Fourth meeting in 2020 of the Council held in PUBLIC on Wednesday 11 November at 10:00am via Microsoft Teams videoconference

AGENDA

1.	**Welcome and apologies**		Chair	10:00-10:05 (5 mins)
2.	**Declaration of interests**			
3.	**Minutes – 15 July 2020** For approval	Minutes	Chair	10:05-10:15 (10 mins)
	3.1 Updated actions For noting	C39(20)		
	3.2 Matters arising For noting			
4.	**Chief Executive and Registrar's report** For noting	C40(20)	LL	10:15-10:45 (30 mins)
5.	**Chair's report** For noting	C41(20)	Chair	10:45-11:00 (15 mins)
STRATEGIC				
6.	**CET Review** For decision	C42(20)	LM	11:00-11:15 (15 mins)
7.	**Updating GOC Education and Training Requirements** For discussion	C43(20)	LM	11:15-12:15 (60 mins)
ASSURANCE				
8.	**Finance** **8.1 Financial performance report: six months to September 2020** **8.2 First draft budget and business plan for 2021/22**	C44(20) C45(20)	YG/MI EW/MD	12:45-13:15 (30 mins)
9.	**Balanced Scorecard**	CC46(20)		
10.	**Operational Business Plan 20-21 - Q2 progress**	CC47(20)		
OPERATIONAL				
11.	**Fees Rules 2021/22** For noting	C48(20)	YG/MI	13:15-13:30 (15 mins)

12.	**Council Chair appointment** For noting	Oral Update	HT	13:30-13:40 (10 mins)
13.	**Council forward plan** For noting	C49(20)	EW	13:40-13:45 (5 mins)
14.	**Any other business**		Chair	
		Meeting close		
Date of next meeting: 10 February 2021 (MS Teams)				

GENERAL OPTICAL COUNCIL

Minutes of the Public meeting of Council held on Wednesday 15 July 2020 at 10:00 via video-conference

Present: Gareth Hadley (Chair), Sinead Burns, Josie Forte, Mike Galvin, Rosie Glazebrook, Scott Mackie, Clare Minchington, David Parkins, Helen Tilley, Glenn Tomison, Roshni Samra and Tim Parkinson

GOC attendees: Lesley Longstone, Dionne Spence, Marcus Dye, Leonie Milliner, Yeslin Gearty and Erica Wilkinson (by telephone), Allie Stewart (minute taker)

	Welcome
1.	The Chair **welcomed** members, employees and those in the public gallery to the public meeting of Council.
2.	Council **extended** particular welcome to Jennie Jones, Sue Clark and Richard Edwards of Nockolds and for agenda item eleven (Optical Consumer Complaints service: annual report 2019/20).
3.	The Chair **cited** paragraph 2.16 of the Council's Standing Orders that state *"All Council members have a duty to attend ordinary meetings in person and contribute effectively until the Chair closes the meeting. Only in exceptional circumstances (with the agreement of the Chair) will a Council member be permitted to participate in an ordinary meeting via electronic means".* He **noted** that his permission had been granted in these extraordinary circumstances for all participation to be via electronic means.
	Apologies
4.	There were **no apologies** for absence.
	Declaration of Members' Interests
5.	The following declarations were **noted**: • Item twelve Quality Assurance Handbook (Optometry): temporary changes to standards and requirements in light of Covid-19: The Chair **declared** there was an interest by registrants, as far as they employ pre-registration staff, in the derogations of the handbooks.

	• Item seven (Education Strategic Review (ESR): support for implementation), ten (Education: annual monitoring and reporting) and twelve (Quality Assurance Handbook (Optometry) Glenn Tomison **declared** an interest in relation to his work in clinical instruction for the University of Manchester • Josie Forte **declared** an interest with regard to her university visiting lecturer role.
6.	Council **agreed** that none of the interests declared represented a significant conflict and that all members could continue to participate in the discussion and make decisions as required.
	Minutes of the meeting held on 13 May 2020
7.	Council **approved** the minutes of the meeting held on 13 May 2020 as an accurate record of the meeting.
	Updated Actions – C01(20)
8. ACTION	The Chair made a **correction** to Page 1/Item 26.3 (Education Advisory Group meeting) in that the date of the meeting was 8 July 2020 and not 9 July. Council **noted** the actions.
	Matters Arising

9.	Council:
	• **noted** a point of clarification by the CEO regarding paragraph 6.5 of the minutes in relation to the delegated authority to sign off the Education Strategic Review (ESR) deliverables. She sought confirmation that the ESR deliverables referred to included:
	  • outcomes for registration
	  • standards for approved qualifications
	  • quality assurance and enhancement method
	and that the CEO also has delegated authority to agree:
	  • the timing of the consultation
	  • the consultation document, including questions to be posed, and
	  • any impact assessment
	
	Council **confirmed** the basis of delegation so described.

	Chief Executive and Registrar's Report – C02(20)
10.	Council: • **noted** that paragraph seven, points four and five (relating to an online social media campaign against the GOC) and that the PSA had since published a response stating there was no evidence of serious wrongdoing by the GOC and they had no intention of launching an

	investigation. The Charity Commission had also advised that they were content with the GOC's approach to managing the issue. • **noted** that the ESR work at paragraph 13 remains on track. • **noted** the policy on consultations and that the checklist will be considered prior to any decision to launch the consultation. An impact assessment is also being developed which, subject to timing, may be published alongside the consultation. • **received** thanks in relation to paragraph 20. • **noted** paragraph 22 and that the GOC will conduct a full public consultation on Covid-19-related easements. Further updates in this area will be brought to Council.
ACTION	
ACTION	• **acknowledged** *Embrace* and their work facilitating an organisation wide conversation around Black Lives Matter (BLM) and **agreed** that an anti-racist statement from Council should go to the September Council strategy meeting for discussion. Council **welcomed** the GOC thinking not only about the implications for internal operations but about its role as a regulator regarding the issues at large. • **noted** that the newly approved remote hearings guidance was working well and that a protocol to underpin the guidance had been developed. The GOC is assessing what the future of hearings could be after the pandemic, including the possibility of hybrid hearings. • **noted** an audit of registered businesses had taken place to confirm the validity of information held by the GOC. A number of discrepancies had been identified. The GOC intended to extend timeframes for the removal of business registrants in the context of Covid-19 and is communicating with sector partners to highlight the issue and brief them on requirements so they are able to offer support as needed. • **noted** paragraph 14 and that the change of title did not reflect any change in the course itself. • **noted** paragraph 16 that there is no peer review requirement for dispensing opticians except for those with a contact lens speciality but ABDO advised many members participate in peer review and they would be supportive of a mandatory requirement.
	Chair's report – 03(20)
11.	Council: • **noted** that para 5.1 (Covid-19 guidance for registrants concerning re-opening of optical practices during the Covid-19 emergency) was not a derogation of existing standards and guidance but simply a statement of fact, and as such had been cleared by the Chief Executive rather than via the process approved at Council on 18 March 2020. • **noted** the most recent review of guidance relating to Covid-19 was complete and that existing arrangements will be extended until the end of July. • **noted** Para 16 and a meeting with Dame Glenys Stacey (Chair) and Alan Clamp (CEO) of the Professional Standards Authority (PSA) was very positive in terms of their approach to the oversight of regulatory bodies. • **acknowledged** the loss of Vision UK from the third sector and the loss into administration of the Norville Optical Group, the manufacturing side of which was turned to by registrants for their expertise in producing

	extraordinarily complex prescriptions. It was to be hoped that the company that had acquired the manufacturing business would continue to deliver a similar service to that provided hitherto by Frank Norville and his team. • **noted** Penny Bennett's departure from the GOC and wished her well in the future and Chris Dearsley's appointment as interim member of the Nominations Committee.
	Strategic Plan review resulting from Covid-19 pandemic C30(20)
12.	Council **considered** a paper, which assessed the impact of the Covid-19 pandemic on the GOC's Strategic Plan and made a number of related recommendations. Council **noted that** the paper fully captured the thrust of Council's strategic discussion (18/19 June 2020) when it considered the impact of Covid-19 on the future of optics, highlighting potential changes to the GOC Strategic plan including areas of acceleration, delay or cancellation, as necessary.
13.	Council: • **noted** the use of different terminology in different nations. • **acknowledged** the importance of remote delivery of care and increased use of technology, and implications for what care may look like in future. • **noted** that registrants had had to learn very quickly how to deal with technology in the past few months and that this would need to be incorporated into education offerings going forward. • **noted** concerns about the impact of Covid-19 of FTP timeliness. Council recognised the progress that had been made but questioned whether there was a point beyond which we would need to throw more money at the issue. • **noted** that the FTP delay was currently estimated at four to six months above original projections, with the GOC working to manage delays at the investigation stage. • **noted** that the GOC had met with the PSA to discuss FTP timelines and impacts and how it would be reflected in their reporting. They will take into account the impact on performance across all regulators. • **noted** the importance of IP-qualified staff to be able to provide services within the community and a related concern about the lack of clinical placements to complete requirements. There was a need to look at the legislation and qualification sign off to remove barriers, while maintaining a focus on patient safety. They also noted the need for a whole sector approach and suggested thought be given to fast tracking the IP workplan within the ESR. • **noted** a wish that the public register could be set up in such a way that the public could view the specialities of registrants. • **noted** the GOC's aim to approve new IP programmes for admission from Sept 20/21.

