely hard for an academic institution to fulfil. When we set up Portsmouth Uni course, we were met with great opposition from the local optoms who felt we would be taking away their business as we tried to establish a clinic where students would get even just the undergraduate patient experiences required. The course was not designed well and could have been done differently, but there were a great deal of difficulties experienced in defining what the fourth year should be - paid employment or university placement. In the final tear before becoming registered, student optoms need to e dispersed throughout the UK and not concentrated in the areas of the academic establishments, otherwise appropriate experience for all simply cannot be met. IPL is easily manageable in a university setting and was a strength at Portsmouth.*

- *The section around clinical experience lacks clarity for where placements should take, what would be the minimum duration, minimum number of different cases, what cases would be required, what support will be in place for supervision, what hospital experience would be required, where would funding for these placements come from, what conflict of interest statements would University providers give, what would happen to placement providers if they didn't provide adequate training and supervision. This document reads like a waiver for the GOC rather than a clear instruction for how best practice in education and providing clinical experience can be achieved.*

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – ABDO response

Our first comment is that this question is based on a false premise in that for nearly all student dispensing opticians, there is not a separate period of "pre-registration training". Clinical experience is already integrated with academic study – either as part of ABDO's Level 6 FBDO qualification or the registrable qualification offered by Anglia Ruskin University. There is a very significant risk, therefore, that this question will not generate meaningful information about respondents' views on the proposal to introduce the 'single point of accountability' model for the education of dispensing opticians. If the GOC wanted to understand the impact on future dispensing opticians of its proposal to introduce a single point of accountability (SPA) model, it should have explored this by way of proper formal engagement with stakeholders or as part of a public consultation. It has done neither. This oblique approach to what is a fundamental change means that the consultation is proceeding on a false basis.

Moreover, the very nature of this question underlines the GOC's "one-size-fits-all" approach, which is symptomatic of its failure – four years into the Education Strategic Review – properly to understand and take account of the fact that the system of education for dispensing opticians is significantly different to the system for optometrists.

To make the point clear, student optometrists generally gain their university degree before starting work in practice to carry out their "pre-registration training". By contrast, for nearly all student dispensing opticians, there is no separate period of pre-registration training – clinical experience is integrated with academic study already. These different approaches are reflected in the fact that there is one set of GOC competencies for student dispensing opticians, whereas for student optometrists there are two sets of competencies, one relating to the period of academic study and the other relating to the period of pre-registration training. For student dispensing opticians, there is also an integrated approach to assessment and clinical experience, with students studying for the ABDO Level 6 FBDO qualification being assessed by ABDO during, as well as at the end of, their course of study and ABDO being involved in setting and supporting the Pre-Qualification Period (PQP) from day one. In addition, the FBDO qualification is already Ofqual-regulated.

While there might be a need for optometry students to gain improved clinical experience, nearly all student dispensing opticians combine studying with working in practice from day one. They also have a choice of programmes, including weekly day release and distance learning combined with periods of block release. Furthermore, the GOC's own research found that more than 70 per cent of newly-qualified dispensing opticians said they had received the right level of clinical experience during their education, compared with less than forty per cent of newly-qualified optometrists. (Footnote 7)

Given that clinical experience is already integrated with academic study for nearly all student dispensing opticians, the proposal to integrate "pre-registration training" within the approved qualification would not improve the system of education for dispensing opticians. On the contrary, it would result in education and qualification providers incurring unnecessary costs, which would have a detrimental impact on the quality of education.

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. This sets out the wide responsibilities of the SPA, providing that:

"The SPA is responsible for the award of the approved qualification, the assessment (measurement) of students' achievement of the outcomes leading to award of the approved qualification, and the approved qualification's development, delivery, management quality control and evaluation."

This would require ABDO to exert far more control over the education providers who deliver the syllabus by, for example, auditing the quality of teaching, notwithstanding the fact that they already have well-established management systems in place and are subject to regulation by the Quality Assurance Agency (QAA) or equivalent bodies.

Footnotes:
7. See the GOC's research report "Perceptions of UK optical education" (June 2018): https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – OASC response

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.

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 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? 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? Will their experience be deemed equivalent and meeting the 'standards' required?

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?

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.

There is absolutely no evidence to suggest that the ophthalmic dispensing education delivery is in need of a complete overhaul. A range of education delivery already exists in this field and added expense that will be imposed on dispensing academic establishments to meet the new requirements seems disproportionate in comparison to the changes required in optometry education delivery.

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – unnamed provider response

We already have an embedded programme for Dispensing Opticians, so do not have any further comments.

For the Optometry programme we agree with the statements produced by the OSC.
The OSC has repeatedly raised concerns about the mandatory integration of the pre-registration training into approved qualifications. These concerns will likely lead to a negative impact on optometry education for the reasons set out below.

Financial viability: 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. The funding roundtable which the GOC organised in March 2020 was the beginning of a conversation about how funding might be achieved. But this discussion was pre COVID-19. The financial constraints within which the government, Health Education England, Office for Students, other home nation funding bodies, universities and practices are now operating under have vastly changed. The assumptions and documentation produced for the roundtable are no longer valid and further extensive conversations are needed. Listed below are some specific concerns.

a) If a clinical experience mainly happens within one academic year then universities would only be able to charge sandwich year fees which are substantially lower than standard fees (£1850 compared with compared with £9250). This level of funding would not enable our members to satisfy the draft education standards that the GOC has published.
b) There is no guarantee that the Department of Health will continue to provide the 'Pre-Registration Grant' if the pre-registration year is abolished. This grant is paid to practices who take on a pre-reg and forms part of the General Ophthalmic Services negotiations.
c) There is no guarantee that employers will continue to pay a salary to students on placement, particularly if the placements are shorter. In fact employers may demand a fee for taking students on placement if the experience is primarily educational and students are supernumerary.
d) There is no guarantee that in parts of the UK where funding bodies pay student fees (e.g. Scotland) that they will extend funding for an extra year.

Funding concerns, post COVID-19, must be fully discussed and addressed before the proposed model is approved by the GOC. We acknowledge that the GOC has commissioned a short piece of work to assess the funding implications of the ESR. However, we consider it poor practice that this assessment was not allowed to be completed before the ESR consultation was released. Instead it is being done in parallel with no opportunities for stakeholders to comment on/reflect on what it contains.

The Optometry Schools Council represents almost all institutions in the UK who provide GOC approved qualifications. We are united in our concerns about funding under the new model. If these concerns are not addressed there is a serious risk to the disruption of the education of optometrists which would be a risk to the public. We have called and continue to call on the GOC to delay final approval of the new model until financial viability is fully appraised.

Undue influence: Mandatory integration will mean that providers will be required to work with employers in order for their degree programme to be viable. We know that most of the current pre-registration placements are provided by a small number of employers. According to the College of Optometrists' Pre-Registration Report (2017) 85% of pre-registration places were provided by the larger multiple employers. The new model will give significant power to these employers to dictate the content, structure and delivery of optometry programmes – since no programme will be able to run without their support. We do not believe that it is in the public interest for employers to have the power to dictate the provision of optometric education. We believe that it is important for optometric education to be informed by employer views but not dictated by them. We remain committed to open and further dialogue with employers as to the content and outcomes of our programmes.

Impact on student finance and choice: 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 and the payment of further student fees. 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. 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.

Increase in regulatory complexity: The GOC believes that mandating an integrated approach under an SPA to the point of registration will make regulation more straightforward. We disagree. The GOC will be moving from ensuring that one set of terminal assessments (College of Optometrists Scheme for Registration) is set at the appropriate level to protect the public to ensuring that a plethora of terminal assessments are suitable. This will be more complex and require more resource. The GOC will also move from a well understood framework where, in the majority of cases, universities provide undergraduate training and the College then run the pre-registration scheme to having to understand and regulate an array of new relationships and incorporated organisations. All of this increased complexity may lead to variability in standards required and be a risk to patients. We have heard it argued that optometry is currently 'out of step' with the rest of the educational/regulatory landscape in having a two stage process. This is not true. The GPhC currently administer such a model and although they have considered mandating integration seem to have now pulled back from that. In addition the training of medics is effectively a two or arguably a three stage process.

Reduction in flexibility for providers: Mandating an integrated journey to registration reduces provider flexibility and reduces the variety of what can be provided. There is nothing in the current optometry handbook that would stop our members from integrating the pre-registration experience if they wish – and some have. But the current model mandates integration, reducing variety of provision and student choice.

We do not believe that the GOC has ever set out a case for mandating the integrated model during the ESR. We do not believe that early engagement with stakeholders in the 2017 ESR call for evidence demonstrated an appetite for mandating it or that there has been strong support for it in responses from stakeholders to previous consultations. Providers already have the freedom to provide an integrated model where they see that it is of benefit. Any desire to increase 'clinical' experience during training does not require the implementation of an integrated model. There is no evidence to suggest that newly qualified optometrists, who have trained under a two stage model, are a danger to the public. In fact a review of GOC disciplinary and fitness-to-practise hearings between 2001 and 2011 (Forte, 2015) revealed that the longest-registered practitioners were most likely to be involved in investigation relating to clinical competence.

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – unnamed provider response

We have serious concerns about the mandatory integration of pre-registration training into approved qualifications. These concerns will likely lead to a negative impact on education for the reasons set out below.

Financial viability: 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. But this discussion was pre COVID-19. The financial constraints within which the government, Scottish Funding Council, universities and practices are now operating have vastly changed. The assumptions and documentation produced for the roundtable are no longer valid and further extensive conversations are needed. In our view the GOC's impact statement is too positive as far as finance is concerned. Listed below are some specific concerns.

a) There is no guarantee that the 'Pre-Registration Grant' for optometrists will continue if the pre-registration year is abolished/fragmented into smaller placements. This grant is paid to practices who take on a pre-reg for one year and forms part of the General Ophthalmic Services negotiations. There is no precedent for practices claiming this pro-rata.
b) There is no guarantee that employers will continue to pay a salary to students on placement, particularly if the placements are shorter. In fact employers may demand a fee for taking students on placement if the experience is primarily educational and students are supernumerary. It should be remembered that hospitals are under no obligation to take optometry students on placements.
c) If the proposed model has the potential to increase student debt then it is not clear that the GOC has consulted current and potential undergraduates about this or assessed the equality and diversity implications.
d) The GOC's impact statement suggests that there will not be extra costs involved in training supervisors as this is 'already a requirement'. We completely disagree. Recruiting and training supervisors for a programme that contains 48 weeks of integrated clinical practice is an order of magnitude greater than what is currently required.

e) Although we have had an indication that the Scottish Government would be generally supportive of providing an additional year of funding, this is by no means guaranteed, as the pressures of COVID-19 have not allowed us to undertake the detailed financial modelling required to progress this negotiation (something we would have had time to do if the ESR had been paused).

Funding concerns, post COVID-19, must be fully discussed and addressed before the proposed model is approved by the GOC. We acknowledge that the GOC has commissioned a short piece of work to assess the funding implications of the ESR. However, it is unfortunate that this assessment was not allowed to be completed before the ESR consultation was released. Instead it is being done in parallel with no opportunities for stakeholders to comment on/reflect on its content.

Undue influence: Mandatory integration will mean that providers will be required to work with employers in order for their degree programme to be viable. We know that most of the current pre-registration placements are provided by a small number of employers. According to the College of Optometrists' Pre-Registration Report (2017) 85% of pre-registration places were provided by the larger multiple employers. The new model will give significant power to these employers to dictate the content, structure and delivery of optometry programmes – since no programme will be able to run without their support. We do not believe that it is in the public interest for employers to have the power to dictate the provision of optometric education. We believe that it is important for optometric education to be informed by employer views but not dictated by them. We remain committed to open and further dialogue with employers as to the content and outcomes of our programmes.

Impact on student finance and choice: 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. Some students may also be unable to attend placements that require long distance travel/staying away from home for cultural reasons. 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. It is arguable that students' learning is enhanced by being in a similar environment for a substantial period (like the pre-registration year) as opposed to many multiple shorter placements where they are initially distracted by differences in protocol.

Increase in regulatory complexity: The GOC believes that mandating an integrated approach under an SPA to the point of registration will make regulation more straightforward. We disagree. The GOC will be moving from ensuring that one set of terminal assessments (College of Optometrists' Scheme for Registration) is set at the appropriate level to protect the public to ensuring that a plethora of terminal assessments are suitable. This will be more complex and require more resource. The GOC will also move from a well understood framework where, in the majority of cases, universities provide undergraduate training and the College then run the pre-registration scheme, to having to understand and regulate an array of new relationships and incorporated organisations. All of this increased complexity may lead to variability in standards required and be a risk to patients. We have heard it argued that optometry is currently 'out of step' with the rest of the educational/regulatory landscape in having a two-stage process. This is not true. The GPhC currently administer such a model and, although they have considered mandating integration, seem to have now pulled back from that. In addition, the training of medics is effectively a two- or arguably a three-stage process.

Less opportunity for providers to innovate: Mandating an integrated journey to registration reduces provider flexibility and reduces the variety of what can be provided. There is nothing in the current optometry handbook that would stop us from integrating the pre-registration experience if we wished. But the proposed model mandates integration, reducing variety of provision and student choice. We do not believe that early engagement with stakeholders in the 2017 ESR "call for evidence" demonstrated an appetite for mandating it or that there has been strong support for it in responses from stakeholders to previous consultations. The analysis of responses from the 2019 consultation on standards and learning outcomes concluded that 'many respondents expressed concern over the proposed move from a two stage to an integrated model and questioned the evidence base for this'. We do not believe that the GOC has ever set out a case for mandating the integrated model during the ESR in response to these concerns. Providers already have the freedom to provide an integrated model where they see that it is of benefit. Any desire to increase 'clinical' experience during training does not require the implementation of an integrated model. There is no evidence to suggest

that newly-qualified optometrists, who have trained under a two-stage model, are a danger to the public. In fact a review of GOC disciplinary and fitness to practise hearings between 2001 and 2011 (Forte, 2015) revealed that the longest-registered practitioners were most likely to be involved in investigation relating to clinical competence.

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – unnamed provider response

As a member of the OSC and as a provider, we have repeatedly raised concerns about the mandatory integration of the pre-registration training into approved qualifications. We would like to submit the following concerns, aligned with the OSC submission to this consultation. These concerns will likely lead to a negative impact on optometry education for the reasons set out below.

Financial viability: The proposed model would require 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 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. But this discussion was pre COVID-19. The assumptions and documentation produced for the roundtable are no longer valid and further extensive conversations are needed. In our view the GOC's impact statement is far too positive as far as finance is concerned. Listed below are some specific concerns.

a) There is no guarantee that the 'Pre-Registration Grant' will continue to be available to students if the pre-registration year is abolished or fragmented into smaller placements. This grant is paid to practices who take on a pre-registration optometrist for 1 year and forms part of the General Ophthalmic Services negotiations. There is no precedent for practices claiming this pro-rata.
b) There is no guarantee that employers will continue to pay a salary to students on placement, particularly if the placements are shorter. In fact, employers may demand a fee for taking students on placement if the experience is primarily educational and students are supernumerary. It should be remembered that hospitals are under no obligation to take optometry students on placements.
c) If the proposed model is to be funded by an increase in student debt, then it is not clear that the GOC has consulted current and potential undergraduates about this or assessed the equality and diversity implications.
d) The GOC's impact statement suggests that there will not be extra costs involved in training supervisors as this is 'already a requirement'. We completely disagree. Recruiting and training supervisors for a programme that contains 48 weeks of integrated clinical practice is an order of magnitude greater than what is currently required of HEIs.
e) An extra year of fees may not be adequate to fund the proposed model given the fact that there is no direct connection between fee income and course funding in higher education. Ulster University (based in Northern Ireland) has a different fee structure to other providers in the sector, our home (NI-based) students fees are less than half those attracted by English HEIs.

Funding concerns, post COVID-19, must be fully discussed and addressed before the proposed model is approved by the GOC. The GOC has commissioned a short piece of work to assess the funding implications of the ESR. However, the outcomes of this piece should be available before stakeholders and the GOC can fully understand the potential impact of the ESR proposals. It is not good practice to progress the present consultation without this key information.

Funding concerns must be addressed before pushing forward with the ESR or there is a serious risk of disruption to the education of optometrists which would in turn lead to risk to the public. We have called and continue to call on the GOC to delay final approval of the new model until financial viability is fully appraised.