14.	• Council **agreed** the recommendations including that no significant changes were required to the current Strategic Plan at present, changes to existing workplans as outlined in paragraphs 8-10, and the proposals for areas that could be delayed or cancelled if the work plan were further impacted by Covid-19.
	Education Strategic Review (ESR): support for implementation - C31(20)
15.	Council had previously considered an alternative proposal for supporting ESR implementation, which had now been substantially re-worked. A draft of this latest proposition had been **considered** by ARC on 24 June 2020 and was now brought to Council for approval in principle pending final decisions on the ESR.
16. ACTION	Council: • **noted** that the draft had been discussed in a number of stakeholder settings including the ESR expert advisory groups, the visitor panel workshop, the Optometry Schools Council, ABDO and the College of Optometrists with broad support for the two proposals. • **noted** the strategic review had to deliver substantial change because current arrangements were not sufficient for the future. Making those changes would have a significant impact on education establishments and this support was designed to help them transition to new ways of working. • **noted** that a decision in principle only was sought as change would be dependent on decisions taken following the ESR consultation. • **agreed** in principle to the knowledge hub and thought that an argument could be made to set it in train at an earlier stage. • **noted** a decision in principle would allow work on the underpinning indicative document to begin, while being clear that implementation would only proceed following Council's decision following the imminent ESR consultation. • **requested** the executive consider these points when moving forward.
17.	• Council **agreed** both recommendations which included approving the use of reserves over a period of nine years (2021 - 2029) to support two schemes and delegation of authority to approve the final scheme in accordance with the GOC's Scheme of Delegation for Financial Management and Contracts and Procurement Policy.
	Performance report and balanced scorecard: quarter one 2020/21 - C32(20)
18.	Council **received** the quarter one 2020/21 performance report and

ACTION	balanced scorecard: • **noted** the new clearer format and **thanked** the team; • **noted** work taking place to ensure up-coming vacancies on Council are exposed to a wide spectrum of potential applicants, including encouraging applications from members of BAME and other groups with protected characteristics. • **queried** whether it was possible to co-opt members onto Council in order to ensure sufficient diversity. The Executive said that it would explore what options might be available. • **queried** the term and purpose of the 'whistleblowing' guidance and its relationship to 'speaking up'. • **noted** that the whistleblowing guidance is for internal use and is being updated following internal audit recommendations. It aligns with government guidance and sits within a wider speaking-up approach. • **noted** that the 'speaking up' guidance for registrants was being developed in parallel.
19.	Council **agreed** the performance report and balanced scorecard and **praised** the significant improvements stating that it was very clear.
	Financial Performance Report: period ending 31 May 2020 - C33(20)
20.	Council **considered** the financial performance report for the period to 31 May 2020 and was **informed** that it did not cover the full Q1 period because the June financials were not yet available. Council **noted** that the Audit, Finance and Risk committee (ARC) would be holding a special meeting in August to look at the figures for the full quarter and receive the Q1 Significant Incidents report.
21. ACTION	• Council **noted**: • the financial report, including the impact of Covid-19 and adapting to a 'working from home' environment. • that £300k plus variance was directly related to Covid-19 cancellations, some of which will translate into savings and some of which will be spent later in the year due to delays. • that quarter one re-forecasting was underway, with an additional focus on forecasting spend in years two and three as well as the current year. Estimates would be subject to challenge on vfm and potential for savings. • the value of the investments portfolio as at 31 March had dropped by £1.4m but had picked up since with our investment managers (Brewin Dolphin) advising that the situation remained volatile. • the executive will need to keep careful track of the reserves and the investment portfolio.

	• that no current staff had been furloughed but one recently departed member of staff whose job had fallen through was reemployed and then furloughed in line with government advice.
	Education: annual monitoring and reporting - C34(20)
22.	Council **considered** the paper and were informed that the detailed report was subject to a final check with providers to quality assure the information. The report would be circulated to Council and published when the quality check process had been completed.
23.	Council: • **noted** significant decline student cohort figures for dispensing opticians in comparison with recent earlier years (paragraph 14) and that this was before the impact of Covid-19. • **queried** the financial standing of education institutions due to speculation that some may collapse or need to partner up. • **noted** that an Institute for Fiscal Studies (IFS) report on this matter did not name providers but the GOC has undertaken its own checks including debt gearing and published accounts, which revealed a number of institutions that require monitoring. • **queried** student numbers and **noted** that the GOC has set parameters for providers so that they report when they are over or under ten percent. • **noted** that the no providers were named in last year's AMR report, although awarding bodies would have been identifiable. The GOC had made clear its intention to publish providers' names eventually, but this may not be the right time and the impact that publishing some information may have on providers being open and transparent with the GOC needs to be considered, particularly when the process is reliant on the information submitted by providers.
24. ACTION	Council **accepted** the report and **noted** the final report would be circulated to them and placed on the website once the quality check was complete.
	Optical Consumer Complaints service (OCCS): annual report 2019/20 - C35(20)
26.	Council **received** a report with highlights presented by the OCCS.
27.	Council**:** • **noted** complaints had dropped in the first quarter, likely related to Covid-19 and lockdown, but was expected to start to rise again shortly. • **noted** the OCCS work to gain traction with students and education establishments, including attending an academic symposium and looking at different methods of engagement. • **noted** OCCS engagement with the PSA, both at the academic symposium and thereafter, and their interest in learning more about the GOC/OCCS approach to alternative dispute resolution.

ACTION	• **noted** that the OCCS was putting a lot of effort into learning from complaints and that it was landing well with registrants • **queried** whether certain CET provision should be compulsory in order to capture the people who were not doing important CET voluntarily • **raised** upstreaming as a concern in relation to diagnosis and management of pathological conditions where delays or mis-diagnosis might occur. Where patients are put on the right pathway but are not seen for some time, or they are put on the wrong pathway, there can be a range of implications. • **noted** that cancellations and increasing clinical care may introduce a different type of complaint. • **noted** an expected increase in complaints given the shift in practice activity towards the more clinical aspects of registrants' competency over the past three months with MECS likely to manifest as a bigger part of the OCCS remit. • **noted** that tracking registrant activity rather than name may help the consumer. • **noted** problems with the GOC's underpinning legislation in relation to businesses. • **queried** the process in relation to repeat complaints about individuals or businesses and the arrangements between OCCS and FTP. It was clarified that after three separate interactions there would be a review and decision regarding whether the matter should be discussed with FTP, looking at trends, patterns of behaviour, interaction, referral and numbers. With body corporates it is about reviewing trends in activity and raising any concerns on particular issues or repeat complaints.
ACTION	• **raised** a potential issue about corporate structures in primary eyecare where a business acts as a consortium for people providing services. There was a need to address this in current regulations. • **acknowledged** the report as a great example of collaborative working and **noted** that the GOC was leading the way in its approach to complaint handling with much interest from other regulators.
ACTION	• **noted** a request to do further analysis of the outcomes of complaints by protected characteristic in next year's report.
29.	Council **thanked** Jennie Jones, Richard Edwards, and Sue Clark of Nockolds for their report and also Dionne Spence, Keith Watts and the FTP team for their work and collaboration, which demonstrated real value.
	Quality Assurance Handbook (Optometry): temporary changes to standards and requirements in light of Covid-19 - C36(20)
30.	Council **considered** the paper which presented a number of areas within the GOC optometry handbook and the supervision policy which may need

	changing in order to support the sector to deliver clinical practice during the pandemic. These areas were informed by a proposal by the College of Optometrists, the Optometry Schools Council and another provider. The Executive sought advice from the Education Visitor Panel and the Advisory Panel, which includes the Education Committee for Council to consider.
31.	Council**:** • **noted** that current arrangements were out of date and subject to review as part of the ESR, but that urgent changes were required now because of the impact of Covid-19 and to avoid the potential for the supply of optometrists drying up. • **noted** that two people signing off the achievement of core competencies during pre-registration (via witness testimonies) could mitigate risk and any potential bias. • **noted** that it was the range of experience of different conditions and not the numbers of episodes that was key, but when reducing episodes it was important to be more specific about what they covered. • **noted** that there would be significant operational difficulty if a modified approach to pre-registration learning and assessment was not delivered on time, thus justifying the proposal to limit the consultation to two weeks. • **noted** the importance for supervisors to fully understand when they should sign off pre-registration students – on the basis on competence demonstrated. ACTION • **advised** that a realistic view about the numbers of episodes of examination/treatment that would need to be undertaken was required, recognising that practices were working in clinical settings with social distancing and to a reduced capacity. This had implications for episodes available both to current pre-registration students and new ones. ACTION • **advised** that the Executive consider the insights of registrant Council members as they work through outstanding issues. • **noted** that, while Council's decision would be on temporary amendments, it was recognised that certain of the underpinning principles, such as the focus on competency displayed rather than on the number of procedures performed, might become more permanent down the line in the context of changes flowing from the ESR. • **noted** that the observations made by all members of Council were along similar lines, with support for lower numbers of episodes, managed appropriately, but with greater emphasis on the learning and development achieved from the variety of experiences underpinning the competences demonstrated. • **noted** the need for the pathway for current students to achieve registration to be safeguarded in order to avoid the risk to there being a vacant cohort damaging workforce supply and therefore service to patients in the years to come.

32. ACTION	Council: • **considered** five proposed temporary changes to the education standards and requirements contained in our Quality Assurance Handbook for this year's (Autumn 2020) incoming cohort only; • **noted** that we intend to run a short, targeted consultation on the proposals and/or temporary changes; • **delegated** approval of any temporary changes to the education standards and requirements contained in our Quality Assurance Handbook for this year's (Autumn 2020) incoming cohort only to the Director of Education, depending on the outcome of consultation, with one amendment being that approval of the derogations go to the Chair, CEO & Registrar and Chair of the Education Committee for sign off.
	GOC annual report and accounts for the year ended 31 March 2020 - C37(20)
33.	Council **considered** the financial statements and were advised that ARC had reviewed the annual report and accounts thoroughly and sought a small number of corrections. The external auditors Hayes Macintyre had given the Annual Report and Accounts a clean bill of health. Council was therefore asked to agree a delegation to the Chair for signing off the letter at Annex 2.
34. ACTION	Council**:** • **noted** the difficult circumstances in which the report was delivered and **thanked** the team; • **noted** that the ARC suggestions had been acted upon with explanations provided where they were not accepted; • **noted** an error on page 21 and that the Council meeting attendance was still incorrect, particularly in regard to Selina Ullah
34.	Council **approved** the recommendations subject to the identified changes being made.
	Council forward plan - C38(20)
35.	Council **received** and **endorsed** the forward plan for 2020/21.
	Any other business
36.	There was no other business for discussion.
37.	The meeting closed at **15:42**
	Date and time of next meeting
38.	The next public meeting of Council would be held on **Wednesday 11 November 2020** via videoconference (time to be confirmed).

PUBLIC
C39(20)

COUNCIL

Actions arising from public Council meetings

Meeting: 11 November 2020 **Status:** For noting

Lead responsibility and paper author: Erica Wilkinson (Head of Secretariat)

Purpose

1. This paper provides Council with progress made on actions from the last public meeting along with any other actions which are outstanding from previous meetings.

2. The paper is broken down into 3 parts: (1) action points relating to the last meeting, (2) action points from previous meetings which remain outstanding, and (3) action points previously outstanding but now completed. Once actions are complete and have been reported to Council they will be removed from the list.

Part 1A: Action points from the Council meeting held on 15 July 2020

Ref	by	Action	Deadline	Progress update
C01(20)8.	EW	The Chair requested a **correction** to Page 1/Item 26.3 (Education Advisory Group meeting) in that the date of the meeting was 8 July 2020 and not 9 July.	July 2020	**COMPLETED**
C02(20)10.	MD	The GOC will conduct a full public consultation on Covid-19-related easements. Further updates in this area will be brought to Council.	On-going	**ON-GOING** Consultation has begun and will be reported to Council in February.
C02(20)10.	EW	An anti-racist statement from Council should go to the September Council strategy meeting for discussion.	September 2020	**COMPLETED**
C31(20)16.	LM	**Education Strategic Review (ESR): support for implementation -** executive to consider the points raised about support for implementation when moving forward.	February 2021	**ONGOING** This work is subject to decisions on ESR yet to be taken.

C32(20)18.	EW	**Performance report and balanced scorecard: quarter one 2020/21 -** Executive to explore whether it is possible to co-opt members onto Council in order to ensure sufficient diversity.	November 2020	**COMPLETED**
C33(20)21.	YG/MIM	**Financial Performance Report: period ending 31 May 2020:** The executive will need to keep careful track of the reserves and the investment portfolio.	October 2020	**COMPLETED**
C34(20)24.	LM	**Education: annual monitoring and reporting** The report would be circulated to Council and published on the website when the quality check process had been completed.	July 2020	**COMPLETED** – link sent out with papers
C36(20) 31. **C36(20) 31.**	LM/LL	**Quality Assurance Handbook (Optometry): temporary changes to standards and requirements in light of Covid-19** • a realistic view about the numbers of episodes of examination/treatment that would need to be undertaken was required, recognising that practices were working in clinical settings with social distancing and to a reduced capacity • Advised that the Executive consider the insights of registrant Council members as they work through outstanding issues. • delegated approval of any temporary changes to the education standards and requirements contained in our Quality Assurance Handbook for this year's (Autumn 2020) incoming cohort only to the Director of Education, depending on the outcome of consultation, with one amendment being that approval of the derogations go to the Chair, CEO & Registrar and	September 2020	**COMPLETED**

		Chair of the Education Committee for sign off.		
C37(20) 34.	EW	**GOC annual report and accounts for the year ended 31 March 2020** • Noted an error on page 21 and that the Council meeting attendance was still incorrect, particularly in regard to Selina Ullah.	April 2020	**COMPLETED**

Part 2: Action points from previous meetings which remain outstanding

Agenda Item Number	Lead	Action	Deadline	Progress Updates, Notes and Status
10/07/19 (14)	AB/MB	highlight the link between future questions and the GOC remit on public protection	Q3 2020/21	**NOT YET DUE:** we will consider this further when the work on the next public perceptions research is started.
01(19) 13/02/19 (8828)	MB	**Standards for optical businesses**: consider whether it would be possible to provide further information on the geographical location of those who were more / less likely to register and what implications this might have for public protection	September 2020	**COMPLETED**
06(20) 26/02/20 (27)	EW	**Performance report : Q3 2019/20:** financial figures be linked to strategic projects.	May 2020	**COMPLETED**

Part 3: Action points previously outstanding but now completed

16(20) 4.2	LL	**Chief Executive and Registrar's report:** 1. discuss the strategic impact of Covid-19 on the sector and workforce. 2. assess the impact that the pandemic has had on the	July 2020	**COMPLETED** The strategic impact of Covid-19 on the optical sector was explored at a two-day Council strategy event in June. A separate report on this is presented to Council.

		strategic direction of the organisation, on the sector as a whole, and on registrants.		
18(20) 6.3	LM	**Education Strategic Review (ESR):** asked that in the fine-tuning of the deliverables, the EAGs should reflect on how Covid-19 would impact the sector, practitioners, service models, and the skills level that would be needed.	July 2020	**COMPLETED** Council's feedback considered by the EAGs at their meetings on 10 June & 9 July.

PUBLIC
C40(20)

COUNCIL

Chief Executive's Report

Meeting: 11 November 2020 **Status:** For noting

Lead responsibility and paper authors Lesley Longstone (CEO & Registrar)

Council Lead(s): Gareth Hadley

Purpose

1. To provide Council with an update on recent developments.

Recommendations

2. Council is asked to note the CEO & Registrar's report.

Strategic objective

3. This work contributes towards the achievement of all parts of our new Strategic Plan and our 2020/21 Business Plan.

Background

4. The last report to Council was provided for its 15 July meeting.

Analysis

5. As the UK enters a second, dangerous wave of Covid-19 the GOC's focus remains delivery of our mission statement - protecting the public by upholding high standards in the optical professions – and on ensuring that our own office is safe for members, staff and visitors alike.

6. We launched a consultation on our Covid-19 statements on 15 October setting out our proposals for how the various statements would align with the College of Optometrists traffic light system and asking about the potential for some of the statements to be made permanent. That consultation will close on 7 January 2021 and the outcome will be reported to Council. In the meantime, any changes to the current statements or their status will continue to be approved by myself, the Chair of Council and David Parkins in line with Council's previous delegation.

7. Our Covid-19 Taskforce continues to meet weekly and the office was open during September and October for staff to come in as required, including to clear their desks in preparation for eventual return. Our first hybrid hearings (part physical and part remote) are scheduled for November and final touches to the Hearing Room, including installation of screens, are being made.

8. GOC regulatory functions have continued unabated and I am grateful to staff who have made this possible, continuing to deliver their day to day business while taking on addition work because of the pandemic. Progress in FtP, on the back of the Improvement Programme is continuing to deliver exceptional results and registration of students has progressed largely as expected. We have also continued to progress the strategic elements of our Business Plan with significant programmes of work related to the Education Strategic Review, our proposed CPD regime and legislative reform.

9. Our annual PSA Review has commenced against new standards, with the provision of data and headline information and we are expecting a decision about the format of the review, including which and how many standards will be subject to a deep dive, shortly.

Education

10. The Annual Monitoring Report, which Council considered at its last meeting has now been published and 2020 annual monitoring process launched. This year we are intending to focus more closely on risk management and issues such as student protection, given the impact of Covid-19 on the education sector generally.

11. Amendments to our requirements, set out in the education handbooks were agreed following discussion at Council in July and feedback so far is that these have been sufficient to enable providers to adjust their provision, while still ensuring that students are able to develop the skills and experience that will enable them to practice safely.