Undue influence: Mandatory integration will mean that providers will be required to work with employers in order for their degree programme to be viable. We know that most of the current pre-registration placements are provided by a small number of employers. According to the College of Optometrists' Pre-Registration Report (2017) 85% of pre-registration places were provided by the larger multiple employers. The new model will give significant power to these employers to dictate the content, structure and delivery of optometry programmes – since no programme will be able to run without their support. We do not believe that it is in the public interest for employers to have the power to dictate the provision of optometric education. We believe that it is important for optometric education to be informed by employer views but not dictated by

them. We remain committed to open and further dialogue with employers as to the content and outcomes of our programmes.

Impact on student finance and choice: 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 and the payment of further student fees. Attending multiple placements will also incur extra travel/moving costs. All of these factors are likely to affect recruitment, particularly of students from poorer backgrounds. The new model will likely necessitate providers developing local relationships with placement providers and assigning students to these placements, resulting in loss of choice for students. Some students may also be unable to attend placements that require long distance travel or staying away from home for cultural or caring reasons. Furthermore, it is our experience, as long-term providers of clinical education, that students learning is enhanced by longer periods of clinical placement during which they can become accustomed to the personnel, protocols and procedures specific to the practice, as opposed to many multiple shorter placements where they may be distracted and learning may be undermined by the stress of coping with differences in attendance and protocol.

Increase in regulatory complexity: The GOC believes that mandating an integrated approach under an SPA to the point of registration will make regulation more straightforward. We disagree. The GOC will be moving from ensuring that one set of terminal assessments (College of Optometrists Scheme for Registration) is set at the appropriate level to protect the public to ensuring that a plethora of terminal assessments are suitable. This will be more complex and require more resource. The GOC will need to work with an array of new arrangements, partnerships and frameworks. This increased complexity has the potential to increase variability in standards and hence increase risk to patient safety. We have heard it argued that optometry is currently 'out of step' with the rest of the educational/regulatory landscape in having a two-stage process to registration. This is not true. The GPhC currently administer such a model and, although they have considered mandating integration, have now rejected this approach and retain the two-stage process – for many of the reasons raised in this response. Furthermore, the training of medics is effectively a two- or arguably a three-stage process.

We do not believe that early engagement with stakeholders in the 2017 ESR call for evidence demonstrated an appetite for mandating the SPA model or that there has been strong support for it in responses from stakeholders to previous consultations. The analysis of responses from the 2019 consultation on standards and learning outcomes concluded that 'many respondents expressed concern over the proposed move from a two stage to an integrated model and questioned the evidence base for this'. We do not believe that the GOC has ever set out a case for mandating the integrated model during the ESR in response to these concerns. Providers already have the freedom to provide an integrated model where they see that it is of benefit. Manchester University have such a programme available to a small number of optometry students each year and have never expanded beyond this small cohort. This signals a question – why not?

As noted above, there is no evidence to suggest that newly qualified optometrists, who have trained under a two-stage model, are a danger to the public. In fact, a review of GOC disciplinary and fitness-to-practise hearings between 2001 and 2011 (Forte, 2015) revealed that the longest-registered practitioners were most likely to be involved in investigation relating to clinical competence.

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – the College of Optometrists response

We have answered that we do not know because detailed work has yet to be done on the proposed integration of pre-registration training within the approved qualification to inform the ESR to this point. As expanded on in our response to questions in Section 3, it is imperative that detailed work is undertaken in this area before the ESR is completed and implemented. This includes to review appropriate lead-in time for any structural change to education provision.

We have progressed an approach to this integration working with individual HEIs to develop four-year Master's degree programmes that incorporate the College's Scheme for Registration within the degree programme and as an integral part of the academic programme/award. While these programmes have not been subject to detailed evaluation (and one is only in the second year of delivery). We would be concerned if the programme from which the GOC has removed its accreditation was deemed to be a fitting test of whether this model works.

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 be developed relating to the most appropriate models of learner progression to meet the new threshold requirements.

Such an exercise also needs to involve all sector stakeholders and to appraise fully the funding implications of different models. We believe that the College is excellently placed to lead this activity, working in partnership with HEIs and employers. We expand on these points in Section 3.

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – Association of Optometrists response

As we have said in Section 1 of our consultation response ('Weak rationale for a compulsory integrated model'), the GOC has still not set out the public protection rationale for moving to a compulsory integrated approach. We remain concerned about the likely costs and impacts of a compulsory integrated approach, and do not think the benefits the GOC has suggested the model will deliver can justify the risks and costs involved.

We are not aware of any evidence that the proposed approach will improve patient safety, for instance by reducing fitness to practise issues. The GOC has said the integrated model would meet students' desire for more clinical content to be integrated with academic study, but this is entirely possible under the current optometry education model, which already allows providers to adopt an integrated approach, as some have done.

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 financial implications of the proposal seem likely to involve a further year of student fees for optometry training, which could make the subject less attractive to students.

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. This will create new challenges for the GOC and may not in reality do much to resolve difficult issues, such as the current shortage of clinical placements caused by the pandemic, which can only be addressed by collaboration between all those involved.

As we have said in Section 1 of our response ('Financial impact of the ESR and implementation timing'), we are most concerned that the GOC has not yet evaluated the potentially significant financial impact of the compulsory integrated model on education providers. We discuss the financial and delivery risks further in our answers to Section 4 of this consultation questionnaire, and recently set out our shared concerns in a joint statement with the College of Optometrists and Optometry Schools Council.

As we said in our 2019 consultation response, this model also heightens the risk that employers may have undue influence over the design and delivery of optometry education. The compulsory integrated model will also increase the risk of inconsistent training and assessment, by removing the current College Scheme for Registration which most optometry students currently undertake to join the register. This could ultimately affect patient safety.

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – unnamed provider response

We are concerned about the mandatory integration of the pre-registration training into approved qualifications.

We share the concerns put forward by the OSC as follows:

These concerns will likely lead to a negative impact on optometry education for the reasons set out below.

Financial viability: 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. The funding roundtable which the GOC organised in March 2020 was the beginning of a conversation about how funding might be achieved. But this discussion was pre COVID-19. The financial constraints within which the government, Health Education England, Office for Students, other home nation funding bodies, universities and practices are now operating under have vastly changed. The assumptions and documentation produced for the roundtable are no longer valid and further extensive conversations are needed. In our view the GOC's impact statement is far too positive as far as finance is concerned. Listed below are some specific concerns.

a) There is no guarantee that the Department of Health will continue to provide the 'Pre-Registration Grant' if the pre registration year is abolished/fragmented into smaller placements This grant is paid to practices who take on a pre-reg for 1 year and forms part of the General Ophthalmic Services negotiations. There is no precedent for practices claiming this pro rata.
b) There is no guarantee that employers will continue to pay a salary to students on placement, particularly if the placements are shorter. In fact employers may demand a fee for taking students on placement if the experience is primarily educational and students are supernumerary. It should be remembered that hospitals are under no obligation to take optometry students on placements.
c) If the proposed model is to be funded by an increase in student debt then it is not clear that the GOC has consulted current and potential undergraduates about this or assessed the equality and diversity implications.
d) The GOC's impact statement suggests that there will not be extra costs involved in training supervisors as this is 'already a requirement'. We completely disagree. Recruiting and training supervisors for a programme that contains 48 weeks of integrated clinical practice is an order of magnitude greater than what is currently required.
e) An extra year of fees may not be adequate to fund the proposed model given the fact that there Is no direct connection between fee income and course funding in higher education.
f) Whilst the pressures of COVID-19 have not allowed members to undertake detailed financial modelling (something we would have had time to do if the ESR had been paused) a comparison with the College Scheme for Registration would suggest that, even at full English fees, providers would be likely left with around £5k per student to deliver a 4th year. We do not think this is adequate to cover the increased workload and responsibility resultant from an integrated model.

Funding concerns, post COVID-19, must be fully discussed and addressed before the proposed model is approved by the GOC. We acknowledge that the GOC has commissioned a short piece of work to assess the funding implications of the ESR. However, we consider it poor practice that this assessment was not allowed to be completed before the ESR consultation was released. Instead it is being done in parallel with no opportunities for stakeholders to comment on/reflect on what it contains.

The Optometry Schools Council represents almost all institutions in the UK who provide GOC approved qualifications. We are united in our concerns about funding under the new model. If these concerns are not addressed there is a serious risk to the disruption of the education of optometrists which would be a risk to the public. We have called and continue to call on the GOC to delay final approval of the new model until financial viability is fully appraised.

Undue influence: Mandatory integration will mean that providers will be required to work with employers in order for their degree programme to be viable. We know that most of the current pre-registration placements are provided by a small number of employers. According to the College of Optometrists' Pre-Registration Report (2017) 85% of pre-registration places were provided by the larger multiple employers. The new model will give significant power to these employers to dictate the content, structure and delivery of optometry programmes – since no programme will be able to run without their support. We do not believe that it is in the public interest for employers to have the power to dictate the provision of optometric education. We believe that it is important for optometric education to be informed by employer views but not dictated by them. We remain committed to open and further dialogue with employers as to the content and outcomes of our programmes.

Impact on student finance and choice: 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 and the payment of further student fees. 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. Some students may also be unable to attend placements that require long distance travel/staying away from home for cultural reasons. 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. It is arguable that students learning is enhanced by being in a similar environment for a substantial period (like the pre-registration year) as opposed to many multiple shorter placements where they are initially distracted by differences in attendance and protocol.

Increase in regulatory complexity: The GOC believes that mandating an integrated approach under an SPA to the point of registration will make regulation more straightforward. We disagree. The GOC will be moving from ensuring that one set of terminal assessments (College of Optometrists Scheme for Registration) is set at the appropriate level to protect the public to ensuring that a plethora of terminal assessments are suitable. This will be more complex and require more resource. The GOC will also move from a well understood framework where, in the majority of cases, universities provide undergraduate training and the College then run the pre-registration scheme to having to understand and regulate an array of new relationships and incorporated organisations. All of this increased complexity may lead to variability in standards required and be a risk to patients. We have heard it argued that optometry is currently 'out of step' with the rest of the educational/regulatory landscape in having a two stage process. This is not true. The GPhC currently administer such a model and although they have considered mandating integration seem to have now pulled back from that. In addition, the training of medics is effectively a two or arguably a three stage process.
Less opportunity for providers to innovate: Mandating an integrated journey to registration reduces provider flexibility and reduces the variety of what can be provided. There is nothing in the current optometry handbook that would stop our members from integrating the pre-registration experience if they wish – and some have. But the current model mandates integration, reducing variety of provision and student choice

We do not believe that early engagement with stakeholders in the 2017 ESR call for evidence demonstrated an appetite for mandating it or that there has been strong support for it in responses from stakeholders to previous consultations. The analysis of responses from the 2019 consultation on standards and learning outcomes concluded that 'many respondents expressed concern over the proposed move from a two stage to an integrated model and questioned the evidence base for this'. We do not believe that the GOC has ever set out a case for mandating the integrated model during the ESR in response to these concerns. Providers already have the freedom to provide an integrated model where they see that it is of benefit. Any desire to increase 'clinical' experience during training does not require the implementation of an integrated model. There is no evidence to suggest that newly qualified optometrists, who have trained under a two stage model, are a danger to the public. In fact a review of GOC disciplinary and fitness-to-practise hearings between 2001 and 2011 (Forte, 2015) revealed that the longest-registered practitioners were most likely to be involved in investigation relating to clinical competence.

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – Optometry Schools Council response

The OSC has repeatedly raised concerns about the mandatory integration of the pre-registration training into approved qualifications. These concerns will likely lead to a negative impact on optometry education for the reasons set out below.

Financial viability: The proposed model would require the HEIs 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. But this discussion was pre COVID-19. The financial constraints within which the government, Health Education England, Office for Students, other home nation funding bodies, universities and practices are now operating under have vastly changed. The assumptions and documentation produced for the roundtable are no longer valid and further

extensive conversations are needed. In our view the GOC's impact statement is far too positive as far as finance is concerned. Listed below are some specific concerns.

a) There is no guarantee that the Department of Health will continue to provide the 'Pre-Registration Grant' if the pre-registration year is abolished or fragmented into smaller placements. The grant is paid to practices who take on a pre-reg for 1 year and forms part of the General Ophthalmic Services negotiations. There is no precedent for practices claiming this pro rata.
b) There is no guarantee that employers will continue to pay a salary to students on placement, particularly if the placements are shorter. In fact employers may demand a fee for taking students on placement if the experience is primarily educational and students are supernumerary. It should be remembered that hospitals are under no obligation to take optometry students on placements.
c) If the proposed model is to be funded by an increase in student debt then it is not clear whether the GOC has consulted current and potential undergraduates about this or assessed the equality and diversity implications.
d) The GOC's impact statement suggests that there will not be extra costs involved in training supervisors as this is 'already a requirement'. We totally disagree. Recruiting and training supervisors for a programme that contains 48 weeks of integrated clinical practice is an order of magnitude greater than what is currently required.
e) An extra year of fees may not be adequate to fund the proposed model given the fact that there is no direct connection between fee income and course funding in higher education.
f) Whilst the pressures of COVID-19 have not allowed members to undertake detailed financial modelling (something we would have had time to do if the ESR had been paused) a comparison with the College Scheme for Registration would suggest that, even at full English fees, providers would be likely left with around £5k per student to deliver a 4th year. We do not think this is adequate to cover the increased workload and responsibility resultant from an integrated model.

Funding concerns, post COVID-19, must be fully discussed and addressed before the proposed model is approved by the GOC. We acknowledge that the GOC has commissioned a short piece of work to assess the funding implications of the ESR. However, we consider it poor practice that this assessment was not allowed to be completed before the ESR consultation was released. Instead it is being done in parallel with no opportunities for stakeholders to comment / reflect on what it contains.

The Optometry Schools Council represents almost all institutions in the UK who provide GOC approved qualifications. We are united in our concerns about funding under the new model. If these concerns are not addressed there is a serious risk of disruption to the education of optometrists and hence risk to the public. We have called and continue to call on the GOC to delay final approval of the new model until financial viability is fully appraised.

Undue influence: Mandatory integration will mean that providers will be required to work with employers in order for their degree programme to be viable. We know that most of the current pre-registration placements are provided by a small number of employers. According to the College of Optometrists' Pre-Registration Report (2017) 85% of pre-registration places were provided by the larger multiple employers. The new model will give significant power to these employers to dictate the content, structure and delivery of optometry programmes – since no programme will be able to run without their support. We do not believe that it is in the public interest for employers to have the power to dictate the provision of optometric education. We believe that it is important for optometric education to be informed by employer views but not dictated by them. We remain committed to open and further dialogue with employers as to the content and outcomes of our programmes.

Impact on student finance and choice: 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 and the payment of further student fees. Attending multiple placements will also incur extra travel/accommodation 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. Some students may also be unable to attend placements that require long distance travel and/ or staying away from home for cultural or caring reasons. 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. There is also a risk that students will not easily be able to transfer to an alternative placement if a partner organisation is no longer able to fulfill their commitment. It is arguable that

students' learning is enhanced by being in a similar environment for a substantial period (like the pre-registration year) as opposed to many multiple shorter placements where they are initially distracted by differences in environment and operating procedures.

Increase in regulatory complexity: The GOC believes that mandating an integrated approach under an SPA to the point of registration will make regulation more straightforward. We disagree. The GOC will be moving from ensuring that one set of terminal assessments (College of Optometrists Scheme for Registration) is set at the appropriate level for the protection of the public to ensuring that a plethora of terminal assessments are suitable. This will be more complex and require more resource. The GOC will also be moving from a well understood framework where, in the majority of cases, universities provide undergraduate training and the College then run the pre-registration scheme to having to understand and regulate an array of new relationships and incorporated organisations. All of this increased complexity may lead to variability in standards required and be a risk to patients. We have heard it argued that optometry is currently 'out of step' with the rest of the educational/regulatory landscape in having a two stage process. This is not true. The GPhC currently administer such a model and although they have considered mandating integration they seem to have now pulled back from that. In addition the training of medics is effectively a two or arguably a three stage process.

Less opportunity for providers to innovate: Mandating an integrated journey to registration reduces provider flexibility and reduces the variety of what can be provided. There is nothing in the current optometry handbook that would stop our members from integrating the pre-registration experience if they wish – and some have. But the current model mandates integration, reducing variety of provision and student choice.

We do not believe that early engagement with stakeholders in the 2017 ESR call for evidence suggested an appetite for mandating integration or that there has been strong support for it in responses from stakeholders in subsequent consultations. The analysis of responses from the 2019 consultation on standards and learning outcomes concluded that 'many respondents expressed concern over the proposed move from a two stage to an integrated model and questioned the evidence base for this'. We do not believe that the GOC has ever set out an evidence based case for mandating the integrated model during the ESR in response to these concerns. Providers already have the freedom to provide an integrated model where they see that it is of benefit. Any desire to increase 'clinical' experience during training does not require the implementation of an integrated model. There is no evidence to suggest that newly qualified optometrists, who have trained under a two stage model, are a danger to the public. In fact a review of GOC disciplinary and fitness-to-practise hearings between 2001 and 2011 (Forte, 2015) revealed that the longest-registered practitioners were most likely to be involved in investigation relating to clinical competence.

Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create – 'other' responses

- *Confusing for members of public and for qualified staff*

- *In theory this should be an improvement if all DOS will be educated to BSc. It does not, however, take account of the fact that in practice training is part of the DOs qualification anyway. It suggests that the GOC know little or nothing about how DOs are trained or their role in practice. FOR THE BENEFIT OF THE PUPIL THIS NEEDS TO BE REVIEWED. As a DO, I feel that the governing body that should be aware of what my qualification entails has no interest how Opticians are trained, what knowledge they have or how their role in practice has changed over time. As a result I have a concern that this review will have a very negative impact on the morale of DOS and could result in a significant move against GOC registration by those who are annoyed by this .*

- *More organisations should be able to deliver training and accreditation*

- *The clinical experience delivered as part of a pre-registration period isn't currently regulated, other than with minimum requirements. This means a student could meet the minimum requirements from the College and still spend the majority of their year doing ""routine"" refraction etc. If integrated into the degree, the exposure could be more predictable / standardised, but at the risk of being controlled too harshly by the organising body (be that an optical cooperation or an academic institution). Any optical business which would effectively partner with an academic institution would have to liaise with the GOC to make sure that the requirements are met, but the central aim would have to stay as clinical*

experience, not consumer-facing and training / priming to enter that particular cooperation. Some institutions already offer an integrated pre-reg period, with opportunity to spend the same 4 years as someone else in study, to come out with an MOptom qualification rather than a BSc. Would institutions who adapt their course still award a BSc, or would there be additional regulations on changing this to an MOptom degree?

- *I have lots of thought last around this and while it could improve the quality and consistency of outcomes / experience I wonder how it will impact engagement from industry and the real world experience outcomes in the long run.*

- *There should be absolutely no consideration for the Optometry Apprenticeship program or any other affiliations to it! It will be extremely detrimental to the future of Optometry!*

- *This integration will be brilliant for anyone wishing to study who hasn't met the pre requisites for the course, though this may add more strain and increase the workload.*
- *Universities must still be allowed to give a thorough academic training alongside an introduction to clinical skills, the uni should also develop these skills and then these skills can then be harnessed within a training year.*

- *This obviously depends on how stringently standards are upheld. Currently optometry is thought of as an ""easy"" degree, with a more difficult pre reg. The pre reg stage one and two are a good assessment of if the student a. has a knowledge of the area. b. can apply it in practice c. can record this in a real life scenario. d. can communicate with patients. These are fundamental skills for being a safe, competent optometrist in clinical practice. Hopefully this assessment of competence in practice, and evaluation of record keeping isn't completely lost and replaced by undergraduate style assessment eg. perform Goldmann tonometry once on a model eye, and talk through the process."*

- *This is a very big positive step for our profession. University education for most optometry students is not nearly extensive enough. Our only complaint to this is why was it not done sooner?. Certainly during this roaring pandemic, our current pre reg cohort and the few to follow us next would have benefited greatly because unfortunately we are now seeing a wave of pre reg redundancies (and massive distribution to progress) that can't hold any one organisation to account. The College have said it not their responsibility to train us- they only assess us and they don't have to account for why they have suspend their assessments. Our employers have said it's not their responsibility to guarantee jobs and universities are already facing their own challenges. This is what happens when many different organisations play a part in your qualification- each one will point the finger to somebody else.*

- *As far as student DO training goes, we are already working full time in the industry while studying for our qualification. This proves that the GOC either isn't aware of current standards or isn't concerned. This highlights again that further consultation with ABDO College should have occurred before rolling out these proposals.*

- *Assuming that the pre reg year is sandwiched, what is to be learnt in the final year at uni and should this information already be learnt prior to seeing 'real' patients? What would be the provision for CP students? Is a student ready for this at the end of year 2?"*

- *The requirement to quality assure the pre-registration year for optometrists in a robust and transparent way has been lacking. The new proposal will hopefully ensure that the best students can still develop, but that weaker students are supported appropriately. This proposal is very welcome and should have a positive impact on patient safely and developing higher levels of patient care. In Scotland, we welcome the opportunity for trainees to gain experience in a variety of clinical and practice settings including hospitals, city centre, and remote and rural practices, before they qualify. 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; feedback from pre-registration trainees has consistently highlighted the dramatic difference between university and pre-registration learning from a clinical experience perspective. This is a risk for the new scheme and one that needs to be addressed.*

- *This should have a positive impact for the following reasons:*

a. it should allow theoretical knowledge, clinical teaching and clinical experience to be more closely integrated;
b. it should allow better control of students' education, with one body responsible for the whole student journey;
c. it should allow better, more efficient assessment of students. This is important because the College of Optometrists and ABDO both set highly complex exams which inevitably have low pass rates. Exams conducted by universities will potentially be more efficient, and conducted by academics who are experienced examiners.

- *These students will not share the experience of contemporaries. There is no guarantee that they will see the same number of patients. Furthermore, if a proposal is made for placements it is likely to be a multiple; would this be anti-competitive.*

- *The College is the only route to full registration currently. The pre-registration year is so important to consolidate knowledge and embed graduate behaviours, and as an institution, the College is not equipped to provide a quality education. I would hope that universities take the full route to registration and the College would not be involved, which would be a positive step for newly qualified optometrists.*

- *Careful negotiation of the standards will be required to ensure the desired positive outcome. It is a change that involves organisations undertaking new work and possibly with new relationships, carefully considered to ensure best outcomes for the trainees who will be delivering patient care.*

- *Potentially hugely positive. As long as it is linked under a bona fide educational institution having overall controlling mind. There is a role for the College in coordination but the income generation of the Scheme for Assessment will need to stop and the entirety of the course will need to be wrapped up in a clinical programme. This will necessitate a successful application to OfS to grade optometry as a clinical discipline. The continuation for a paid pre reg year generating income for employers would probably cease. I would like to see a staged career ladder very much like Queensland University of Technology (though there are other models). This is a first 3 years degree which could be a dispensing degree enabling immediate registration as DO or a non registerable Optometry degree and a 2 year Masters conversion to Level 1 HQ (Glaucoma & Med ret) plus IP. The barriers are reluctance of the College to relinquish delegated entry control, the fiction that pre-reg employment costs employers (it is at best neutral) and reluctance of the profession (at regulatory, academic, university and member body) to make the case for regrading optometry as a clinical discipline under OfS. At a stroke this would resolve all of the funding arguments. It would require heads to be banged together at NHSEngland and funding to be made available for clinical teachers at optometry universities as well as the RCOphth to drop opposition and demands to control optometry framework.*

- *No practice has the depth of knowledge in all of the required academic areas to be an SPA. Universities use specialist subject teachers and the students benefit greatly from working together in an academic environment; this cannot be replicated in an optical practice. Teaching must be informed by research and so the academic qualification should be embedded within a university with the ability to carry out its own research. Gaining sufficient experience with patients for registration is simply not possible in the university setting due to sheer numbers - multiply the patient episodes required by the number of students and bear in mind that this needs to be repeated for each cohort and additionally students in lower years require some volunteer patients and you just do not have enough patients; you are also likely to put all local practices out of business. The integrated masters programme already tried is flawed with problems*

- *There are obvious funding implications for students. The student would potentially lose their pre-registration salary if training is divided into smaller segments throughout the training programme. Employers may not be required to pay students while they are in training. Students will also have to pay for a further year of student fees in the model which could put off certain students from applying reducing the quality of student applying for the optometry degree.*

- *We are broadly supportive of the ESR and, provided it is concluded and implemented in a manageable way for stakeholders, especially providers who will become partners in education and training with universities for the first time, it should have a positive or very positive impact on future professionals, patients and ophthalmic public health. We eagerly await the more detailed research and other work the GOC has commissioned and the GOC's final implementation proposals to*

demonstrate that this will be the case. We are happy to help the GOC get this right in any way including facilitating wider engagement with employers.

Impact the criteria and the guidance in Annex A [re: S1.2] will have on student's continuing fitness to train – 'other' responses

- *Universities are in a position to report fitness to practice concerns. An apprenticeship absolutely would not have the same concerns if it's based in an optical practice for most of the time.*

- *Not confident providers will wish to compromise their income by risking loss of students or future employees.*

- *the optometry workforce already works under duress whilst qualified. I personally cant see how this can be implemented due to the unwillingness of the student to upset the boat whilst trying to gain a qualification from corporates who control over 70% of the market.*

Impact the criterion in S1.4 will have upon providers and their students studying approved qualifications for optometry and dispensing opticians – 'other' responses

- *Students who come to the UK for short courses should not be GOC registered.*

- *More diverse training and no monopoly on potential courses. Keeps learning modern*
  Clear definition between registered and unregulated is necessary. Students should be off THE highest order

- *As indicated in our response to question 2, it seems appropriate to review whether the GOC should retain its unique role of being the only healthcare regulator to register students. A review of whether the current arrangements are in the public and patients' interest seems timely. This need to be combined with a stronger focus on education providers' role in developing learners' patient-centred professionalism and having proportionate, responsive procedures in place for managing learners' professional suitability and fitness to train as an integral part of their delivery of optometry education programmes. This focus seems a greater priority than retaining student registration and how S1.4 is couched. Such an approach would be more in line with the government's regulatory reform agenda.*

- *In our view it is sensible to include this criterion as long as the GOC student registration requirement remains in place. It is important that students are made aware that they need to register with the GOC. More generally, we think the current requirement for students to register with the GOC is unnecessary. It can also lead to a risk of inconsistent university and GOC FTT outcomes, as we have outlined in our comments on S1.2 above. We understand that the GOC plans to revisit whether to remove this requirement through legislation, and hope that it does so soon.*

Our research has shown that all UK healthcare regulators have a English language requirement for overseas students applying to for admission to programmes in the UK that they approve. What potential improvements or barriers, if any, might this criterion create for providers of approved qualifications and their students? – 'other' responses

- *It should not provide barriers. Students should be fluent English speakers. Having additional languages would be worthwhile and could be added to registration pages*

- *IELTS needs to be spelt out - but also all equivalent qualifications.*

- *Little difference, as education providers already have English language requirements for entry onto courses. Having to have the registrable requirement level of English at entry on to a course may create barriers to entry for some. Having a lower requirement at entry to the course with the addition of further examination to prove improvement by the time of registration is of greater cost to the student and more administrative burden to the provider.*

- *Limited impact. Almost all providers already have this requirement. We also offer the following comment on S1.3: 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? And if these are non-clinicians*

is it appropriate to charge them with ensuring students practise within the limits of their competence? And also a comment on standard 2 in general: S2.1-2.3 represent little or no change from the current practise of OSC members. Part of S2.4 is unreasonable. No provider can ensure that a student is 'able to meet the outcomes' but they can ensure that a student has the potential to meet the outcomes. We do not understand the value of taking into account prior learning if it does not exempt a student from an assessment. What is meant by an 'assessment leading to an award' – is this all summative assessment in a programme? It is standard member practise to ensure that achievement of prior learning is equivalent – how could prior learning be accredited at all if this process was not undertaken? All OSC members have their own policies on accrediting prior learning which the GOC has been at liberty to interrogate during QA visits. We note that the GOC has allowed students from other institutions (e.g. Portsmouth) to be exempt from summative assessments when entering programmes provided by our members at different points.

Please consider the criteria which support standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students? – ABDO response

The criteria which support Standard 3 would have a very detrimental impact on the measurement of students' achievement of the outcomes for registration.

Our main objection is that notwithstanding the GOC's assertion that Standard 3, "includes the common assessment framework", it does not, in fact, do so. We also have specific concerns about some of the criteria that we will go on to explain.

Absence of common assessment framework

The GOC defined the common assessment framework as a standardised framework that:

"gives an assurance that people will reach the same level, but gives room for flexibility to decide which elements to assess, when and how to ensure that the individual reaches the baseline for a 'safe beginner'".

This led us to believe that the common assessment framework would help to offset the risk of inconsistent and lower standards in the event that there are different routes to registration. However, requiring each provider of a qualification to meet particular standards in relation to assessment will not provide assurance that all students will reach the same baseline on entry to the profession. For example, Standard 3.7 in the proposed standards for approved qualifications provides that:

"Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process."

It is left entirely unclear, therefore, who will decide what this "right standard" is. If it is left to the discretion of the provider of the approved qualification it seems inevitable that there will be significant variations between different approved qualifications. This is not in the interests of students, patients, the general public, employers or commissioners.

Furthermore, Standard 3.6 provides that:

"Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician."

Again, this will not ensure a consistent baseline for entry to the professions because the lack of detail about clinical skills and knowledge in the proposed outcomes for registration 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" is very likely to vary between approved qualifications.

In order to address this issue, we suggest the following improvements. First, the GOC should work with stakeholders to develop standards of proficiency that would define in detail the clinical skills and knowledge required of newly-qualified practitioners in order to practise safely and effectively. See our answer to question 4 above for more details.

Secondly, the GOC should revise the proposed standards to provide more flexibility about the structure of educational delivery and assessment: the proposed standards are unduly prescriptive in requiring there to be a single point of accountability for each route of registration and the GOC should be more focused on the outcomes which need to be achieved.

A more flexible approach would enable ABDO and other professional bodies to continue to provide the professional examinations that ensure consistent, high standards of attainment by students from a range of different education providers. And the fact that ABDO's Level 6 FBDO qualification is already a qualification regulated by Ofqual would provide further assurance of high quality education.

Under this more flexible approach, it would still be possible (although not mandatory) for education providers to act as a single point of accountability, although there ought still to be some form of independent, external assessment to ensure consistent, high standards. However, clear guidance about the required clinical knowledge and skills, coupled with the ability for professional bodies to continue to offer professional examinations, would offset significantly the risk of lower and inconsistent standards.

Additional comments on the criteria

Criterion 3.3

The key priority should be to ensure students gain experience of working with patients with a range of different needs. 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".

In addition, we do not recognise all these descriptions and the distinct types of settings which they are presumably supposed to represent. For example, we are unclear what is a "professional" setting and how this might differ from a "practice" or "community" setting. The GOC should, in any event, ensure that the settings referred to are distinct and recognisable.

In our view, the GOC should focus on ensuring that students gain a wide range of patient experience rather than being prescriptive about where this experience is gained. This would not only be in keeping with the GOC's intention to adopt an outcomes-based approach, but would reflect the fact that students will increasingly be able to gain exposure in community practice to the type of patients that they would previously have seen only in a hospital setting, such as patients with minor eye conditions, glaucoma patients and cataract patients requiring post-operative care.

Criterion 3.4

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 is symptomatic of the GOC's ongoing failure to recognise and take into account the fact the systems of education for optometrists and dispensing opticians are markedly different and, therefore, a "one-size-fits-all" approach is not appropriate.

Criterion 3.5

We support the need for all outcomes to be assessed using a range of methods and for all final, summative assessments to be passed. However, this objective would be potentially undermined by saying that, "compensation, trailing and extended re-sit opportunities within and between modules…is not generally permitted". This criterion provides too much flexibility and should be tightened up to reduce the risk of lower and inconsistent standards.

Criterion 3.7

We have made the point above that what constitute assessment criteria at the level necessary for safe and effective practice would be entirely subjective and using, "an appropriate and tested standard-setting process" would provide no guarantee that standards will be consistent across different qualifications.

The GOC should also make clear that, "assessments which might occur during professional or clinical placements, in the workplace or during inter-professional learning", should be conducted by independent assessors as opposed to work place colleagues who are likely to have conflicting incentives.

Criterion 3.12

Criterion 3.12 duplicates criteria 3.2 and 3.3 and should be deleted.

Criterion 3.13

Criterion 3.13 duplicates criteria 3.2 and 3.3 and should be deleted. A further point in relation to this criterion is that the "strengths and opportunities of the single point of accountability (SPA)" are not obvious and would need to be defined in order for this criterion to carry any meaning.

Criterion 3.14

We support the proposed requirement that there should be, "at least 1600 hours/48 weeks of patient-facing professional and clinical experience." However, the requirement should be strengthened by making clear that this experience should be with real rather than simulated patients.

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". As we have said above, the GOC should focus on ensuring that students gain a wide range of patient experience rather than being prescriptive about where this experience is gained. This would not only be in keeping with the GOC's intention to adopt an outcomes-based approach, but would reflect the fact that students will increasingly be able to gain exposure in community practice to the type of patients that they would previously have seen only in a hospital setting, such as patients with minor eye conditions, glaucoma patients and cataract patients requiring post-operative care.