12. We have opened and closed two Serious Case Reviews related to two of our education providers. The institutions involved engaged positively and implemented steps to reduce the identified risk, including lowering and/or delaying admissions. Serious Case Reviews are a relatively new approach but working well from our perspective to identify and address problems more quickly than has happened in the past.

13. The Education Strategic Review is on Council's agenda and subject to a separate paper. I would just like to acknowledge here the enormous effort put into this review by Leonie Milliner, her team and the Expert Advisory Groups. The stakes could not be higher and there is understandably a degree of anxiety regarding change to a well-known and respected system. Collectively, they have applied considerable

expertise to the issues raised with incredible attention to detail. Through her 'Tea with Leonie' sessions, Leonie has made herself available to anyone who has questions about the ESR and the underpinning rationale for change and the feedback we have had has been incredibly useful.

14. A campaign to refresh our education visitor panel (EVPs) attracted 184 applications. Selection panel was chaired by EVP chair Professor Barry Mitchell; other members of the panel were Dr. Ruth Edwards (independent assessor), Roshni Samra (Council member) and Leonie Milliner (GOC Executive). Thirty-four candidates were interviewed between 14 September and 13 October and offers made to six optometrists; two dispensing opticians (both with CLO specialty registration) and six lay members. References are currently being sought and checked, and appointment documentation prepared.

15. The CET department has continued to provide support for both registrants and CET providers during the Covid-19 pandemic and has been monitoring the impact the lockdown has had on CET provision. We have reviewed the number of interactive events - available to both optometrists and dispensing opticians (DOs) compared to the same period in the previous cycle and we can see that as of the end of September 2020, there has been a decrease of 19% in approved events for optometrists and 1% for DOs in this cycle.

16. However, due to the increased use of remote delivery and distance learning, which allows access to CET at more convenient times, registrants have still been able to meet their various targets with 42% of optometrists and 30% of DOs having already met their interactive CET target. 36% of Optoms had done so by this stage in the previous cycle, with DOs slightly further ahead at 33%. The peer review requirement for optometrists also does not appear to have been affected with 72% having met their requirement together with 66% of CLOs and 60% of TPs.

17. Two remotely delivered versions of our annual CET Approver training were delivered on 23 August and 15 September. Additionally, the first of what is hoped to be a series of webinars was held with CET Providers on 30 October 2020.

<u>Registration</u>

18. Student registration has been our focus over the past few months and despite Covid-19 and the A-levels issues, the number of new students is unexceptional. But while overall numbers are broadly as expected, a growth in student optometrist numbers masks a fall in the number of new students for ophthalmic dispensing courses. This is something we will continue to monitor.

19. Our audit of the adherence of businesses to the requirements for registration is now complete, with all bar 4 of the organisations generating queries satisfactorily resolved. Some changed their governance structure, others told us they were proposing to close their business in any event and the remainder have now been

issued with notices of removal from the register.

20. Preparations for renewal are now well underway, including new fees rules, which are on Council's agenda for today.

Casework & Resolution

21. Casework and Resolution has continued to reduce its caseload at every stage of the process. At the end of Q2 we had reduced our overall caseload by 43% against the same period last year, and 30% from the position at 1 April. These reductions are despite the large number of investigations referred to case examiners over the past 12 months, which could have created a bottleneck in the latter stages. That hasn't happened because we have focussed on quickly progressing cases which we expected not to meet the realistic prospect test. These reductions have also been achieved during the Covid-19 restrictions, and despite a reduction in resource, reflecting the commitment and hard work of the directorate in keeping cases progressing, and maintaining hearings throughout.

	30 September 2020	31 March 2020	30 September 2019	31 March 2019
Stage 1 (Triage)	61	77	82	79
Stage 2 (Investigation)	87	157	211	297
Stages 3 and 4 (cases referred to the FtPC)	66	75	86	76
Total Caseload	**214**	**309**	**379**	**452**

22. While continuing with the majority of our events remotely, we have started work to facilitate some hearings being held in whole or in part at 10 Old Bailey. The hearings room layout has been amended with screens due to be fitted this month. We have invited committee members and representative bodies to troubleshoot the room layout as well as our guidance in terms of what rules we expect visitors to abide by when in the office. We are scheduled to hold our first physical hearing with all parties in attendance on 19 November.

23. We have also started work on facilitating hybrid hearings from Q4, whereby some attendees participate remotely and others at 10 Old Bailey. This may require investment to secure the necessary equipment to support the functionality and formality of proceedings. My thanks go to our Hearing Panel members for their flexibility and the way in which they have responded to the changed environment, ensuring that Hearings progress for the benefit of complainants and registrants alike.

24. We have recently identified a type-one error on the register whereby a registrant that had been suspended was still listed, despite details of the suspension being visible on the record. The error was immediately corrected and new procedures have now been implemented.

Strategy

25. Since July we have introduced further Covid-19 statements covering the following issues:
    - the redeployment of optometrists and dispensing opticians within pharmacy practice (a joint statement with the General Pharmaceutical Council (GPhC));
    - use of technology; and
    - service of registration notices.

26. As signalled in July, we have also launched a full 12-week public consultation on our statements and on aspects of the emergency legislation related to service of notices. This asks for feedback on:
    - a proposed framework for when our existing COVID-19 statements should apply moving forward, linked to The College of Optometrists' red-amber-green system;
    - the content and impact of the statements; and
    - whether there are further areas of GOC regulations, legislation or guidance that need to change or be put in place to ensure more effective regulation in the future, either during a pandemic or as a result of the pandemic.

27. Although we had the benefit of input from our key sector stakeholders, as statements were developed in the heat of the moment, we were conscious of the time pressures associated with that feedback and the need to ensure that we were capturing the widest range of potential views, including the opportunity for feedback from registrants, patients and the public.

28. The emergence of a second wave makes this especially pertinent, though the sector is now much better prepared, with PPE and Covid-safe practices, to deliver care during the pandemic.

29. This consultation is one of many being supported by our newly formed communications team, including a short consultation about our approach to communications and engagement which sought views from a wide range of internal and external stakeholders. The responses we received were very insightful and will inform the development of a new communications and engagement strategy as well as day to day work already underway. In addition to supporting business and usual activity across the organisation, the team has also continued to drive communications and engagement around major strategic projects including ESR and the CET review. The team have also been working closely with the website Project Manager to ensure successful build and delivery of the new website.

30. We have also responded to:
    - a call for evidence by the Department for Business, Energy and Industrial Strategy (BEIS) on the recognition of professional qualifications and regulation of professions;
    - the Welsh Government's consultation on draft regulations that enable the Welsh

Language Commissioner to place duties on healthcare regulators in relation to the Welsh language (we are in the process of completing a regulatory impact assessment to sit alongside our consultation response); and

- the Professional Standards Authority's (PSA) letter regarding the learning for professional regulation from the first phase of the COVID-19 pandemic.

31. We completed our self-assessment form for the PSA's 2019/20 review of our performance. The targeted review will take place in November where we will be responding to the queries that we receive. We expect the draft report to be ready in February 2021, with publication due in March 2021.

32. We have produced a draft of our 'speaking up' guidance (previously referred to as 'raising concerns' or 'whistleblowing') which sets out what our expectations are for individual and business registrants in exercising their professional requirement to speak up when patient or public safety may be at risk. The draft guidance was shared with our Advisory Panel on 29 September 2020 and we now intend to consult on the guidance in December 2020.

Resources

33. Council will receive a separate ***finance*** report which focuses on this year's financial position. Alongside our Q2 forecasting we have extended our forecasts from three to five years and have undertaken sensitivity analysis according to a range of scenarios. Although in normal times our income is very predictable, the economic shock created by Covid-19 means that we have to be prepared for a range of scenarios.

34. Our ***website*** project has been delayed slightly and is now expected to go live in early December. We have also re-tendered for the second phase of the project, which will update MyGOC and go live in 2021 after the annual renewal process has been completed.

35. We are very excited to have been joined by Yani King our new ***Equality, Diversity & Inclusion*** partner, who will be working with us to ensure we deliver against ambitious goals in this area. She has already begun work on a GOC anti-racism statement and is making contact with networks and peers in other regulatory and sector bodies.

36. Our ***HR team*** have also delivered a workshop for managers and staff on Inclusive Leadership and Management. This was an action that formed part of our staff engagement plan and has been well received, with a call to roll this out to a wider group of members / workers. Our pulse survey continues to be a useful way of receiving feedback from staff about what is working and what isn't. We are now planning for our annual staff survey to commence in Q3.

37. Our ***facilities*** team continue to work with our ***Covid-19 Task Force*** and ***Back to***

Old Bailey staff group to ensure that staff are able to attend safely, as required now and to prepare for a more substantial presence in the office as circumstances allow. We have introduced contact tracing arrangements for visitors and staff and continue to work with building management regarding access arrangements, which now include a one way entry and exit system.