Criterion 3.16

We do not support the requirement to gain feedback on, "the choice of outcomes to be taught and assessed during professional and clinical experience and the choice and design of assessment items." There is already a requirement in criterion 3.4 to gain feedback on, "curriculum design, delivery and the assessment of outcomes." Therefore, criterion 3.16 is unnecessary and should be removed.

Criterion 3.17

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.

We do not support the proposal that assessment that could also be carried out by another, "statutorily registered healthcare professional who is competent to supervise and measure student's achievement of outcomes at the required level". This is because another such healthcare professional would not necessarily have sufficient understanding of the scope of practice of a dispensing optician or optometrist, and the required level of proficiency.

Criterion 3.18

We support the need for approved providers to show their commitment to equality, diversity and inclusion. However, we question whether it would be practicable to analyse student progression by protected characteristic without identifying individual students. This is likely to be particularly problematic for programmes with small numbers of students. We suggest, therefore, that the requirement to analyse student progression should be subject to the caveat that this should be conditional on obtaining the consent of students for their data to be used in this way and there being sufficient students to enable the analysis to be carried out without identifying individuals with particular protected characteristics.

Please consider the criteria which support standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students? – unnamed provider response

It is hard to know what the impact of Standard 3 will be on measurement of achievement since both the standard and the learning outcomes are untested. We have made specific comments on individual elements below.

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. In many subjects formative and summative assessments from previously studied units/modules provide a more than adequate picture of the current position of student learning.

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. We comment on this in other sections of our response. We think that the examples given in this standard should be suggestions and not mandated. As currently worded this standard represents the maintenance of an 'input based approach' which we thought the GOC was moving away from. As a point of detail we do not understand the distinction between 'clinical', 'practice' and 'community'.

S3.4. There are two distinct standards contained within S3.4 (stakeholder input into design and training for those providing external support). These should be split into two.

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. If this is the GOC's intention then we would suggest that this standard is reworded to make this more explicit.
S3.6 demonstrates a naïve understanding of the nature of an assessment. 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. We do not understand what is meant by 'Summative assessments demonstrating unsafe practice must result in withdrawal of the assessment.'

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 be changed to 'Assessments must appropriately balance reliability, validity ….'

S3.14. We do not understand what is meant by 'more than one sector'.

S3.16. There is some duplication of S3.4 and this should be removed.

Please consider the criteria which support standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students? – unnamed provider response

It is hard to know what impact standard 3 will have on measurement of achievement since both the standard and the learning outcomes are untested. We have reviewed the Standards both institutionally and with sector colleagues and have made specific comments on individual elements below.

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. We will comment on this in future sections of our response. We think that the examples given in this standard should be suggestions and not mandated. Further consideration of what is suitable clinical experience for 'entry-level' registration is required. Working in prisons, domiciliary settings or with children in special education settings require additional skills and

approaches that we contest are more effectively and safely gained through post-registration CPD and may not be appropriate modes of practice for all optometrists.

S3.4 There are two distinct standards contained within S3.4 (stakeholder input into design and training for those providing external support). These should be separated into two distinct standards.

S3.6 An assessment cannot 'ensure safe and effective practice'. The standard should be worded; perhaps 'Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must promote safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician. Summative assessments demonstrating unsafe practice must result in withdrawal of the assessment.'

S3.8 Delivering assessments that are "reliable, valid, robust, fair and transparent" sounds sensible, but when meaning of the words 'reliable' and 'valid' is considered, and how they relate to the task of assessment, the aspiration is not achievable.

S3.14 – We do not understand what is meant by 'more than one sector'

S3.16 This standard partly duplicates S3.4 – and should be reconsidered.

Please consider the criteria which support standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students? – Association of Optometrists response

Assessment

The new draft Standard 3.7 for education providers requires that student assessment criteria "must be explicit and set at the right standard", but does not specify what the "right" standard is. 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, particularly given that the proposed shift to an integrated model will remove the common final assessment that the College Scheme for Registration currently provides for the large majority of optometry students.

The GOC has told us that the requirement in Standard 3.7 for providers to use "an appropriate and tested standard-setting process" will mitigate risks of inconsistent standards, and that the GOC quality assurance process will pay close attention to the standard-setting process each education provider is using. This emphasises the need for the GOC education assurance process to be properly resourced, expert and transparent, so that stakeholders can be confident that assessment standards in each education provider are comparable and robust.

Clinical experience

Standard 3.14 says that placements must be 'in one or more periods of time in more than one sector and more than one setting of practice'. We suggest this should be changed to "more than one period of time in more than one sector…". 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. However, we recognise that this could add further to the capacity and resource challenges for education providers that we have identified in our answers to Section 2 (integrated delivery) and Section 4 (financial impacts) of this questionnaire.

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.

This is a potentially serious workforce issue, both for optometry and the wider NHS. Hospital clinical experience for optometry students is already under severe pressure because of the particular challenges of funding (since hospital pre-reg placements currently receive no NHS funding) and COVID-19, which we discuss further in our answers in Section 4 on financial impacts.

Stakeholder feedback

S3.4 requires that curriculum design, delivery and assessment is informed by "feedback from a range of stakeholders such as patients, employers, placement providers, members of the optometry team and other healthcare professionals". This is a potentially wide-ranging requirement, and it is not clear from the Standard how the GOC expects feedback from stakeholders to be used. The requirement to obtain feedback is also likely to be an additional cost on providers.

Please consider the criteria which support standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students? – unnamed provider response

We agree with the OSC with the following comments:

"It is hard to know what the impact of standard 3 will be on measurement of achievement since both the standard and the learning outcomes are untested. We have made specific comments on individual elements below.

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. In many subjects formative and summative assessments from previously studied units/modules provide a more than adequate picture of the current position of student learning.

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. We will comment on this in future sections of our response. We think that the examples given in this standard should be suggestions and not mandated. As currently worded this standard represents the maintenance of an 'input based approach' which we thought the GOC was moving away from. As a point of detail we do not understand the distinction between 'clinical', 'practice' and 'community'.

S3.4 There are two distinct standards contained within S3.4 (stakeholder input into design and training for those providing external support). These should be split into two.

S3.5 OSC member institutions have different mixes of academic speciality. This inevitably leads to diversity in our provision. We believe this is of benefit to students as it increases choice. 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. If this is the GOC's intention then we would suggest that this standard is reworded to make this more explicit.

S3.6 demonstrates a naïve understanding of the nature of an assessment. 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' before ensure. We do not understand what is meant by 'Summative assessments demonstrating unsafe practice must result in withdrawal of the assessment.'
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 be changed to 'Assessments must appropriately balance reliability, validity ….'

S3.14 – We do not understand what is meant by 'more than one sector'

S3.16 There is some duplication of S3.4 and this should be removed"

Please consider the criteria which support standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students? – Optometry Schools Council response

It is hard to know what the impact of standard 3 will be on measurement of achievement since both the standard and the learning outcomes are untested. We have made specific comments on individual elements below.

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. In many subjects, formative and summative assessments from previously studied units/modules provide a more than adequate picture of the current position of student learning.

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. We have already commented on this in detail under previous questions. We think that the examples given in this standard should be suggestions and not mandated. As currently worded this standard represents the maintenance of an 'input based approach' which we thought the GOC was moving away from. As a point of detail we do not understand the distinction between 'clinical', 'practice' and 'community'.

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S3.6 is a naïve view of the nature of assessment. 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' before ensure. We do not understand what is meant by 'Summative assessments demonstrating unsafe practice must result in withdrawal of the assessment.'

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S3.16 There is some duplication of S3.4 and this should be removed.

Please consider the criteria which support standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students? – 'other' responses

- *All assessments need to be monitored, reliable and repeatable, they need to be IQA'd and EQA'd and then followed up by professional exams*

- *Miller's pyramid and Harden's model of a spiral curriculum is excellent. Only addition is to add a level 5 and level 6 to the Miller's triangle of ""is"" relating to identity and ""do"" relating to collective competence.*

- *I like the idea that the qualification does not allow multiple resits but do not like the implication that the qualification involves practicing Optometrists rather than seasoned academic educators. Optometry students must have a grounding in advanced sciences as well as practical experience. The qualification therefore requires to be delivered in an institutional setting to maintain integrity*

- *This is a beneficial proposal because it encourages a clear assessment strategy without prescribing the nature of the assessment. Some existing providers will be better equipped to meet these proposals. Universities will meet them because their staff are experienced academic and examiners, who will be familiar with the proposed concepts. Awarding bodies (ABDO Exams and the College of Optometrists) may struggle with some concepts (e.g. S3.1).*

- *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? Remember some of the outcomes will be very difficult to assess. E.g. 01.4 Ensures high quality care is delivered. Who decides the level for ' high quality '? 0.7.1 is able to undertake efficient safe and effective patient and caseload management - who decides what is efficient sage and effective? When will a student be given the autonomy to demonstrate, and be assessed in this? The outcomes are littered with language such as safe, high quality, efficient, where value judgements and interpretations will have to be made, inevitably using specific examples. How are we going to ensure that the opinion of one university does not differ from another? Is it the one small GOC education committee who are going to decide this? At present a very large number of experts decide on safe levels of practice in a rigorously quality controlled and internationally recognised common final assessment exam.*

- *One barrier is the ability to not trail certain small modules - some students might have extenuating circumstances that preventing submitting. If they are able to submit in the following year without the module having clinical skills elements, they should be allowed to so rather than pay again.*
- *We are concerned by the statement: curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, … Employers of the vast majority of optometrists are corporate, commercial bodies with profit as a key driver. In our view the curriculum or assessment criteria should not be influenced by employers. This is because: 1) There is an incentive to see patients who generate greater income for optical businesses i.e. who spend more money on optical appliances. This disadvantages vulnerable, high risk groups 2) There is an incentive to influence curriculums to encourage over-prescribing or prescribing of certain aids where there is a commercial interest 3) There is an incentive, within the current GOS system, to encourage referral of patients that could be managed by an optometrist to secondary care when managing them in primary care is not cost effective 4) There is an incentive to ensure supply of optometrists exceeds demand to keep wages low.*

We think it's important that we specify that the qualifications we approve must either be a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications to ensure that approved qualifications sit within an external quality controlled and regulated academic framework. What impact, if any, will this criterion have for providers of approved qualifications and their students? – 'other' responses

- *ABDO are autocratic, and the GOC needs independent examiners without vested interests I.e, all the Specsavers crowd on council to maintain standards*

- *I cannot say what impact it will have for students or universities.*

- *You have removed the requirement for a 2:2 degree qualification. To say that a 2:2 is not only for degrees is a brazen lie. This qualification for a 2:2 should remain in place. Why must it be a regulated*

qualification or an academic award. Presently it falls under both. The academic award is crucial to upholding the standards of the profession

What impact, if any, will this criterion [S3.18] have upon providers of approved qualifications and their students? – 'other' responses

- *The criterion is welcome in addressing issues around equality and diversity. Students may however not disclose a protected characteristic.*

- *We are in agreement with the OSC submission*

- *I think whether equality and diversity comes into the curriculum design is in teaching that different ethnicities are prone to different diseases, but also that they have a different appearance without disease for example the fundus simply looks a different colour in some races. I find it hard to understand the question here. think equality is lost if you start to use students' ethnical differences to teach them in a different way. Are you asking if someone's beliefs mean they should not carry out a particular type of test on a patient? If so, then this cannot be done, to be a registrant you must be capable of seeing every patient.*

- *This has the potential to advance equalities and in principle we understand why the GOC is advocating this position. Unfortunately because we have had to prioritise Covid related work we have not yet had the opportunity to read this across the Data Protection Act 2018 (DPA) – e.g. how protected characteristics are mapped against course progression at an individual level in a meaningful way whilst complying with the DPA. We have therefore assumed the GOC has already assessed this requirement against the DPA. We also have feedback on the wording for para 3.18 and will forward this with other proposed track changes.*

What impact, if any, will these criteria [standard 4 – SPAs] have for providers of approved qualifications and their students? – ABDO response

The GOC states that its, "proposal is that providers of approved qualifications (SPAs) must be legally incorporated and hold the authority to award either a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies."

The GOC also asserts that, "this is a significant enhancement upon our current Quality Assurance Handbook requirements." The implication of this statement is that these requirements would strengthen the regulatory framework and improve the quality of education. It remains entirely opaque what evidential basis the GOC has for making such a claim. There has not been any proper stakeholder engagement or public consultation about the adoption of an SPA and making unsupported claims for enhancement of quality assurance is simply misleading.

Moreover, the GOC's approach betrays a startling lack of understanding of the system of education as it currently exists for dispensing opticians, in particular:

- *ABDO is already legally incorporated.*
- *The FBDO qualification which ABDO provides is already a regulated qualification in that it is regulated by Ofqual.*
- *There is a single set of competencies for the whole route to registration for student dispensing opticians.*
- *Nearly all students benefit already from the integration of clinical experience with academic study.*
- *The FBDO qualification is already managed and reviewed through close collaboration with the relevant education providers.*

It is not at all clear to us, therefore, why it is necessary to impose the SPA model on the system of education for dispensing opticians, the rationale for which has never been explained and the evidential basis for such a significant structural change has never been disclosed.

Although the proposed standards for providers of approved qualification assume that it is necessary to introduce the SPA model, this issue has never been explored in any previous public consultation. The GOC should undoubtedly have carried out such a consultation before seeking to make such a fundamental change to the structure of educational delivery.

We are concerned that by proceeding with this change, the GOC would be imposing unnecessary and costly burdens on providers of education and qualifications without any obvious benefit. In particular, criterion 4.1 would require the SPA to be responsible not only for assessment, award and evaluation of the approved qualification, but for the qualification's delivery and management quality control. This would mean duplication of the internal and external mechanisms which education providers have in place already.

Additional comments on the criteria

Without a better understanding of how the SPA model might work in practice, it is difficult to comment on whether the proposed criteria would create barriers for approved providers or result in improvements. However, we have provided some comments below on what we envisage would be the implications of ABDO becoming an SPA:

Criteria 4.6

ABDO already works effectively with education providers who deliver the FBDO qualification and would be required to formalise these long-standing, collaborative arrangements in legal agreements that would then need to be reviewed regularly.

Criterion 4.8

Given the additional responsibility for overseeing the quality of teaching, ABDO would need to employ additional external moderators.

Criterion 4.9

The requirement, "to have policies and systems in place to ensure the supervision of students during periods of professional and clinical experience safeguards patients and service users" is unduly burdensome as it duplicates the requirement in criterion 4.7 to ensure appropriate supervision.

Criterion 4.10

This criterion requires that, "There must be policies and systems in place for the selection, appointment, support and training for all who carry responsibility for supervising students." This does not reflect the fact that as a general rule, student dispensing opticians will already be working in practice, with their employers having decided to recruit them only after identifying suitable supervisors. It should not be the responsibility of the SPA, therefore, to select and appoint supervisors.

Criterion 4.13

Requiring the SPA to have an effective mechanism to identify risks to the quality of the delivery of the approved qualification is unnecessarily burdensome. Education providers will have already have risk management processes in place and the SPA should be able to draw on this analysis rather than identifying risks independently.

What impact, if any, will these criteria [standard 4 – SPAs] have for providers of approved qualifications and their students? – OASC response

The lack of clarity in the SPA model reduces the council's ability to provide meaningful feedback on this section. There is no allowance for models that are already in place and it seems the new system is the 'only' option. There should be a far more flexible approach to the SPA to allow for already existing integrated models of education delivery and assessment instead of 'having' to adapt to the new proposed SPA model. A clearly illustrated accountability process, demonstrating the rigour of the verification procedures in place would be welcomed, and should enhance the visibility of the public protection measures that will exist. However, despite rigorous internal and external moderation there may still be potential for hierarchical pressures on teaching staff.

S4.3 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?

S4.10 the SPA will be responsible for the recruitment of supervisors? In reality the model of clinical placement at the start of their studies means that most students are already in employment when they register with their chosen institute, their supervisors are therefore already in situ, and the institute themselves will have limited influence in this process. ABDO currently undertake professional registration checks on all supervisors, but 'recruitment' of supervisors would indicate a far more intricate process should be adopted?

What impact, if any, will these criteria [standard 4 – SPAs] have for providers of approved qualifications and their students? – 'other' responses

- *This will need to be reflected on based on the vision of the SPA. The barriers to this will be financial and executional on the main.*

- *I do not know what the legal ramifications are for this. Accountability surely should be shared by the provider of the institution and the regulator setting the rules?*

- *This represents a very significant departure from the current arrangements. 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. I believe much more research is needed to ascertain that the expected benefits will in fact accrue. It is harder to know what the impact might be on students. I can see that there are some potential benefits for students having one SPA but this whole issue (in particular potential implications) needs much more careful consideration before it goes ahead. The financial ramifications of adopting the SPA approach are not in any sense clear. The GOC is I understand investigating these at present. It is premature to consult on this aspect of the ESR until the GOC has published its findings on this crucial element of the ESP proposals. The GOC documentation alludes to the fact that additional funding may be available for providers but this is surely aspirational only at present. Changing to a completely new system surely requires a degree of certainty, which in the covid-era is going to be extremely difficult to establish. This does not seem like the right time to consider radically altering the model for optical education for optoms and DOs.*

- *Assuring the quality of workplace supervision. We support the provisions in Standard 4 (mainly in S4.9, S4,10 and S4.11) that set requirements for the quality of clinical supervision in education programmes. It is vital that the new framework promotes good-quality supervision in clinical settings. A survey of AOP members we conducted this year showed that a significant minority of recent pre-registration trainees found the quality of supervision they had received inadequate at least some of the time. 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. This additional requirement could logically be added to S4.9 which already includes a statement about safeguarding patients. Our recent member survey shows clearly that where supervision works well in the current system, this is often due to the 'beyond the call of duty' efforts of supervisors who are not properly funded to carry out their role. This is a systemic weakness in the current funding arrangements for optometry education. The requirements on supervision quality in Standard 4 – which are vital if the new framework is to work effectively – will carry additional costs for education providers and extra work for placement supervisors. This is one of our key concerns about the financial impact of the new framework, as discussed in our responses to Section 4 of the questionnaire.*

- *Whilst an SPA would ensure individual accountability, it means that different institutions can produce registrants of differing levels of ability, competence and experience. An SPA is at much greater risk of having external pressure applied to it regarding pass marks etc., with the end result being under-qualified registrants. As the representative of an employer group, AIO are extremely concerned about the proposal to remove the independent, national gatekeeper of quality within optometry; the pre-registration year. The SPA model has a much greater potential to produce registrants of varying quality, leading to employers having much less understanding of what potential employees are capable of doing.*

- *Unless the SPA is outsourcing a pre-registration style year to gain clinical experience, I cannot conceive how a single provider can do this; the clinical setting does not have the academic ability informed by active research and an academic setting cannot provide the required level of clinical experience.*

Please consider the criteria which support Standard 5. What impact, if any, will they have for providers of approved qualifications and their students? – 'other' responses

- *Optoms to be supervised only by optoms.....*

- *Some recent course approvals have surprised me. The newer courses have not been led by people with the correct amount or type of experience necessary to lead an optometry programme. The situation at Portsmouth is an example of how things can go wrong. There are few people with the attributes required to lead an optometry course which starts from scratch.*

- *Instead of a number of trained optometrists with diverse and specialist backgrounds, you could interpret this as any optometrist having the capability to train a student. Absolutely unacceptable, given that there is no way to separate potential monetary interest from clinical training in this matter. A pre-reg student is supported by regular optometrists in a clinical/retail environment because they already have that purely clinical background - retail is absolutely not an environment in which to train clinicians from scratch as it's impossible for potential supervisors to prove they won't "push" conversion rates and not prioritise px health and welfare.*

- *Difficult to expose students to sufficient and appropriate level of professions if course is not diverse enough.*

- *I do not recall this being agreed at the EAGs. It was discussed but not agreed. Concerning that the numerical values will be decreased by providers and therefore patient experience will be less with obvious ramifications to patient safety. Minimum should be retained or guidance given.*

- *The new framework should be less prescriptive in specifying precise resource inputs than the current Handbook. However, as with other aspects of the framework the lack of detail will make additional demands of the GOC's approval and assurance mechanisms to ensure the safe delivery of education programmes. 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 courses. There is anecdotal evidence that it is already challenging for some optical education providers to source appropriately skilled and experienced staff teams. The new requirements imposed on providers by the ESR framework may add to the stress on staff capacity within education providers. From a strategic standpoint, the ESR framework and delivery plan does not provides adequate confidence that the new education system can be safely delivered within the resources, education and placement capacity that will be available to providers.*

- *We support the logic of the standard, given the significance of approved education provision having a secure place in providers' strategic and business plans and development and deployment of resources. However, the way in which the standard will need to be implemented will depend on how the outcomes are developed and refined and whether/how underpinning components are developed (i.e. the curriculum guidance and our proposal that guidance practice-based learning is developed; see our response to Section 1), how the standards are implemented (see our response to Section 2), and how the quality assurance and enhancement method is enacted (see our broader response to Section 3). Particularly careful consideration will also need to be considered in how the standard is enacted during the time of transition from the GOC's current requirements for and approach to approving education provision and that proposed in the draft ESR resources, with due lead-in time for this transition to be safely enacted (see our response to Section 3). In all the above, careful consideration will need to be given to the broader, strategic issues to do with how education provision is led and managed, including to ensure that the inter-dependencies with other provision is duly considered. This includes to ensure that optometry education provision is not considered in isolation, but in the context of broader healthcare education provision within an individual HEI to support, inform and enable inter-professional learning and teaching and facilitate multi-disciplinary team-working; how education provision is sufficiently informed by research activity and evidence-based practice; and that programme and curriculum design and delivery is informed by research, the evidence, best practice and innovative approaches to learning, teaching and assessment in healthcare and broader professional education.*

- *Losing specific requirements for staffing levels will undermine course teams delivering optometry and dispensing optics in negotiations with university management over required staffing. Coupled with the increased expectations of the ESR, this will result in courses that are staffed by 'teaching only' positions, with no remit for research and / or closure of courses. The introduction of this statement will reduce the quality of teaching and supervision. This in turn will result in worse student experiences. The student-staff ratios need to be kept to ensure current standards are kept. Needless to say this will also have a knock on*

effect on research as teaching loads might increase further. If we want to enhance academic standards we need to start by protecting research time and encourage a research culture within each institution.

Quality Assurance and Enhancement Method

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – ABDO response

We support the GOC's aspiration to move to a more outcomes-based approach to quality assurance. However, there are significant barriers to the successful introduction of this new approach for the GOC.

As we have highlighted, the GOC's proposals create the risk of lower and inconsistent standards of education. There are three reasons for this:

- *high-level outcomes for registration that do not provide any detail about the clinical skills and knowledge required on qualifying and joining the GOC register;*
- *the absence of a common assessment framework, which means that qualification providers would have wide discretion as to the right standard of attainment; and*
- *the funding and commercial pressures faced by providers of education and qualifications, with no prospect of additional funding to implement changes to existing programmes.*

The risk of lower and inconsistent standards inherent in the GOC's proposals would make it extremely difficult for visitor panels to ensure consistency, with the result that the quality assurance framework would be placed under intense strain and would become potentially unworkable.

On examining the GOC's proposed quality assurance and enhancement framework, this risk becomes clear. In the proposed quality assurance and enhancement framework, the GOC state that:

"Quality assurance evidences that qualifications delivered by a single point of accountability (SPA) meet our minimum requirements for 'adequate knowledge and skill' (Section 12(7)(a) OA). These minimum requirements are described in accordance with the Opticians Act 1989 in our document 'Outcomes for Registration.'"

However, as we explained above, the proposed outcomes for registration do not, in fact, set out minimum requirements for adequate knowledge and skill as a result of the lack of detail about the clinical knowledge and skills required of students in order to join the GOC register. For this reason, we have proposed the development of separate standards of proficiency for dispensing opticians and optometrists.

We note as well that the GOC aspires to go further than quality assurance by introducing a quality enhancement process. According to the GOC:

"A quality enhancement process goes further than establishing that minimum standards are met. Enhancement helps us demonstrate we are meeting our statutory obligation to understand both the 'nature' and the 'sufficiency' of instruction provided and in the assessment of students, and provides an opportunity to foster innovation, enhance the quality and responsiveness of provision to meet the needs of patients, public and service users, as well as share good practice."

However, a necessary pre-condition of being able to enhance the quality of education is clarity about the required minimum standards and as we have explained, this clarity is not provided by the GOC's proposals.

We also question the wisdom of introducing a new and substantially different approach to quality assurance at the same time as seeking to make fundamental changes to the structure of education delivery and assessment. This further increases the risk attached to the GOC's proposals.

The GOC should revise the proposed outcomes and standards in the manner in which we have described earlier in our consultation response in order for the system of quality assurance to be workable and before seeking to introduce such a new and different approach to quality assurance.

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – Unnamed provider response

We agree that the Opticians Act gives the GOC the power to undertake quality assurance. We do not think that the GOC has clearly articulated the legal grounds on which they can conduct quality enhancement activities or what is meant by 'quality enhancement'. We also do not think that the power to undertake quality enhancement is clear in the Opticians Act. 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.

We are pleased to see that any applications for overseas approval will be charged at 'full cost'. It is important that this remains a rigid commitment and we would remind the GOC that they are the regulator in the United Kingdom. It would be entirely inappropriate for them to divert any registrant fees away from this core function.

ARU and the Optometry Schools Council is concerned about the increased workload that will likely result from the proposed regimen of periodic reviews, annual returns, thematic reviews and sample based reviews. In practice we believe that this will lead to providers being subject to the current QA 'visits' and annual monitoring with the addition of thematic/sample based reviews. We would consider it inappropriate for a provider who meets baseline GOC requirements to be required to 'enhance' their course following a thematic or sample based review. 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 all providers needed to engage with a sample-based review every time an SPA had an individual review. Connecting periodic reviews and sample-based reviews also means that sample-based reviews would be concerned with assurance and not 'primarily an enhancement activity'. ARU and the OSC also has concerns about how the GOC will share information that is gained in the thematic and sample-based reviews. Our members are committed to working together but we are also competitors. Members invest resource in quality enhancement and intellectual property results from this.
Doing this work for periodic reviews alongside the new requirements for thematic and sample-based reviews represents a significant increase in workload for staff.

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – Unnamed provider response

We agree that the Opticians Act gives the GOC the power to undertake quality assurance. We do not think that the GOC has clearly articulated the legal grounds on which they can conduct quality enhancement activities or what is meant by 'quality enhancement'. We also do not think that the power to undertake quality enhancement is clear in the Opticians Act and intend to seek further legal opinion about this. We are of the view that quality enhancement activity more easily sits with providers, 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'.

We are pleased to see that any applications for overseas approval will be charged at 'full cost'. It is important that this remains a rigid commitment and we would remind the GOC that they are the regulator in the United Kingdom. It would be entirely inappropriate for them to divert any registrant fees away from this core function.

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We agree that much of the documentation listed under 'scope of evidence' will be available. But the curating and narration of this documentation before submitting it to the GOC is necessarily an onerous one. Doing this work for periodic reviews alongside the new requirements for thematic and sample-based reviews represents a significant increase in workload. We already undertake extensive reviews at modular and programme levels. The GOC should not aim to replicate these processes and any reviews undertaken should be targeted with a clear rationale and

not a 'data trawl'. In addition to concerns about workloads, we also question whether the GOC education team has the resource to undertake this increased workload.

'The processes and requirements contained in the current Quality Assurance Handbooks will apply to all existing GOC approved qualifications during the teach out or migration phase until currently approved qualifications cease to exist, although the expectation is that students on existing programmes 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. Exceptions will be dealt with on a case-by case basis.' (consultation document page 25). We do not understand what 'exceptions' refers to in this paragraph.

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. We continue to be concerned that the GOC has effectively functionally dissolved the statutory education committee. The views of such a committee provide the council with an effective 'peer review' of the visit data with those sitting on the panel having pedagogic expertise. There is no guarantee that such expertise exists/will exist on either the council or the delegated authority.

We do not think it is appropriate that a provider could be the subject of a 'serious concerns review' as a result of GOC quality enhancement activities. Serious concerns should relate to the inability to meet the standards and/or deliver the outcomes no whether activity is 'enhanced'.

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – Unnamed provider response

We agree that the Opticians Act gives the GOC the power to undertake quality assurance. However, in agreement with the OSC members, we do not think that the GOC has clearly articulated the legal grounds on which they can conduct quality enhancement activities or indeed what is meant by 'quality enhancement'. Neither do we think that the power to undertake quality enhancement is clearly articulated in the Opticians Act. In our view, quality enhancement activity is the responsibility of providers, the OSC, professional bodies, external examiners and placement providers i.e. those responsible for day-to-day delivery. GOC educational visitor panels should not blur the boundaries between enhancement and assurance; for example, in requiring that providers replicate provision at other HEIs because it is considered 'best practice'. We have experienced such blurring of enhancement and assurance in previous QA visits to our institution.
Not only should applications for overseas approval be charged at 'full cost', there needs to be assurance that the same Outcomes and Standards are applied and tested at non-UK institutions which offer a GOC-approved qualification.

The proposed periodic reviews, annual returns, thematic reviews and sample-based reviews will result in an increased workload for HEIs. Why is it appropriate for a provider who meets baseline GOC requirements to be required to 'enhance' their course following a thematic or sample-based review? 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 a SPA's periodic review'. Connecting periodic reviews and sample-based reviews suggests that sample-based reviews would be concerned with assurance and not 'primarily an enhancement activity'. Clarification and justification for these additional data-gathering exercises is needed and how the resultant data will be used. HEIs are in competition with each other and our quality enhancement activities generate intellectual property which we should not be required to share with our competitors.

Much of the documentation listed under 'scope of evidence' will be available for us to compile and submit to the GOC. Our members already undertake extensive reviews at modular and programme levels. However, curation of these materials and providing a bespoke narrative aligned with the GOC's specific questions with regard to these metrics will be onerous and it is not clear that these data are either necessary to inform the GOC's role nor is it clear how they will be used to benefit patient safety. In addition to concerns about HEI staff workloads, we also question whether the GOC education team has the resource to undertake the increased workload associated with make use of these additional submissions. It is the experience of our members that the GOC education team are already under pressure.

'The processes and requirements contained in the current Quality Assurance Handbooks will apply to all existing GOC approved qualifications during the teach out or migration phase until currently approved qualifications cease to exist, although the expectation is that students on existing programmes should benefit from new teaching, assessment, inter-professional learning (IPL), work-based learning (WBL), experiential learning and placement

opportunities if it is feasible to do so. Exceptions will be dealt with on a case-by case basis' (consultation document page 25). To what does the term 'exceptions' refer in this context?

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 review visit reports that include the original un-edited views of the panel. Along with our colleagues on the OSC, we continue to be concerned that the GOC has effectively functionally dissolved the statutory education committee. The views of such a committee provide the council with an effective 'peer review' of the visit data with those sitting on the panel having pedagogic expertise. There is no guarantee that such expertise exists/will exist on either the council or the delegated authority.

We do not think it is appropriate that a provider could be the subject of a 'serious concerns review' as a result of GOC quality enhancement activities. Serious concerns should relate to the inability to meet the standards and/or deliver the outcomes not whether activity is 'enhanced'.

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – Unnamed provider response

We share the opinion of the OSC in that:

"We agree that the Opticians Act gives the GOC the power to undertake quality assurance. We do not think that the GOC has clearly articulated the legal grounds on which they can conduct quality enhancement activities or what is meant by 'quality enhancement'. We also do not think that the power to undertake quality enhancement is clear in the Opticians Act and intend to seek further legal opinion about this. 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'.

We are pleased to see that any applications for overseas approval will be charged at 'full cost'. It is important that this remains a rigid commitment and we would remind the GOC that they are the regulator in the United Kingdom. It would be entirely inappropriate for them to divert any registrant fees away from this core function.

The Optometry Schools Council is concerned about the increased workload that will likely result from the proposed regimen of periodic reviews, annual returns, thematic reviews and sample based reviews. In practice we believe that this will lead to providers being subject to the current QA 'visits' and annual monitoring with the addition of thematic/sample based reviews. We would consider it inappropriate for a provider who meets baseline GOC requirements to be required to 'enhance' their course following a thematic or sample based review. 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 all providers needed to engage with a sample-based review every time an SPA had an individual review. Connecting periodic reviews and sample-based reviews also means that sample-based reviews would be concerned with assurance and not 'primarily an enhancement activity'. The OSC also has concerns about how the GOC will share information that is gained in the thematic and sample-based reviews. Our members are committed to working together but we are also competitors. Members invest resource in quality enhancement and intellectual property results from this.