Secretariat

38. The ***Chair appointment*** is progressing well, with interviews now completed. The relevant Notice to Appoint will be filed with the PSA shortly. This is of course the moment to congratulate our current Chair, Gareth Hadley OBE for his recognition in the Queen's birthday honours list for his contribution to the optical sector. We are extremely grateful for Gareth's leadership in these turbulent times and for his far-sighted contributions to the work of the GOC and the sector at large.

39. The CEOs external stakeholder meetings, Advisory Panel, NomCo, ARC and the Covid-19 Taskforce Group meetings have been supported since Council last met and we are very pleased that Sarah Martyn has joined us as our new Governance and Compliance Manager. We are being supported temporarily by Wayne Elliott who has joined as Information Governance Manager to build upon the GDPR Improvement Plan and assist in the recruitment of a permanent Information Governance Officer. We have had one data breach referred to the Information Commissioner since our last report. The IC decided to take no further action.

40. We continue to work with all departments to ensure the policy review schedule is updated and that relevant policy continues to be reviewed and progressed through our internal policy review process.

External Developments

41. ***Brexit*** continues to be low risk from a regulatory point of view though we recognise the potential for it to contribute to the current economic shock and to impact the sector at large. We are in close contact with the Department and with other regulators regarding this issue and will be monitoring developments closely.

42. An unexpected consequence of the offer of UK residency to citizens of ***Hong Kong*** has been a surge in enquiries regarding registration with the GOC. So far we have received 45 enquiries about registration, though only one of these has translated into an application.

43. The Department for Health and Social Care (DHSC) is intending to go out to consultation shortly on their detailed proposals for ***regulatory reform***. The previous intent to legislate in parallel for all regulators has fallen in favour of a regulator by regulator approach. This is disappointing for us but does offer some compensation in that it may be easier for us to consider issues that are bespoke to the GOC. We

have been re-planning our work in this area accordingly and this is reflected in the first draft of our Business Plan being considered at Council.

External stakeholder engagement

44. Since the last council session, the Chair of the PSA was moved to Ofqual in the wake of the A-levels fallout. The Chair and I subsequently met with her temporary replacement Antony Townsend and Alan Clamp, the Chief Executive. I have had two other meetings with Alan on regulatory business including the PSA's strategic plan and proposed fees. I attended a PSA organised Candour and Whistle-blowing seminar and am due to attend the PSA symposium on "Regulation Reset" the week before Council.

45. I have had one-to-one meetings with CEOs of other health and social care regulators, including Andrea Sutcliffe (NMC) and Nick Jones (GCC). I have also chaired three meetings of the Chief Executives of Regulatory Bodies (CEORB) and one meeting of the Chief Executives Steering Group (CESG) whose membership includes departmental leads in all four nations and the PSA, alongside the CEOs of health and social care professional regulatory bodies. All these meetings focussed on cross-cutting regulatory issues and I was pleased to be able to invite Dionne Spence to speak to us the on behalf of FTP cross-regulatory group.

46. Following discussion at CEORB it was agreed that a number of us would establish a new sub-group including those regulators previously described as having a "high street" presence. The new group is entitled COPOD – the Chiropractic, Optical, Pharmacy, Osteopathic and Dental Co-operation Pod and will focus on areas for potential operational collaboration.

47. I have had two meetings, one with Mark Bennett and the other Duncan Hall from Department for Health and Social Care, to discuss regulatory matters and the progress of the government's legislative reform programme.

48. I attended a helpful meeting of the National Advisors and College of Optometrists, and am pleased to say that the Director of Strategy is now a regular attender of those meetings, which provide invaluable information and context for our Covid-19 response.

49. I met with the Chief Executives of the AOP, ABDO, and FODO collectively to discuss and share information related to a range of issues in the optical sector and have had telephone catch-ups with Ian Humphreys, the Chief Executive of COO and Henrietta Alderman, the Chief Executive of AOP.

50. I also chaired a meeting with representatives of ABDO, AOP and FODO to discuss business registration and was pleased to be invited to speak at a webinar organised by the College of Optometrists on the long-term impact of Covid-19 on the profession.

51. The acting Director of Strategy and I met with Simon Rodwell, ACLM to discuss a range of contact lens issues and the related Covid-19 statement. The Chair and I also met with CEO, Onur Koksal and Dan McGhee of Vision Express to discuss the Covid-19 statements in general and contact lens verification specifically. We also discussed the increasing use of technology and implications for regulation.

52. I was very grateful to Colin Perrott of Vision Care, York for arranging a virtual visit to the practice for myself and a number of other colleagues.

53. In preparation for the recruitment of a registrant member living or predominantly working in Wales in the new year, I took part, along with the Chair and Helen Tilley in Q&A session at the beginning of a CET session run by Optometry Wales. This was the second such event and we are proposing to do something similar in Scotland to highlight the opportunity there too, to raise awareness ahead of the formal recruitment process commencing.

54. Finally, I met with Ashley Norman, our new Internal Auditor from TIAA, and along with the Chair of Council and the Chair of our Finance, Audit & Risk Committee met with Philip Payne and Julian McCormack from Brewin Dolphin, our investment managers.

55. A range of other engagements by Directors are listed in Annex 1.

Finance

56. This paper requires no decisions and so has no financial implications.

Risks

57. The Strategic Risk Register has been reviewed in the past quarter and discussed with ARC.

Equality Impacts

58. No impact assessment has been completed as this paper does not propose any new policy or process.

Devolved nations

59. We continue to engage with all four nations across a wide range of issues.

Other Impacts

60. No other impacts have been identified.

Communications

External communications

61. This report will be made available on our website, but there are no further communication plans.

Internal communications

62. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

Next steps

63. There are no further steps required.

Attachment

Annex one – Directors' Stakeholder Meetings

Meetings/visits since last Council meeting

Leonie Milliner Director of Education	Marcus Dye Director of Strategy (Interim)	Dionne Spence Director of Casework and Resolutions	Yeslin Gearty Director of Resources (Interim)
RQF Project Board x3 Will Holmes – OSC Sally Gosling – CoO Miranda Richardson – ABDO Alicia Thompson - ABDO Jay Dermot – OASC Simon Bullock – QAA Alison Felce - QAA	Eye Health Forum – cross sector forum to discuss arising issues related to delivery of eye healthcare services.	ACE Diversity Working Group	Celerity; Maggie Sutcliffe, Craig Aston, Steven Laidler
College of Optometrists - Meeting to discuss ESR consultation Sally Gosling	Weekly meetings with advisors to devolved governments in response to Covid-19 issues: • Janet Pooley (Scotland) • Raymond Curran (Northern Ireland) • David O'Sullivan (Wales) • College of Optometrists	Vision Care, York	TIAA; Ashley Norman, Jai Gundigara, Chris Barrett
Discussion with College of Optometrists IP requirements and QA handbook re. covid Sally Gosling	Co-chaired Optical Sector workforce discussions. Originally held weekly and went to monthly from September, to focus on issues arising from Covid-19 • AOP • FODO	OCCS – Jennie Jones, Richard Edwards	Lloyds Bank, Katie Faramarzi

Office for Students (OfS) discussion re ESR and funding of optical education Nicholas Holland Andrew Taylor Toby West-Taylor Nicholas Dibley	• ABDO • Optometry Scotland • Optometry NI • Optometry Wales • ACLM • BCLA • AIO • FODO		
Attendance at Optical Sector workforce discussions. Held weekly to focus on issues arising from Covid-19	NHS England Primary Care stakeholder forum to discuss issues relating to Covid-19. bi-weekly meetings	Mary Conway, patient	CTI; Steve Gale, David Beswick Mareeba; Richard Boardman, Mark Payne Fortesium; Julian Khan, Chris Hartnett
Discussion with ABDO re ESR consultation Alicia Thompson Miranda Richardson	College of Optometrists roundtable on Covid-19 guidance	Kathryn Flynn, DHSE	Hayesmacintyre; Adam Halsey, Charlotte Williams
NES, discussion of Scheme for Registration/ IP QA Handbook and placement re COVID Dr Kathryn Morrison Dr Lesley Rousselet Programme Directors	Charles Rendell (CQC)	Defence Stakeholder Group inc. reps from: • AOP • ABDO • FODO • Hempsons • Williams Graham Law • BLM Law • CMS • Capsticks • Kingsley Napley	Brewin Dolphin; Phillip Payne
Meeting with Ophthalmic Practitioners Group Mike Parker	Chaired CET Webinar for CET providers on Covid-19 and CET Review	Ella Franci, Cassie Dighton, AOP	DLA Piper; Tom Brennan
Enventure x3 meetings to discuss ERS Consultation	Meeting with Specsavers to discuss specific CET provision: • Paul Carroll	Traverse – Regulation Literacy	