We agree that much of the documentation listed under 'scope of evidence' will be available. But the curating and narration of this documentation before submitting it to the GOC is necessarily an onerous one. Doing this work for periodic reviews alongside the new requirements for thematic and sample-based reviews represents a significant increase in workload for our members. Our members already undertake extensive reviews at modular and programme levels. The GOC should not aim to replicate these processes and any reviews undertaken should be targeted with a clear rationale and not a 'data trawl'. In addition to concerns about workloads of our members we are also question whether the GOC education team has the resource to undertake this increased workload. It is the experience of our members that the GOC education team are already under pressure.

'The processes and requirements contained in the current Quality Assurance Handbooks will apply to all existing GOC approved qualifications during the teach out or migration phase until currently approved qualifications cease to exist, although the expectation is that students on existing programmes 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. Exceptions will be dealt with on a case-by case basis.' (consultation document page 25). We do not understand what 'exceptions' is referring to in this paragraph.

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. We continue to be concerned that the GOC has effectively functionally dissolved the statutory education committee. The views of such a committee provide the council with an effective 'peer review' of the visit data with those sitting on the panel having pedagogic expertise. There is no guarantee that such expertise exists/will exist on either the council or the delegated authority.

'Information requested must be supplied within the stated timeframe. Failure to meet a condition or supply information within the specified timescale without good reason is a serious matter and may lead to the GOC conducting a 'serious concerns review' and/or withdrawing approval of the qualification' (consultation document page 26). It is the experience of our members that the GOC frequently fail to meet their own timescales for producing and publishing visit reports often with 'no good reason' given. We expect that this to improve following the completion of the ESR.
We do not think it is appropriate that a provider could be the subject of a 'serious concerns review' as a result of GOC quality enhancement activities. Serious concerns should relate to the inability to meet the standards and/or deliver the outcomes no whether activity is 'enhanced'"

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – OSC response

We agree that the Opticians Act gives the GOC the power to undertake quality assurance. We do not think that the GOC has clearly articulated the legal grounds on which they can conduct quality enhancement activities or what is meant by 'quality enhancement'. We also do not think that the power to undertake quality enhancement is clear in the Opticians Act and intend to seek further legal opinion about this. 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'.

We are pleased to see that any applications for overseas approval will be charged at 'full cost'. It is important that this remains a rigid commitment since the GOC is the regulator for the United Kingdom. It would be inappropriate for them to divert any registrant fees away from this core function.

The OSC is concerned about the increased workload that will likely result from the proposed regimen of periodic reviews, annual returns, thematic reviews and sample based reviews. In practice we believe that this will lead to providers being subject to the current QA 'visits' and annual monitoring with the addition of thematic/sample based reviews. We would consider it inappropriate for a provider who meets baseline GOC requirements to be required to 'enhance' their course following a thematic or sample based review. 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 since all providers would need to engage with a sample-based review every time a SPA had an individual review. Connecting periodic reviews and sample-based reviews also means that sample-based reviews would be concerned with assurance and not 'primarily an enhancement activity'. The OSC also has concerns about how the GOC will share information that is gained in the thematic and sample-based reviews. Our members are committed to working together but we are also competitors. Members invest resource in quality enhancement and intellectual property results from this. We agree that much of the documentation listed under 'scope of evidence' will be available. But the curating and narration of this documentation before submitting it to the GOC is necessarily an onerous one. Doing this work for periodic reviews alongside the new requirements for thematic and sample-based reviews represents a significant increase in workload for. HEIs already undertake extensive reviews at modular and programme levels. The GOC should not aim to replicate these processes and any reviews undertaken should be targeted with a clear rationale and not a 'data trawl'. In addition to concerns about HEI workload, we are also question whether the GOC education team has the resource to undertake this work. It is the experience of OSC that the GOC education teams are already under pressure.

'The processes and requirements contained in the current Quality Assurance Handbooks will apply to all existing GOC approved qualifications during the teach out or migration phase until currently approved qualifications cease to exist, although the expectation is that students on existing programmes 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. Exceptions will be dealt with on a case-by case basis.' (consultation document page 25). We do not understand what 'exceptions' is referring to in this paragraph.

We consider it improper that the GOC 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. We continue to be concerned that the GOC has effectively functionally dissolved the statutory education committee. The views of such a committee provide the Council with an effective 'peer review' of the visit data with those comprising the panel having pedagogic expertise. There is no guarantee that such expertise exists/will exist on either the Council or the delegated authority.

'Information requested must be supplied within the stated timeframe. Failure to meet a condition or supply information within the specified timescale without good reason is a serious matter and may lead to the GOC conducting a 'serious concerns review' and/or withdrawing approval of the qualification' (consultation document page 26). It is the experience of our members that the GOC often fail to meet their own timescales for producing and publishing visit reports sometimes with 'no good reason' given. We hope that this will improve following the completion of the ESR.

We do not think it is appropriate that a provider could be the subject of a 'serious concerns review' as a result of GOC quality enhancement activities. Serious concerns should relate to the inability to meet the standards and/or deliver the outcomes not whether activity is 'enhanced'.

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – 'other' responses

- *As a practicing Optometrist I am not really sure how this differs from the current system. It looks robust but may in fact be more onerous for large institutions again disadvantaging established providers which is unfair*

- *ABDO need much more scrutiny as the sole educator and examiner if DO's, there are far too many vested interests*

- *It will make it more difficult to implement. We will see variance between all providers depending on how they choose to QA. It takes the responsibility away from the GOC. This is wrong. It is the GOCs responsibility to protect the public. They need to stop deferring responsibility like to SPA's like it is 'pre-screening'. An improvement would be to make sure they can deliver the current simple handbook before going forward. Then they should ensure that the new proposal can be implemented by the GOC without deferring responsibility to others. If it is not, the GOC should seek an independent body to QA on behalf of the GOC (such as what is being done by the NMC). QA must include clinical placements as well.*

- *A proper review of both metrics and qualitative data is the gold standard to audit.*

- *Unless you get entry point right this reads like just more checkups on existing systems would suffice. It won't. But governance isn't the problem. content and control is.*

- *The GOC don't have the desire to investigate unscrupulous internet based contact lens suppliers, I seriously doubt you will exercise your authority over the corporate behemoth that is ruining optometry as we speak*

- *The role of the regulator is quality assurance, to assure that courses provided are fit for purpose. Universities have the role of quality enhancement - improving the quality and attractiveness of their courses for the purposes of student recruitment, retention and prestige. The regulator has no role in quality enhancement.*

- *The GOC has not explained why it is necessary to change the system of education for dispensing opticians. The GOC is proposing to introduce a 'single point of accountability' model, which would make the clinical experience gained by student OOs more integrated with academic study. But the situation for DOs is different: The vast majority of DOs already work in practice while studying. There is already a single set of competencies for student DOs, whereas student OOs have to achieve one set of competencies while at university and another set while undertaking the scheme for registration run by the College of Optometrists*

- *In general, this is standard information gathering and most of it would be accessed and reviewed within the SPA but possibly not at such regular intervals. There is a potential concern that the proposed levels could create an increased level of bureaucracy and that the SPA will need to employ staff to produce reports, and that the GOC may need to employ additional staff to read. The pathway for existing providers may prove an issue in that it takes time to modify a course to the extent that is being proposed here simply going through the normal university course approval processes. For new providers, this pathway will probably be longer than at present but is comprehensive. This should make the final course that are approved more viable. On balance the impact is likely to be neutral, although it might be very positive if levels of bureaucracy and associated costs can be mitigated.*

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – the College of Optometrists response

We see that a considerably developed approach to how the GOC enacts its QAE role from now will be positive step forward and should have a positive impact on how the regulator performs its education approval role. With the right focuses and the development of processes that focus on meaningful data-gathering and appraisal and consideration of the context in which education provision sits, the refinements should be positive. However, strong attention needs to be given to extent of the shift involved from how the GOC enacts its quality assurance role currently to a more risk-based and thematically-focused approach to QAE. The following will require particular consideration:

- *Developing the GOC's in-house capacity, capability and infrastructure (including in relation to QAE best practice and data capture and analysis) to achieve and enact the shift involved*

- *Developing the GOC's EVP capacity, capability and support to enact its education approval and periodic review role very differently from now*

- *Ensuring that both the above elements are underpinned and informed by a depth and breadth of educational expertise (including in relation to the national and international evidence base for and best practice within effective learning, teaching and assessment in professional healthcare education and enacting proportionate, robust and meaningful QAE approaches)*

- *Ensuring that consistency is developed and achieved, as part of the shift of approach, to how education provision is considered and GOC decisions are made on its (re-)approval and within it periodic review*

- *Ensuring that the GOC's governance processes are robust and fit for purpose to oversee and enact a significant shift in how the regulator enacts its education approval and wider QAE role*

- *Ensuring that the onward evaluation, updating and refinement of the GOC's approach are informed by developments in the evidence base and changing best practice in QAE approaches (nationally and internationally).*

What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? – the Association of Optometrists response

We support the move to an outcomes based assurance system in principle, but this is a significant shift in approach for GOC educational oversight, creating significant risks and challenges that will need to be well managed.

Adequate resourcing for GOC assurance and approval

In our response to the last ESR consultation in 2018-19, we said that the proposed new approach would require robust GOC validation and quality assurance processes, which must be properly resourced. 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.

AOP members working in education providers have told us they think the GOC will need significant extra resources, including expertise in pedagogy as well as in optics, to do this effectively. As well as ensuring that visitor panels have the right skills, the GOC will need to devise and support a clear and robust quality assurance process, which visitors can apply effectively and consistently when reviewing an increasingly diverse range of education programmes.

The task of assurance and approval will be increased in complexity because of the phased timeline for transition to the ESR framework that the GOC has set out. This will require simultaneous oversight of:

- *Existing approved providers offering (and eventually 'teaching out' courses under the current framework, including the Scheme for Registration*
- *Existing providers setting up new courses under the ESR framework or transitioning existing courses*
- *New providers who may be proposing to deliver programmes in innovative ways*

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, 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.

Approval of new qualifications

In principle it is reasonable for the GOC to take a risk-based stratification approach to the assessment and quality assurance of providers seeking to operate under the ESR. In the approach set out by the GOC, new courses developed by unfamiliar providers have been classified as high risk, while new courses from SPAs involving established providers have been classified as medium risk. We think the GOC's approach to risk should also take into account the level of innovation, in design and delivery, of proposed new courses.

The AOP opposed the proposal for an optometry degree apprenticeship on which a 'trailblazer group' of optical sector employers consulted in 2019. As we set out in our consultation response, our view is that a mainly workplace-based route to registration as an optometrist, in optical practices that have a strong retail as well as clinical focus (as most do), would pose significant risks to patient safety and public confidence in the profession.

Given the concerns about the ESR that we have highlighted in this consultation response – including unclear minimum requirements to join the register, the risk of inconsistent and inadequate assessment of students, the need to assure the quality of workplace supervision and fund it properly, and the challenge of ensuring robust GOC oversight – we do not think the new framework in its current form could ensure the safety of any revised proposal for an optometry degree apprenticeship. Given the inherent risks in the degree apprenticeship model, any application for GOC approval of a revised proposal should automatically be treated as high-risk by the GOC, and subject to full public scrutiny and consultation. This should be the case even if the proposal involves an established provider of optometry higher education.

Governance

Decisions made in the GOC's education and quality assurance process should be transparent, evidence based and accountable. AOP members who have experience of the current GOC assurance approach have raised concerns that the recommendations of Education Visitor Panels are sometimes overridden without any explanation or justification. While the GOC Council has executive authority and 'may choose to accept, reject or modify advice from our Education Visitors in relation to the qualification under consideration', they must take into account and be led by the evidence. Reasons for decisions should therefore be fully documented and justified. It is also a concern that the statutory oversight provided by the GOC''s Education Committee appears to have been diluted in effectiveness by the merger of its statutory committees.

What impact, if any, could the proposed timescale have on the ability of providers to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes & standards in your/your organisation's view? – the College of Optometrists response

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. The exercise also needs to identify which elements of the ESR are either not required to achieve positive change, or are not possible.

From this, a full proposal must be developed on what can form a tenable approach and safe timeframe for appropriate change. The proposal needs to include a realistic lead-in time for transition for all parties and provide assurance that the quality and security of optometry education, patient care and workforce supply can be maintained. More specifically, the appraisal and proposal need to do the following:

- *Build on what currently works well, rather than progressing from an apparent assumption that wholesale change is either required or possible (this includes from the perspective of cost and funding for all key stakeholders, the infrastructure required to underpin sustainable change, and curriculum/programme design and delivery)*
- *Seek and address the views of all key stakeholders, including the profession, College, universities, employers, policy-makers (across the UK, university funding and service commissioning and delivery), current trainees and students, and patient groups; it would be wrong to present the current consultation as having done this*
- *Support and develop a collaborative, cross-sector approach that overtly recognises that the successful implementation of the ESR hinges on all partners' voice and engagement*
- *Progresses the above taking stock of current arrangements from a cost and funding perspective, including that optometry workforce supply currently rests on employer investment in a model that provides them with service delivery value and an established mechanism for workforce planning, development and deployment (including staff recruitment and retention) and pre-registration trainees receiving remuneration as they engage in their professional development (rather than being supernumerary learners who pay additional fees for their practice-based learning experience)*
- *Allow time for the current levels project to be completed with appropriate quality and rigour and for its recommendations to inform how the draft outcomes are developed and how the standards and timeframe for the ESR's implementation are progressed*
- *Take full account of the findings of the GOC-commissioned financial impact assessment of the ESR proposals*
- *Attend to how the quality and sustainability of optometry education is preserved, to meet patient need, learner needs and maintain optometry workforce supply, including during a period of transition*
- *Address how the GOC needs to develop its own capacity and capability (both staff and that of its education visitors) to enact its education approval role in a very different way from now*
- *Address how the GOC can muster sufficient capacity both to 'run out' its current approach to enacting its education approval role while also developing its capability to enact an updated approach*
- *Set a timeframe that allows all the above to occur, while ensuring that the public interest and patient safety are upheld.*

While we see much that is positive in the draft ESR outputs, and believe that their further refinement and carefully planned implementation can form an important foundation for the optometry profession's onward development, we have strong concerns about the pace at which implementation of the ESR is planned and the range and significance of issues that remain unresolved.

A longer timeline for progressing the ESR is essential both to realise the review's benefits and to avoid the review creating instability that will put patient care, education quality and workforce supply at significant risk. Appropriate time must be built in to enable the further development of the ESR outputs, address the funding and structural issues involved, and define a realistic timeframe for safe, effective implementation.

What impact, if any, could the proposed timescale have on the ability of providers to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes & standards in your/your organisation's view? – ABDO response

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.

The GOC should therefore review the timeline in the light of the responses to this consultation and the other available evidence, and reset it as far as necessary to manage these risks.

Financial impact

Our joint statement with the College of Optometrists and the Optometry Schools Council on 1 October 2020 set out our concerns that uncertainty over the funding of the proposed new education framework could significantly disrupt future optometry education and training, affecting patient safety and public confidence. We, along with the College and the OSC, therefore called on the GOC to:

1. *Confirm that it will work closely with education providers and other stakeholders to address the likely financial impact of the proposed new framework and the sources of funding to deliver it*

2. *Commit to establishing that the new model is financially viable in all four nations of the UK before taking the final decision on approval.*

In this consultation response we have addressed the GOC's specific consultation questions, and proposed changes to improve the new framework if it is introduced. However, these changes would not mitigate our over-riding concern about the need to confirm the financial viability of the new framework before it is implemented. It is vital that we and other stakeholders have a proper opportunity to comment on the GOC's commissioned assessment of the ESR's financial impact before the GOC takes a final decision.

Inadequate consultation process

Although the ESR project has been running since 2016, the material on which the GOC is currently consulting has only been developed in the past year, after the 2018-19 consultation on an earlier set of draft standards and learning outcomes led to wholescale revision. The delivery timeline for completion and approval of the ESR framework by December 2020 appears to be unnecessarily rushed, and will not enable stakeholders to engage properly with key aspects of the GOC's ongoing work on the ESR.

Both the verification process for the Outcomes for Registration and the (only recently announced) financial impact evaluation are due to report by late October / November, after the end of the current public consultation. This is bad practice in terms of engagement and proper scrutiny. As a result, we do not think the GOC is likely to be able to take a properly informed final decision on approval of the framework by the end of 2020.

Impact of the pandemic

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.

The impact of the pandemic on pre-reg placements is not yet clear, and we are currently surveying our pre-reg members to assess their experience. However, there is already significant anecdotal evidence that offers of placements are being deferred or withdrawn altogether. This may lead to a substantial, and potentially sustained, distortion in the profile of the 'pipeline' of students passing through the Scheme for Registration and onto the GOC register. Moving to a significantly different education delivery model and mandating integration of the route to registration would create substantial risk in this context.