	• Gill Robinson • Kathy Morrison (Chair of CET approvers)		
RNIB Radio interview	Joint Optical Committee on EU – sector wide engagement body on EU issues: • ABDO • AOP • FODO • ECOO	Inter-regulator EDI Forum	
European Diploma Recognition – discussion with providers	Optometry Scotland Council meeting	Inter-regulatory Directors of FTP	
AOP ESR Consultation Tony Stafford Saqib Ahmad	John Lucarotti, NMC, on regulatory reform	GOSC – Hannah Smith regarding use of witness support in hearings	
Quality Assurance Agency -RQF contract negotiations and project progress Alison Felce Simon Bullock,	Health and Social Care Regulators Forum		
Attendance at Council strategy day	Health and Social Care Regulators forum sub-group on Covid-19 learning		
,Annual Education Provider's GOC Forum	Perceptive – contract review: • Peter Charlesworth • Rachel Barry • Tim Ray		
HEE/ GOC Advanced practice: meeting Michel Guthrie Richard Collier	DHSC meeting on legislative reform: • Kathryn Flynn (DHSC) • Duncan Hall (DHSC) • Angharad Jones (GOC)		
Advisory Panel	PSA seminars on Covid-19 learning		
Expert Advisory Group (DO & Optom)			
Expert Advisory Group (CLO)			
Expert Advisory Group (IP)			

EVP interviews – selection panel briefing and question writing			
EVP interviews – 34x 1.15hr interviews			
EVP Interviews – selection panel de-brief and agreement of decisions			
Shaun Horan, Halpin Partnership – briefing re Impact Assessment			
Roger King –briefing re Impact Assessment			
Dr Jacqui Brasted - briefing re Impact Assessment			
Hugh Jones - briefing re Financial Impact Assessment			
Clare Fraser briefing re EDI Impact Assessment			
OSC/ GOC meeting re notification of temporary changes following handbook consultation and publication Will Holmes Philippa Mann Phillip Buckhurst Leon Davies Edward Mallen			
Meeting with Jenna Atwal, Insypher to discuss ESR impact assessment `			
Evening seminar with Optometry Scotland, NES and other stakeholders Janet Pooley			
ACE seminar with Alex Chisholm			
ACE seminar - working with Whitehall			
ACE seminar - diversity in public bodies			
Office for Students (OfS) discussion re ESR and funding of optical education and OfS Healthcare			

Andrew Taylor			
CEORB Workforce and Leadership sub-group			
Evening Seminar with AOP to introduce ESR consultation – approx.. 200 attendees			
2x Question & Answer webinar sessions with Director of Education re ESR			
Evening Seminar with OPG to introduce ESR consultation			
Meeting with Perceptive re MY CET			
Meeting with & FJ Wilson re directorate recruitment			
Meeting with Memcom re directorate recruitment			

PUBLIC
C41(20)

COUNCIL

Report from the Chair of Council

Meeting: 11 November 2020 **Status:** For noting
Lead responsibility and paper author: Gareth Hadley (Chair)

Introduction

1. This report covers my principal activities since the Council meeting held on **15 July 2020**.

Management

2. **Covid-19 – guidance for registrants:** Since our last meeting (**15 July 2020**), pursuant to the delegation approved by Council (**18 March 2020**), the Chief Executive and Registrar, David Parkins and I have approved Covid-19 statements and guidance to apply during the Covid-19 emergency on:
   2.1. redeployment of optometrists and dispensing opticians within pharmacy practice (a joint statement with the General Pharmaceutical Council (GPhC)) – approved on 18 June and issued on 29 July 2020;
   2.2. use of technology – approved on 21 August and issued on 28 August 2020; and
   2.3. service of registration notices – approved on 4 September and issued on 7 September 2020.

3. Each statement/guidance note was produced following consultation with key stakeholders including the professional representative bodies.

4. On 15 October 2020, we extended the review dates of all our statements to 31 January 2021 (with the exception of the statement for CET providers on CET provision which has a review date of 31 December 2021) and launched a 12-week public consultation, asking for feedback on:
   4.1. a proposed framework for when our existing statements should apply moving forward, linked to The College of Optometrists' red-amber-green system;
   4.2. the content and impact of the statements; and
   4.3. whether there are further areas of GOC regulations, legislation or guidance that need to change or be put in place to ensure more effective regulation in the future, either during a pandemic or as a result of the pandemic.

5. I have continued to have regular conversations with the Chief Executive and Registrar and with members of the Senior Management Team and the Leadership Team concerning the work of the Council. I have continued to have either telephone or videoconference discussions with the Chief Executive and Registrar on most days.

6. I participated (**7 August 2020**) in a discussion concerning proposals for derogations to the current Education Handbooks necessitated by the current Covid-19 emergency.

Council and Committees

7. Along with all Council members and the Senior Management Team, I participated in a strategy workshop (**30 September 2020**).

8. I attended Audit, Risk and Finance Committee (**26 August 2020** and **4 November 2020**), and chaired Nominations Committee (**28 September 2020**). I also participated in a meeting of the Advisory Panel (**29 September 2020**) and the ARC development day (**3 October 2020**).

Stakeholders

9. At the Council meeting on 15 July 2020, I reported on a discussion that the Chief Executive and Registrar and I had then recently had with Dame Glenys Stacey, chair of the **Professional Standards Authority**, and her chief executive Alan Clamp. Subsequently, having been prevailed upon to return to an earlier job of hers as Chief Executive and Chief Regulator of Ofqual, Dame Glenys stood down as chair of the PSA. The Chief Executive and Registrar and I, on 5 October 2020, met Antony Townsend, who had been appointed interim chair of the PSA in the room of Dame Glenys, together with his Chief Executive, Alan Clamp. We discussed matters of common interest. The meeting gave me the opportunity to brief Antony on our major developments and challenges and to outline my thoughts as to how the PSA might continue to help us in our tasks. In addition to his time as a PSA Board member, Antony, having served in senior executive positions in both the GMC and the GDC is well placed to understand the policy and operational environments within which we are currently operating.

10. This year's **Professional Standards Authority** symposium takes place over three days, namely **3**, **4** and **5 November 2020**. I will provide an oral report on matters of interest.

11. I have had discussions on matters of current interest with:
    - 11.1. Onur Koksal and registrant optometrist Dan McGhee of **Vision Express** (**16 July 2020**);
    - 11.2. Bill Gunnyeon (chair) and Matthew Redford (Chief Executive and Registrar) of the **General Osteopathic Council** (**4 August 2020**);
    - 11.3. Ian Humphries (Chief Executive) (**2 September 2020**) and Colin Davidson (President) (**9 September 2020**) of the **College of Optometrists**;
    - 11.4. Harjit Sandhu and David Hewlett of the **Federation of Ophthalmic and Dispensing Opticians** (**12 October 2020**); and
    - 11.5. registrant optometrist Nicholas Rumney of **BBR Optometry Hereford** (**12 October 2020**).

12. Together with Helen Tilley, I participated (**6 October 2020** and **3 November 2020**) in a webinar arranged by **Optometry Wales** to explain the duties, responsibilities and roles played by members of Council.

PUBLIC
C42(20)

COUNCIL

CET review

Meeting: 11 November 2020 **Status:** For decision

Lead responsibility: Leonie Milliner (Director of Education)
Paper Author(s): Natalie Michaux (Standards Manager)
Council Lead(s): Josie Forte

Purpose

1. To enable Council to approve the proposals for reform of the GOC's CET system following public consultation.

Recommendations

2. Council is asked to:
   - Consider where changes have been made to proposals in response to feedback received; and
   - Approve proceeding with changes needed to implement the proposals for reform and to start communicating change to our stakeholder base as appropriate.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: World class regulatory practice. This work is included in our 2020/21 Business Plan.

Background

4. This item last came to Council in 2019, when input was sought on how to move forward with freeing up the CET scheme. In particular, we sought views on underpinning the CET framework with the Standards of Practice (rather than the status quo of undergraduate educational competencies); the value of a 'core' of clinical skills; any issues that may arise with registrants having more choice and control over their own learning, and how we might implement mandatory reflection for all registrants. For further information on the background and rationale for this project, please see the accompanying documentation for previous meetings.

5. The Panel's advice, as well as feedback from our work with Education Advisory Groups (EAGs) and information obtained as part of broader stakeholder engagement, influenced the development of our draft proposals for reform. These proposals covered six main areas:

- **Name change** from Continuing Education and Training (CET) to Continuing Professional Development (CPD) in order to better reflect the content and intended outcomes of the scheme, as well as to align terminology with common parlance in education and other regulators;
- **Freeing up the scheme** by replacing the standards of competence for education with the Standards of Practice as the underpinning Standards for the scheme. Registrants will be required to do at least one piece of CPD in each of the four main domains identified. This applies to all registrants, including those who are also contact lens opticians (CLOs) or therapeutic prescribers (TPs);
- **New domains of CPD** to broaden the scope of CPD and to explicitly include non-clinical learning, whilst retaining a clinical core to prevent de-skilling. The domains identified are Professionalism; Communication; Clinical Practice and Leadership & Accountability. In addition, we have proposed two additional areas to allow us to target emerging risks if the need arises – one to cover specialty requirements; the other to cover targeted CPD for a particular cycle in response to known skill gaps or other contemporaneous issues.
- **Changes to the approval system** to remove upfront approvals of individual CPD sessions, making our intervention more proportionate to the risk posed, and instead approving providers once they have demonstrated their ability to provide good quality CPD (i.e. after the up-front approval of the first ten CPD events by a new provider). We will also allow registrants to count other CPD (i.e. delivered by a non GOC-registered provider) towards their points total, up to a maximum of 50%.
- **Introducing a mandatory reflective exercise for all registrants** based on the content of their CPD plan and to be undertaken either during or at the end of the cycle. Registrants will also have more flexibility in terms of documenting planning and reflection – they will be able to use a GOC-provided template, or a similar document if one is provided by their employer, contracting organisation (such as NHS Education for Scotland (NES) or Health Education England (HEE) or professional association.)
- **A provider audit scheme to more effectively mitigate risk** by targeting specific providers in response to registrant feedback and complaints; introducing a minimum 10% provider audit figure and benchmarking the standards that we expect of CPD providers, with clear expectations of what might lead to suspension.