The GOC has suggested that the pandemic has strengthened the case for quick delivery of the ESR framework, because of the flexibility it would create for innovative and responsive education delivery. The AOP supports agile regulatory responses from the GOC to meet the challenges created by COVID-19, but those responses need to be properly designed, transparent and targeted to the actual emerging issues. For example, we have already supported temporary changes to the GOC's current optometry education Handbook to reflect the impact of the pandemic. Similarly, it would now be appropriate for the GOC to expedite changes to IP placement requirements to remove barriers to completion of the qualification, because new eye care services created in response to the pandemic are increasing the demand for optometrists with therapeutic competency. However, the ESR framework is a massive structural change whose costs and impacts are still not clear, as we have noted in this response.

The GOC has suggested that it is necessary to keep to the current implementation timetable because some providers are keen to be 'early adopters', using the ESR framework from 2022 onwards. We are not aware of any providers who have expressed interest in this.

What impact, if any, could the proposed timescale have on the ability of providers to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes & standards in your/your organisation's view? – 'other' responses

- *The teach out time approach will vary between different countries in the UK and on student performance. Having two simultaneous approaches can be problematic for a University and it might be better to let the University decide on the best way to do this - possibly via a 5 year window of change.*

- *This will depend on institutions own processes and ease of changing structures.*

- *Way too fast. spend more time getting right and have a transition period where optoms enter with AS qualifications. OfS will take time to regrade. I'd say 2024 is earliest for new course designs.*

- *I see this is as a good way to introduce a new scheme, however I have the previously mentioned reservations about the current proposals.*

- *How will this be funded? It does not seem like there is any insight into this at all. I do not agree with the term work based learning. The profession can have internships (clinical practice inside the University) and externships (Clinical Placements outside the University while remaining a University student). Work based learning does not emphasize the clinical aspect and a student optometrist might have to clean glasses and shelves if it is based on 'work based learning'. Appropriately label it an internship and externship.*

Impact of proposals – supplementary freetext responses

Please describe the impact on the individuals or groups that you have ticked - Savetheprereg group response

BAME students, particularly Black students are always worse off financially than their white counterparts.

The recent telegraph data revealed that for every £1 owed by a whites household , a black household has just £0.10p.

Currently if students can't afford the college of optometrist SfR fees, they have a choice to ask their employers to pay for them and once in a better financial position can pay it back to the employers or "work it off".

However if the GOC force students into a 4 year degree program and than allow the College of optometrist to still be involved in the route to qualifying- it will removal the choice that poor and often BAME students have to offset the cost of training and we will see the number of BAME students decrease in optometry.

The GOC can avoid this by making sure that ONE SINGLE organisation assumes responsibility to the route to qualifying. Please do not increase the financial burdens on students already needlessly because it will exclude BAME students.

Please don't remove the choice that students currently have, that might be their only way into optometry, if you are going to leave them worse off.

Please describe the impact on the individuals or groups that you have ticked – unnamed provider response

We assume the term 'race' refers to 'ethnicity' or 'ethnic background'?

We think many groups will be disadvantaged by the proposals in the ESR. Specifically;

Disability: 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.

Age, marriage/civil partnership, ethnicity, culture/religion, gender, pregnancy/maternity: The proposed model with a SPA is likely to lead to the development of relationships with specific placement providers and HEIs 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.

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.

Furthermore, all students will have additional fees to pay for a 4th year. At Ulster, we offer both three- and four-year programmes and appreciate the significant barrier that an extra year of fees places in the way of students choosing the four-year programme. This is particularly evident for GB students (as oppose to NI students) whose fees are larger than NI-based students. Given that most optometry students in the UK are

paying the higher fees that our GB students pay, this is a strong indication of the challenge to recruitment and supply of optometrists posed by extending the undergraduate programme to a mandatory four-year period of study.

Please describe the impact on the individuals or groups that you have ticked – 'other' responses

- *You cannot account fairly for a wide range of disabilities in an environment that is not fundamentally set up to accommodate them, such as a university. A non-university "supervisor" might easily discriminate against someone with, for example, ADHD in the early parts of their course without knowing it simply through ignorance. In addition, an apprenticeship will, in general, strongly attract more men than women (further information and stats are here: https://www.fenews.co.uk/fevoices/47512-gender-gap-in-apprenticeships). There is also a widening pay gap between sexes in apprenticeships - see the above link. This is more so than the current pay gap between male and female optometrists (as published).*

- *We all have age, race and gender.*

- *S3.9 states that reasonable adjustments will be made for teaching and assessments - I am not aware exactly if this is a change from the handbook. While this is completely right and appropriate, I hope that this sort of support can be continued in the workplace for those with specific needs*

- *There should be absolutely no consideration for the Optometry Apprenticeship program or any other affiliations to it! It will be extremely detrimental to the future of Optometry and the public!*

- *Older, disabled, and people of different orientation can still be great opticians*

- *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.*

- *Delivering optometry and dispensing optical services is independent of the above. There need to minimum criteria to deliver the scope of practice. The entry level optometrist or DO either achieves it or doesn't!*

- *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 appraised, once there is greater clarity on how the proposals can and should be enacted. This includes to develop a full understanding of the proposals' costs and potential funding streams, including for individual learners, before any decisions on enactment are made and to avoid disadvantaging any particular groups. A particular risk to be appraised is the potential for the proposals to mean that engaging with optometry education and to join the profession would become more expensive for individual learners, disadvantage particular groups and reduce how far the profession is representative of the population groups that it serves. This is a particular risk if practice-based learning were to be delivered on a different basis from now and in such a way that mean that learners would need to pay tuition fees for an additional year and that would not be remunerated, as now. The risk appraisal therefore needs to involve developing a full understanding of the proposals' costs and potential funding streams, including for individual learners. Plans to enact the developed proposals, once clear, would need to include a detailed equality impact assessment to identify how issues could be addressed, including to ensure that equality, diversity and inclusion was fully addressed, monitored and evaluated in their implementation.*

Please describe the impact and the individuals or groups concerned – ABDO response

We are concerned that respondents to the consultation will be unable to make an informed response to the consultation because the GOC's outline impact assessment is entirely inadequate. In particular, the GOC's proposals do not include:

- *any estimates of the costs associated with operating the proposed new system, including implementation costs;*
- *any explanation of who will bear these various costs, whether this is patients, students, supervisors, education providers, employers, professional bodies or GOC registrants;*

- *any analysis of whether the costs will be outweighed by any benefits;*
- *any separate analysis of the impacts on the system of education for dispensing opticians as opposed to the system of education for optometrists; or*
- *any analysis of alternative options, including a 'no change option', so that the relative costs and benefits of the proposed new system can be assessed.*

This approach is contrary to the Government's Code of Practice on Consultation, which the GOC says in its Consultation Framework it will follow. (Footnote 10.) It is also contrary to the approach which the GOC has taken when consulting on other major changes to the regulatory system, such as the reform of business regulation. (Footnote 11.)

The GOC has also failed to provide any assurance that there will be funding available to enable its proposed changes to be implemented effectively. There is an implicit acceptance that extra funding will be required in that the 'outline impact assessment' refers to a GOC report which:

"…described the funding landscape for undergraduate optometry and dispensing optician programmes and GOC approved qualifications and began to map potential sources of additional, increased or reallocated funding to support SPA's implementation of the new, integrated qualifications."

This report does not provide any guarantee, however, that additional funding will actually be available.

The absence of any information about costs and the absence of any guarantee that additional funding will be available is particularly significant given that the costs of implementing and running the new system will need to be spread across a relatively small number of students. For example, around 250 dispensing opticians gain the FBDO qualification and join the GOC register each year. A much higher number of students enter other healthcare professions. For example, 20,000 UK nurses joined the NMC's register for the first time in the last year.

The GOC should have gathered all relevant information necessary to produce an appropriate draft impact assessment in advance of publishing the consultation rather than simply speculating about the likely impacts. This draft impact assessment could then have been finalised in the light of the comments received during the consultation. We note that the GOC has not given any explanation as to why such a draft impact assessment could not have been produced in advance of the public consultation period.

As it stands, the absence of any information about the expected costs and benefits means that respondents to the consultation will not be able to provide a properly informed response. This is particularly concerning as the GOC seems intent on making a final decision about whether to introduce the new system by the end of this year.

We understand that the GOC has now appointed a consultant to carry out a "financial impact analysis", which is to be completed by the end of October. This timescale is problematic for at least three reasons. First, it means that the financial impact analysis will not be available to stakeholders prior to responding to the consultation, which closes on 19 October. Secondly, the information submitted by respondents to the consultation will not be available to the consultant until shortly before the report is due to be finalised, which begs the question of whether the responses will have any significant bearing on the analysis. Thirdly, the time for the preparation and production of the financial impact analysis is unreasonably short and inadequate.

We repeat our complaint that this failure by the GOC to publish, in advance of the public consultation, key information on the financial and other impacts of the significant structural change is a very serious omission which renders the consultation unfair and potentially unlawful. We specifically made a plea to the GOC to produce a proper impact assessment prior to the public consultation in order that consultees could give meaningful responses to the consultation. This is particularly important because unless there are clear benefits to be derived from the significant changes (which the GOC has not evidenced), then anything approaching a substantial cost impact is likely to be a disproportionate and unnecessary price to pay. How can consultees be expected to respond to the consultation in an informed way unless this key information is provided?

We propose, therefore, that the GOC should extend the current consultation to allow stakeholders four weeks following the publication of the financial impact analysis to consider the analysis and submit their consultation responses or, in the case of stakeholders who have submitted their responses already, to provide supplemental comments.

Impacts on stakeholder groups

The GOC's proposals would clearly have significant impacts for a range of stakeholder groups and as we have said above, it is important to take into account the different impacts that would flow from changes to the system of education for dispensing opticians as opposed to the system of education for optometrists.

Given the GOC's overarching objective of protecting the public, it is obviously necessary to consider the impact on patients and the wider public. We have explained the risk of lower, inconsistent standards of education as a result of the GOC's proposals. It follows, therefore, that this could result in lower standards of patient care and this would be damaging for patients and also the wider public, who rely on high standards of education to ensure, for example, that patients receive the spectacles they need in order to be safe to drive.

Also, the absence of any additional funding to support the implementation of the GOC's proposals raises the prospect of employers passing on the extra costs to patients in the form of higher prices for optical goods and services.

Students would face the prospect of lower, inconsistent standards of education as we have said and potentially increased fees if the absence of new funding for implementation and additional ongoing costs resulted in the costs being passed on to them.

Education providers would clearly face significant impacts as a result of the proposed changes, although these would vary depending on whether they became an SPA or worked with an SPA.

As we have explained, current qualification providers like ABDO would face significant additional burdens if they became an SPA, particularly as a result of their new responsibility for the qualification's delivery and management quality control. This would also carry an opportunity cost in that these additional costs would render them unable to fund other activities, such as investment in IT systems.

Employers would face increased costs as a result of the need to arrange additional placements and train the requisite number of supervisors. If the inability of education providers to fund the proposed changes led to programme closures and a reduced supply of practitioners, this could also add costs in the form of increased salaries and locum fees.

Commissioners of optical services would face additional burdens as a result of the proposed changes in that lower, inconsistent standards of education would result in them needing to gain additional assurance about the level of care which practitioners could safely provide. It is likely that additional accreditation would be needed in order to provide enhanced services and this would obviously involve costs for employers and practitioners too.

The GOC might well face reduced quality assurance costs as a result of outsourcing the quality assurance of providers to SPAs to some extent. However, the costs of implementing the new system will be substantial, with a sizeable sum already aside to create a 'knowledge hub' and carry out research to evaluate the impact of the changes.

Lower and inconsistent standards of education could also lead to increased costs as a result of a higher number of fitness to practise complaints.

Conclusion

We are very concerned that the GOC has not demonstrated that any benefits of the proposed new system would outweigh the costs. In our view, there is a substantial risk that ultimately, patients and the general public would pay the price for the introduction of a new system of education with no benchmarked standards of proficiency and potentially, no rigorous external assessments by independent bodies who do not have the pressure of league tables or commercial influence.

Footnotes:
10. The "Consultation Framework" is available on the GOC website: https://www.optical.org/en/get-involved/consultations/how-we-consult.cfm
11. This is available on the GOC website: https://www.optical.org/en/get-involved/consultations/past-consultations.cfm#2013

Please describe the impact and the individuals or groups concerned – Glasgow Caledonian University response

Students 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. 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.

Providers, patients, public: We are supportive in principle of the need to review education for optometrists and dispensing opticians to take into account changes in practice and technology. However, 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. We have been under extreme pressure since March 2020 and the need for engagement and consideration of the ESR has added to this pressure and potentially affected mental and physical health. Eventually the current situation with COVID-19 will pass, but we do not yet know what the medium to long term effects will be on the higher education sector and eyecare practice. In particular the financial impact of COVID-19 on the finances of higher education and the capacity of practices to take students on placements are unknown. Funding and placements are key components of the proposals and it would be dangerous to approve the new model until there is confidence that both are available.

We have heard it said that the ESR needs to be concluded as the new model will give greater flexibility to providers to deal with adverse circumstances like the pandemic. We don't think this is a strong argument since the GOC have been able to flex their current requirements to cope with the pandemic. We have also heard it said that the ESR needs to be approved as there are new providers who want to have their courses accredited early in the new year under the new system. We do not think the needs of new entrants should be driving the timetable.

The continued progression of the ESR is putting unacceptable levels of pressure on our staff. We have spent the past seven months working tirelessly to adapt our courses in order to meet GOC standards to graduate our students and are now operating our programmes under a multitude of daily new pressures. In amongst all of this we have been expected to engage with the GOC on the ESR and under the proposed timetable in the early new year 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.

Please describe the impact and the individuals or groups concerned – Association of Optometrists response

Our joint statement with the College of Optometrists and the Optometry Schools Council on 1 October 2020 set out our concerns that uncertainty over the funding of the proposed new education framework could significantly disrupt future optometry education and training, affecting patient safety and public confidence. We, along with the College and the OSC, therefore called on the GOC to:

- *Confirm that it will work closely with education providers and other stakeholders to address the likely financial impact of the proposed new framework and the sources of funding to deliver it*
- *Commit to establishing that the new model is financially viable in all four nations of the UK before taking the final decision on approval.*

In this consultation response we have addressed the GOC's specific consultation questions, and we have proposed changes to improve the new framework if it is introduced. However, these changes would not mitigate our over-riding concern about the need to confirm the financial viability of the new framework before it is implemented.

As the joint statement of 1 October 2020 set out, we are deeply concerned that in the draft Impact Assessment published alongside the current consultation, the GOC has made no assessment of the financial impact its proposals will have on education providers. It has only asked providers to give their views in response to the consultation. The GOC has recently commissioned advice on this issue, to inform the GOC Council's decisions on the new framework. However, the final report will not be available until after the end of the consultation. This will not allow time for informed public scrutiny and debate on the likely financial implications of the ESR before the planned GOC Council decision on the framework in December 2020.

This is not just an abstract concern. If the GOC agrees a final framework that providers cannot afford to deliver, then some providers will exit the market – reducing student choice, and cutting the number of trained optometrists available to join the register each year. Other providers may struggle to deliver the new requirements, leading to

sub-standard training. Either outcome would threaten patient safety and public confidence in the profession – the things the GOC exists to protect.

In considering the current consultation, and in our response to the GOC's previous consultation on the ESR, we have identified a number of specific negative impacts and risks that the GOC will need to manage if the new framework is introduced. These include:

Education providers

Providers will become responsible for organising and quality-assuring all student clinical experience, including experience that currently falls into the separate pre-registration placement, for students over the entire route to registration. This is a significant and resource-intensive activity, particularly since the new framework rightly includes robust requirements on the quality of clinical supervision, as discussed in our comments on Standard 4.

The requirement for an integrated qualification is likely to require education providers to enter into contractual arrangements with other bodies such as placement providers and possibly assessment providers. This will generate costs and complexity.

As we noted in our response to the last ESR consultation, education providers will generally rely heavily on employers to deliver clinical experience for optometry students. There is a risk that employers which provide a large volume of student's clinical experience could have an undue influence on the way programmes are designed and run. This could affect (or be perceived to affect) the academic rigour and credibility of optometry training.

Students

Following the ESR it is likely that education providers will choose to run four-year programmes to include the clinical experience which is currently provided through pre-registration training. This will mean additional course fees for students. It is also unclear whether the level of salaries currently available to pre-registration trainees – who are employees of the placement provider – will remain available to students under the new framework.