6. These proposals were put out to public consultation on 28 May 2020 for a 12-week period, closing on the 20 August 2020. Alongside the consultation survey, we also commissioned a research partner, Enventure Research, to undertake some qualitative work with stakeholders and to assist with data analysis and write-up. We received 484 unique responses to the survey from a variety of stakeholders, including individual registrants, businesses, professional associations/representative bodies, current CET approvers and providers, and held focus groups and interviews with stakeholders from across the sector and all nations of the UK. The report from this consultation is attached at Annex 1.

7. The overall response to consultation was positive, with the majority of registrants supporting our proposals. Further detail about the breakdown of responses can be found in the report at Annex 1.

Analysis

8. Although the response to our proposals was broadly positive, we have reflected on the feedback provided by stakeholders and there are some areas in which we propose making amendments to the proposals in order to address concerns and queries raised. These potential amendments are set out in detail below.

9. We did not specifically propose to extend what is currently called 'peer review' requirements to dispensing opticians as part of our proposals at consultation, but we received a great deal of support for extending 'peer review' requirements to dispensing opticians and some stakeholders expressed surprise that we had not done so, given that this proposal was included in our 2018 CET consultation. The positive feedback received in this consultation aligns with statistics from the previous CET cycle which show that the majority of dispensing opticians already complete a peer review activity voluntarily, without being compelled to do so. Given the dispensing opticians' professional association, ABDO's, support for extending this requirement to dispensing opticians; a clear interest in such activity from registrants in practice; and the fact that we hold both optometrists and dispensing opticians to the same professional standards, we consider that it would be a positive move to extend this requirement to dispensing opticians. We seek support from Council to pursue a further inquiry on this via our forthcoming consultation on changes to the CET Rules, changes which need to be made in order to mandate 'peer review' for dispensing opticians. If support for extending this requirement for dispensing opticians is confirmed as part of that consultation, we could then consider including the requirement for 'peer review' for dispensing opticians at an appropriate point in the future; either at the start of the 2022 or 2025 cycle.

10. We received some queries on how changes to the approval system would work in practice. A number of stakeholders said that it would be beneficial, particularly in light of the COVID-19 pandemic and the changes to the way current CET is being delivered, to allow shorter CPD sessions, no matter who delivers them, to count for fractional CPD points. Our original proposals had said that we would require all 'non-approved' CPD to be at least an hour in length. In line with our commitment in this project to facilitate innovation and break down barriers to learning, and in recognition of valuable learning being found in shorter formats, we propose to amend our requirements so that any CPD that is at least 30 mins in length will be eligible for a fractional point. Details of intended points breakdowns will be provided to stakeholders during 2021, so that all can be well-prepared.

11. Some stakeholders questioned our proposed requirement for non-approved CPD to be 'designed for healthcare professionals' in order to count towards a registrant's points total, with examples given of relevant and useful learning for registrants

coming from outside healthcare. Having considered this, and in the spirit of our aim to free up the system, we propose to set aside our original proposal and allow registrants to take responsibility for deciding whether learning is relevant to their professional development. We do not expect this to have any adverse impacts.

Finance

12. There is an approved budget allocated to this work and no additional costs in excess of the budget are envisaged. Currently the project is on track against all defined cost tolerances.

13. Part of the agreed costs include the tender for consultation support, which was awarded to Enventure following a procurement process undertaken by experienced staff members in line with GOC policy.

Risks

14. Primary risks to timely delivery of the project are as follows:
    - Small project team means that unexpected absences are more impactful than on those projects with greater resource. This is mitigated by the small team being made up of colleagues from across the organisation, and regular team meetings so that any gaps in resourcing are clear and can be more easily plugged;
    - Delays in obtaining the necessary legislative reform to be able to implement all of our proposals. This is mitigated by regular contact between the project lead, the Legal team and the Legislative Reform project lead so that any issues can be quickly identified. We have had recent conversations with the Department for Health and Social Care which have indicated that we may be able to achieve the necessary reforms in time for the 2022 cycle beginning, but dialogue will continue to ensure this remains the case.
    - Changes will need to be made to the MyCET system to ensure that policy changes are appropriately reflected and that registrants and providers alike can meet the new requirements. We are currently in discussions about what form these changes will take in order to inform a procurement process in accordance with GOC policy. The changes needed are likely to take some time to design and implement by experienced developers, and therefore we will need to keep a close eye on timeliness to ensure the system will be ready for providers to use from Q3 2021, and for registrants to use from 1 January 2022. This risk is being mitigated currently by frequent project group meetings at which progress against plans and risk registers are standing items.

15. These risks, and less impactful secondary risks, are all documented on the project risk register which is reviewed regularly.

Equality Impacts

16. The comprehensive Equality Impact Assessment (EIA) for this piece of work has been updated following consultation and can be found at Annex 2 of this paper. This

has been informed by responses to questions asked about impact at consultation, and insights from qualitative research activities undertaken with stakeholders.

Devolved nations

17. No implications for the devolved nations have been identified following the review of the EIA.

Other Impacts

18. The following other impacts have been identified:
    - Legislative: one of our proposals for change is dependent on successfully obtaining legislative reform. This process is underway.

Communications

External communications

19. A full communications plan is in the process of being developed in light of consultation and other feedback and will cover communications to all audiences throughout 2021 and following the start of the new cycle in 2022.

20. We have arranged to meet with a number of key stakeholder bodies in the coming weeks for a bilateral conversation to discuss dissemination of information and how we might work together to maximise registrant compliance with the new scheme.

21. We have also recently presented (30 October 2020) at a webinar for current CET providers to provide them with outcomes from the consultation and where we intend to make changes in response to their feedback, as well as thanking them for their input to this work so far.

Internal communications

22. The project team is made up of colleagues from relevant departments across the organisation and there is a good awareness of the ongoing work required to implement our proposals for reform.

23. The current panel of CET approvers will be fully briefed on our new system of audit and they are fully aware of our intention to do this. They have also had the opportunity to provide more detailed feedback as part of focus groups and interviews during the consultation process.

24. Other colleagues that may encounter queries about CPD, particularly those in registrant-facing departments, have been identified and advised of the likelihood of an increase in volume of questions. In conjunction with the Communications lead for this work, we are developing resources to share with those teams to ensure that they can direct and respond to any queries appropriately.

Next steps

25. Once agreement to our proposals for reform has been obtained, the next steps will be to consult on draft CET rules for Council approval, alongside moving forward with the changes to process and MyCET needed to implement them. We will also start communicating to stakeholders about the detail of the changes in advance of their coming into effect at the start of the new cycle (1 January 2022).

26. We will continue to provide updates to Council about implementation progress and our intended communications periodically throughout 2021.

Attachments

Annex one: Consultation report from Enventure Research
Annex two: EIA for CET review

CPD (CET) review proposals consultation

Final report

General Optical Council

September 2020

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Contents

Executive Summary

Introduction

The General Optical Council (GOC), in its role as the regulator for the optical professions of optometry and dispensing optics in the UK, is required to operate a scheme of continuing professional development (CPD) and a scheme of continuing fitness to practise (revalidation). The GOC currently operates an enhanced CPD scheme covering both requirements known as Continuing Education and Training (CET).

Over a number of years, the GOC has been reviewing the CET scheme, introduced in 2013, as the optical sector has evolved in various ways, resulting in diversification of the work carried out by optometrists and dispensing opticians, with roles expanding to deliver a wider range of eye care services in community or hospital settings as part of multi-disciplinary teams.

To ensure it is fit for the future, the GOC has assessed the findings of recent public consultations and engagement with the optical sector and has produced a set of proposed changes to the current CET scheme. Summarised, these changes include:

- Replacing the competencies which currently underpin the scheme, the standards of competency for undergraduate education (which are generally seen as overly prescriptive), with the Standards of Practice for Optometrists and Dispensing Opticians
- Allowing registrants more control over their learning and development and the ability to tailor it to their own personal scope of practice, introducing the CPD domains of professionalism, communication, clinical practice, and leadership and accountability
- Enhancing requirements for registrants to reflect on their practice
- Changing the name of the scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD)
- Introducing a new proportionate system of CPD approvals

To understand the potential impacts of these proposed changes on all stakeholder groups, the GOC delivered a public consultation titled ‘CPD (CET) review proposals’, which ran for 12 weeks from 28 May to 20 August 2020. Enventure Research, an independent research agency, was commissioned by the GOC to support it in the design and 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 485 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

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

Summary of the 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.