As discussed in our response to the consultation question on the compulsory integration of academic study and clinical experience, the new framework has the potential to reduce student choice. This is partly because it removes the current choice between integrated and non-integrated routes to registration, and partly because students will have to decide on their whole path to registration, including the setting of their clinical placements, before starting study.

Hospital placements

Providing optometry students with meaningful clinical experience in hospital settings is already a challenge because of the absence of NHS funding for placements. In our response to the consultation question on Standard 3 we have noted that the required 48 weeks of clinical experience 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. This is a potentially serious workforce issue, both for optometry and the wider NHS."

Please describe the impact and the individuals or groups concerned – 'other' responses

- *Better behaved students, better leadership of courses, better approval of new courses.*
  1600 hours of patient contact will be problematic

- *There should be absolutely no consideration for the Optometry Apprenticeship program or any other affiliations to it! It will be extremely detrimental to the future of Optometry and the public!*

- *This will result in a poor level of patient case. Optometrist ought to upskill rather than deskill. We ought to move more towards the model followed in the United States.*

- *Better for students. Usually, pre reg students have to stay with the Employer that helped them with their training after qualifying. This can restrict the movement of newly qualified optometrist. If the pre reg is instead incorporated into the degree, students will not owe money to employers and upon qualifying will be free to work anywhere. Better for universities (as the extra year making up for the pre reg year will be an extra year of tuition fees). Not good for the college of optometrist. Membership for the college of optometrist will reduce significantly if these proposals come about. I think that is a good thing because*

generally speaking, before and during Covid-19, the College has been a nuisance. It's a shame these proposals aren't implemented sooner as I know I would have benefited from avoiding the college of optometrist on my route to qualifying.

- *I think there has been little consideration of whether there is a need for this or whether it is wanted. I also don't believe the public to be at any less of a risk and many share my fear that the public will be more at risk. I also believe students will be under significant financial pressure due to the increase in external placements. I also believe that without defining the minimum course time, it could put students under a significant mental strain if it were to be less than 4. I think that the providers think this is impossible to implement and have said so. I think it is also financially unviable and the GOC is going out of its way to go against their remit to seek funding for universities. This is a conflict of interest."*

- *Hopefully it will provide optometrists that are better rounded, and have a greater understanding of how eyecare works outside of high street optometry. Currently it is easy to complete undergraduate study, go into high street practice and have very little exposure to how others practice. Optometrists can easily become isolated, and not progress from their baseline undergraduate skills. This is in contrast to most orthoptists and ophthalmologists whose undergraduate training is only the start of their learning. If undergraduate optometrists are more aware of the available possibilities they may be more ambitious, and confident to take on clinical roles. In an ideal world more cerebral optometrists will be able to manage a wide variety of eye conditions in practice alongside other health professionals. This will be more fulfilling for practitioners, and future proof the profession. To really ensure this happens having integration of independent prescribing qualifications into undergraduate study would be a large benefit.*

- *In opening more optometry courses across the UK I feel we are likely to end up with oversupply akin to the Northern Irish situation with the accompanying negative financial impact on individual optometrists.*

- *See above answer... I am not going to waste my precious personal time on such rubbish.*

- *This was answered in the previous question. Its not about the route but more the time allocated for effective training for the students in question. Also reflective renumeration for the supervisors involved. This model does not support the current business model employed by the multiples. This model works with small scale independents and groups. Any multiple saying otherwise is quite frankly in denial.*

- *1) Good for students because once qualified they can work anywhere in the U.K. where previously pre reg would be tied down in contract to work for one particular employer upon qualifying. 2) Good for university because they will get to collect fees for an additional academic year. Most students have student finance pay for their tuition fees so there will be no extra burden on. 3)HOWEVER if in the 4th year of study, as is currently practiced, a separate organisation to the university say like the College of optometrist wanted to get involved in students route to qualifying- it will accrue further financial burden on students because now they will a) pay for an extra year worth of tuition fee (Where previously they wouldn't) and b) pay outside organisations another set of fees which often cost ~3K (which previously were covered by employers). This will massively detour students from poor disadvantaged backgrounds from enrolling on new optometry ESR degree. What we are saying is that if a single organisation form the SPA, the above concern will not happen but if many organisations form the SPA the above concern, as commonly practiced today, will be a likely scenario. 4)More jobs for individual in our profession who like to teach as unis would want to recruit more lectures 5) bad for the College of optometrist UNLESS they are able to form partnerships with Universities to charge Students needlessly.*

- *Negative impact on students, particularly those already training to level 6 standard at ABDO college. 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.*

- *Impacts should be beneficial overall as they allow greater flexibility in curriculum design. Universities should welcome the opportunity to acts as SPAs and run their own assessments, but they will need to consider the financial impact of organizing clinical placements. Providers and students of dispensing programmes should benefit from becoming SPAs as they can avoid teaching an ABDO syllabus, although they may regard 1600 hours of clinical experience excessive for dispensing opticians. The ABDO dispensing exams are complex and have a low pass rate: a university/college acting as an SPA would be well placed to improve on this. Contact lens providers (and their students) should benefit for similar reasons.*

- *This gives an opportunity could have a very positive impact for NES, enabling them to be involved in the pre-registration training of optometrists, allowing tailored solutions for eyecare delivery in Scotland. NES have experienced the challenges in changing how trainees are supported, when the dental directorate commenced vocational training. It requires a strong focus on building positive relationships with businesses. NES also has experience in delivering training years to pharmacists and GMPs, and this should prove valuable in addressing training needs of the optometric profession.*

- *I've said negative but actually managed well its potential hugely positive. There will be a perceived negative impact on optometry students having to do 5 years, the last 2 of which in significant clinical placement outside uni without the compensation of employment. But the profession has to grow up and mature to its true role. The employers responsible for 80% of pre reg places will lose an income generating scheme they make a contribution towards. the regulator is not responsible for their business outcomes. Already qualified optometrists will feel aggrieved that new graduates will graduate with a higher scope of practice. Hard luck that's progress, the academic and defence bodies will need to speak positively about this. The College will see a reduction of income generation (I don't buy that Scheme for Registration is run at a loss because no cap has been placed on overall numbers (extra schools would cost more). Its role will morph. The end game must be for optometry to be equipped to take over non surgical ophthalmic management for a large proportion of the population. They are the GP of the eye. there is no role for GP's in ophthalmic matters and much outpatient activity in the HES is unnecessary.*

- *We are in agreement with the OSC submission*

- *So as previously described, I feel the bar is set too low in registering a person based on being safe within their scope of practice and feel it should be to a minimum standard across a number of areas. I have just realised I did not notice the detail as to whether there is still a time limit during which you need to complete registration. I feel very strongly that there should be as the candidate must show sufficient aptitude and the ability to retain large amounts of knowledge simultaneously*

- *I think they will have a very negative impact on students as there is such lack of clarity in terms of clinical experience. Students will have little choice where they secure their clinical experience and this will have a negative impact on their development. Students from weaker academic institutions will be declared fit to practice when they are not and when there are consequences to that, the responsibility will not lie with the GOC or the provider, or with the employer, but the optometrist. Students should have the opportunity to select where they gain their clinical experience and qualified optometrists should know they have been assessed impartially and are fit to practice. There is the risk students will be qualifying because their institution "can't fail everyone". This leads on to the risk to patients which is grave. Again, responsibility will lie with optometrists and not providers, employers or the GOC. This change will negatively impact the hospital eye service which will lose their ability to use the pre-registration year to invest a decent amount of training to produce skilled hospital optometrists. There will be increased pressure to offer large scale tokenistic hospital placements that will not be sufficient to train undergraduates to work as hospital optometrists. These placements will put additional pressure on hospitals in providing multiple placements. As a final point, this consultation document is so long, wordy and poorly thought out. I have attempted to complete it on multiple occasions and have given up. Sadly this will be the case for many optometrists who would like to voice their objections to these proposals but who have given up along the way.*

Replacing the Quality Assurance Handbooks – supplementary freetext responses

Explanation of whether agree or disagree with the proposal to replace the Quality Assurance Handbook for optometry and related policies with the proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method – ABDO response

We understand that the GOC's proposals are designed to lead to improved clinical experience for student optometrists, with the thinking being that students would benefit from the current period of pre-registration training being integrated within a single approved qualification. However, reading the proposed standards for approved qualifications leads us to question whether the clinical experience received by students would be improved and therefore, whether the GOC's objective would be met.

According to Standard 3, criterion 3.14, "Professional and clinical experience will take place in one or more periods of time in more than one sector and more than one setting of practice."

Approved providers could meet this requirement by offering a range of clinical experience which is similar to that which is currently gained by most optometry students, i.e. experience in a university clinic, a placement in a community practice and a hospital placement. This makes the case for the proposed changes to the structure of educational delivery opaque to say the least.

In addition to the absence of a clear case for change, the proposals create the risk of lower and inconsistent standards of education. This risk arises for the following reasons:

- *There is a lack of detail in the proposed outcomes for registration about the clinical skills and knowledge students will need to have on qualifying and joining the GOC register – these high-level outcomes are the same for optometrists and dispensing opticians.*
- *There is the prospect of multiple approved qualifications and in the absence of a common assessment framework, each provider would decide for themselves what is 'the right standard'. It is not clear, therefore, how the GOC will ensure that students reach the same baseline – beyond requiring providers to seek feedback from stakeholders, including patients and employers.*
- *The financial pressures faced by providers of education and qualifications, with no prospect of additional funding to enable investment in new programmes, enhances the risk of lower, inconsistent standards.*

The GOC has also failed to demonstrate that the intended benefits of the proposed new system outweigh the costs. We note that the GOC's outline impact assessment does not include:

- *any estimates of the costs associated with the proposed new system, including the costs of implementation;*
- *any explanation of who will bear these costs, whether this is patients, students, supervisors, education providers, employers, professional bodies or GOC registrants;*
- *any analysis of whether the costs will be outweighed by any benefits;*
- *any separate analysis of the impacts on the system of education for dispensing opticians as opposed to the system of education for optometrists; or*
- *any analysis of alternative options, including a 'no change option', so that the relative costs and benefits of the proposed new system can be assessed.*

This information could and should have been gathered in advance of the consultation and published to consultees as part of the consultation. ABDO made this clear in a plea to the GOC in advance of the commencement of the consultation but that plea went unheard. Without this necessary information, respondents to the consultation, such as ABDO, are simply unable to provide a fully-informed response to the GOC's proposals. ABDO continue to consider that the omission of any proper impact assessment information renders the consultation process and any decisions that may be based on it, significantly unfair and potentially unlawful, and risks a decision being made by the GOC which is directly contrary to the interest of the registrants whom ABDO represents and the patients whom they serve.

Explanation of whether agree or disagree with the proposal to replace the Quality Assurance Handbook for optometry and related policies with the proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method – 'other' responses

- *The old system needed a shake up. The debacle at Portsmouth University shows that the GOC approval system was not fit for purpose.*

- *The changes will bring a level of freedom by regulation within the courses and be the building blocks for the Millers Pyramid to operate with the spiral curriculum. It is important to add a different dimension to the Miller's pyramid by introducing a 5th and 6th level of professional identity and ability to do and execute in a form collective competence.*

- *I think there is too much risk in the proposals with the opportunity for 'new providers' to offer degree level training on a whim and not have to get stage 5 approval until the candidates are already passing through the qualification...*

- *For the reasons stated earlier (absence of any clarity about what the precise standards are, hence the real possibility that standards will be inconsistent and lower, compounded by the lack of common assessment framework), I cannot support the replacement of the current Quality Assurance Handbook for optometry with these three documents. Separate outcomes for registration for the professions of optometry and dispensing optics are required.*

- *AIO has not had any experience in the development of new courses, so is not fully familiar with the existing documentation.*

- *It is very strange that you have eliminated the need for a 2:2 degree requirement. During your Q&A you say that a 2:2 does not mean a degree, upon further research and discussion with academics, the only way to achieve a 2:2 is through a degree. The elimination of this raises a lot of questions of your true intentions in this ESR. The awarding of a minimum of 2:2 DEGREE should stay in the ESR. There should be an OSCE at the end of the pre-registration year. There must be unified standardisation throughout the profession- the introduction of a SPA threatens this standardisation. Eliminate the SPA and ensure that there is a single provider of a final assessment at the end of the year. Not only does this standardisation fall in line with other medical professions in the United Kingdom but also falls in line with optometric professionals in the western world including Canada, USA, Australia and New Zealand.*

- *Whilst this consultation isn't about the GOC approving apprenticeship degrees, the wording for the quality assurance and enhancement method document seem to be opening the door to this route. My view is that the rigour of assessment from a University degree is required to be an adequate optometrist and the potential for business led "academies" risks patient confidence and patient safety in the profession and in the GOC.*

Explanation of whether agree or disagree with the proposal to replace the Quality Assurance Handbook for dispensing optician qualifications and related policies with the proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method – ABDO response

The GOC has not made the case for changing the system of education for dispensing opticians. Academic study and clinical experience is already integrated, which is reflected in the fact that there is a single set of competencies for dispensing opticians. Secondly, the GOC's own research shows a high level of satisfaction with the quality of the clinical experience which students receive currently. (Footnote 8.)Thirdly, students already have significant choice: they can choose from a range of education providers; they can choose from a range of different modes of study, including part-time distance learning with 'block release' and part-time study with 'day release'; and they have a choice of regulated qualifications – ABDO's FBDO qualification or the registrable qualification in ophthalmic dispensing offered by Anglia Ruskin University.

The current proposals would impose unnecessary costs on approved providers – both implementation costs and ongoing costs – for no apparent benefit, whereas the GOC could revise the current competencies without changing the structure of educational delivery.

Furthermore, the current proposals would create a significant risk of lower and inconsistent standards of education. Not only are they unnecessary, they are potentially damaging.

The risk of lower and inconsistent standards arises for the following reasons:

- *There is a lack of detail in the proposed outcomes for registration about the clinical skills and knowledge students will need to have on qualifying and joining the GOC register – these high-level outcomes are the same for optometrists and dispensing opticians.*
- *There is the prospect of multiple approved qualifications and in the absence of a common assessment framework, each provider would decide for themselves what is 'the right standard'. It is not clear, therefore, how the GOC will ensure that students reach the same baseline – beyond requiring providers to seek feedback from stakeholders, including patients and employers.*
- *The financial pressures faced by providers of education and qualifications, with no prospect of additional funding to enable investment in new programmes, enhances the risk of lower, inconsistent standards.*

We repeat what we have said above: the GOC has also failed to demonstrate that the intended benefits of the proposed new system outweigh the costs. We note that the GOC's outline impact assessment does not include:

- *any estimates of the costs associated with the proposed new system, including implementation costs;*
- *any explanation of who will bear these costs, whether this is patients, students, supervisors, education providers, employers, professional bodies or GOC registrants;*
- *any analysis of whether the costs will be outweighed by any benefits;*
- *any separate analysis of the impacts on the system of education for dispensing opticians as opposed to the system of education for optometrists; or*
- *any analysis of alternative options, including a 'no change option', so that the relative costs and benefits of the proposed new system can be assessed.*

This information could and should have been gathered in advance of the consultation and published to consultees as part of the consultation. ABDO made this clear in a plea to the GOC in advance of the commencement of the consultation, but that plea went unheard. Without this necessary information, respondents to the consultation, such as ABDO, are simply unable to provide a fully-informed response to the GOC's proposals. ABDO continue to consider that the omission of any proper impact assessment information renders the consultation process and any decisions that may be based on it, significantly unfair and potentially unlawful, and risks a decision being made by the GOC which is directly contrary to the interest of the registrants whom ABDO represents and the patients whom they serve.

Footnotes:
8. See the GOC's research report "Perceptions of UK optical education" (June 2018): https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm

Explanation of whether agree or disagree with the proposal to replace the Quality Assurance Handbook for dispensing optician qualifications and related policies with the proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method – 'other' responses

- *I believe it's vital that other qualification providers in this sector are encouraged not only to give students a choice but to also raise dispensing standards in the UK and allow the free questioning of the main provider that we have in the UK for this qualification at present. Change of study and qualification is certainly needed for the registration of a dispensing optician to survive.*

- *I think there is too much risk in the proposals with the opportunity for 'new providers' to offer degree level training on a whim and not have to get stage 5 approval until the candidates are already passing through the qualification...*

- *Those of us that passed to a higher standard need to have it recognised in our title. A long distance Specsavers multiple choice test is not good enough. A 3 year course from 9-7.30 one day a week and working in practice with written exams and practicals to obtain a level 6 is completely different. If you wish to dumb down then the GOC either needed to recognise the difference in qualification or we need to have a reduction in our GOC fees.*