Change of name

The majority of consultation survey respondents stated that changing the name of the scheme from CET to CPD would have either a positive impact (42%) or no impact (54%) on them or their organisation. Just 2% thought that there could be negative impacts associated with this change.

This proposed change was viewed in a positive light by almost all who took part in the consultation. Most viewed it as an overdue and positive step that would more accurately reflect what the scheme should be, and that it may help to encourage greater levels of development. It was also hoped that changing the name to CPD would help to bring the optical professions more in line with other healthcare professions which already use the name CPD.

The only criticism of changing the name to CPD was that it was unnecessary, and that it was the content of the scheme that was more important, but this was only suggested by a small minority of those who took part in the consultation.

It was felt that clear communication of this change would be required to ensure that all registrants were aware of it and understood why it was happening to avoid any confusion.

Freeing up the scheme by using the Standards of Practice to underpin it

The largest proportion of consultation survey respondents answered that replacing the current CET competencies with the Standards of Practice for Optometrists and Dispensing Opticians would have a positive impact on them or their organisation (42%). A third of respondents thought that this change would have no impact (33%), and 13% suggested it would have a negative impact.

Those who saw positive impacts related to this change primarily focused on the increased flexibility that this would allow for registrants within the new CPD scheme due to the broader and less restrictive categories that would underpin it via the Standards of Practice. Many participants highlighted that they felt this placed more trust in optical professionals, giving them greater responsibility and freedom in relation to their professional development, where they will be able to have more direction over their own learning and potential specialisation. It was also suggested that CET providers would benefit from this change, as they would also be provided with a greater degree of flexibility when designing learning opportunities.

This change was also seen as a positive step forward as it moved professional development away from the entry-level requirements of the standards of competence for undergraduate education which underpin the current CET scheme, which will help to further the development of optical professionals. Using the Standards of Practice to underpin the new scheme was perceived as being more relevant for registrants, as they are already required to work within them to maintain their registration with the GOC.

Some concerns were raised in relation to this change, primarily relating to how using the Standards of Practice to underpin the new CPD scheme would ensure core competencies are maintained, and whether registrants may deskill in key areas of practice as a result. Whilst viewed as restrictive, some felt that the current standards of competence ensured that registrants covered all important areas of practice via their CET and maintained the required levels of knowledge and skill. However, it was also widely suggested that the benefits of this change outweighed these concerns, and that as professionals, it was the responsibility of registrants within a CPD scheme to ensure they maintained the required core competencies, using their own judgement via reflection on their strengths and weaknesses.

Again, it was felt that clear communication of this change and how it would work in practice would be required to ensure registrants understood the change, and to overcome any reluctance towards it from those who are content with the current CET scheme.

CPD domains

Just over half of consultation survey respondents thought that requiring registrants to undertake CPD in the proposed domains of professionalism, communication, clinical practice, and leadership and accountability would have a positive impact on them or their organisation (51%). A third thought the requirement would have no impact (32%), and just 10% thought it would have a negative impact.

The proposed CPD domains were generally viewed as a logical way of dividing up the Standards of Practice to underpin the new scheme. Again, it was felt that the domains would provide registrants with a greater degree of flexibility via the broader categories. It would also allow more freedom to complete CPD in a wider range of areas, particularly as a result of including domains other than clinical practice.

The domains of professionalism, communication, and leadership and accountability were well received by most who took part in the consultation, who felt these areas were not given much focus in the current CET scheme. They were viewed as particularly important within the new CPD scheme, as it was typically in these areas that patient complaints or fitness to practise cases were received, and that by ensuring CPD was completed in these areas, it may have the positive impact of reducing future complaints.

Although those who took part in the consultation were mostly positive about the CPD domains, some concerns were raised about how these domains would work in reality. Questions were raised about whether the requirement of completing one piece of CPD in each domain per CPD cycle was sufficient, about whether the domains sufficiently focused on clinical practice, and about whether the domains included sufficient detail. The most commonly suggested negative impacts of these concerns related to the potential of registrants deskilling in core competencies or becoming too specialised due to the increased flexibility and freedom provided.

A small number of those who participated in the consultation felt that the proposed changes in relation to the CPD domains, whilst positive, may not go far enough, and that by retaining a framework and a points system, the new scheme would be a step towards CPD, but would still retain useful features of the CET scheme.

Non-approved CPD

The majority of consultation survey respondents thought that allowing registrants to use non-approved CPD to count as points towards their CPD would have a positive impact on them or their organisation (68%). A fifth thought that this change would have no impact (20%) and just 7% perceived a negative impact.

Overall, this proposed change was well received and seen by many as overdue. It was felt that it provided registrants with greater flexibility and accessibility in relation to CPD, as they would be able to gain points from learning that they may already be undertaking and participate in learning opportunities that were more relevant to their scope of practice, again providing them with greater control and responsibility over their professional development.

Another perceived positive impact of this change was the improvements it would bring to interprofessional learning and the sharing of resources, as optical professionals work very closely with other healthcare professions, and therefore would be able to benefit from their learning opportunities.

Some concerns were raised about this change being open to abuse by both providers and registrants. Additionally, concerns were raised about the requirements attached to this change, such as requiring all non-approved CPD to be designed for healthcare professionals, to be at least an hour in length, and to allow no more than 50% of a registrant's CPD to come from non-approved sources. It was suggested that these restrictions may reduce the positive impacts of this change, however overall the change was still welcomed.

As with all the proposed changes, it was felt that clear communication and guidance would be required to ensure registrants understand this change and have the confidence to utilise the new potential to undertake non-approved CPD.

Reflection

A large proportion of consultation survey respondents answered that introducing a mandatory requirement for reflection would have a positive impact on optometrists (43%), dispensing opticians (40%), employers (40%) and professional associations (45%). However, it was in response to this proposed change where higher levels were recorded for those who thought there could be negative impacts on optometrists (29%), dispensing opticians (22%) and employers (19%).

Attitudes towards reflection appear to be split. Many are supportive of reflection and are enthusiastic about the benefits it can have for professionals, particularly stakeholder organisations. Those of this opinion were supportive of this proposed change, explaining that it would bring the profession more in line with other healthcare sectors where reflection is more widespread, and that it would hopefully encourage registrants to take their professional development more seriously, moving it away from the perception that it is a 'tick box exercise'.

However, others are not as convinced about the benefits of reflection and saw it more as an inconvenience, particularly some registrants, and they were more likely to be less supportive of this proposed change. It is important to note that many participants who were sceptical of the mandatory reflective exercise requirement often did not understand exactly what this would entail, and appeared to base their perceptions of reflection based on typing responses into boxes after completing a piece of CET, something which they do not think is worthwhile.

Some concerns were expressed in relation to how reflective statements may be used. It was explained that registrants may be hesitant to truly reflect on areas of weakness or mistakes if they are fearful that this information may be used against them if they make a mistake in the future.

Therefore, as with all other proposed changes, but particularly for changes related to reflection, it was suggested that the GOC would need to provide clear communication and guidance to ensure the change was understood and accepted. Specifically for this change, it was also suggested that CET should be provided before the scheme changes to CPD to ensure that all registrants understand what will be required of them and how they should complete their reflective exercise.

CPD approvals and audit

Opinion was almost equally divided between those who thought that the new CPD approval system would have a positive impact (44%) and no impact (38%) on themselves or their organisation. Just 8% thought it would have a negative impact.

The proposal to approve and audit CPD providers, rather than the CPD they produce, was perceived as a positive change, particularly by current CET providers. They felt that this change would make the process of approvals much more efficient and consistent, and less frustrating, circumventing what they saw as unnecessary bureaucracy.

It was suggested that this change may result in higher quality CPD being produced, as providers may feel more confident that their submissions will be approved and therefore may produce more interesting and beneficial learning opportunities. However, some concerns were raised about the impact that this change could have on the quality of CPD, suggesting that there was a risk that it may be lowered by employers delivering CPD that is more commercially driven and less focused on patient care. Therefore, the consultation findings suggest that the new approval process, and particularly the audit process, will need to be sufficiently robust to support this change.

Conclusions

- The proposed changes to the CET scheme will provide increased flexibility and freedom:
    - General acceptance of the proposed changes, seeing positive impacts or no impacts
    - Increased freedom and flexibility in relation to professional development are likely outcomes of the changes, which will lead to other positive impacts
- The proposed changes will bring the optical sector more in line with other healthcare professions
- The proposed changes may improve the quality of learning available for registrants
- There are some concerns about the proposed changes:
    - The changes could provide too much freedom, resulting in deskilling in key areas
    - Some aspects of the changes are not flexible enough
    - Concerns about how the changes will work in reality
    - Concern about how accepting of the proposed changes some registrants will be
- The proposals are a step in the right direction, but may not go far enough
- Clear communication of the proposed changes and support to adapt to them will be key to success

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 a mission to protect and promote the health and safety of the public.

1.1.2 As a healthcare regulator, the GOC is required to operate a scheme of continuing professional development (CPD) and a scheme of continuing fitness to practise (sometimes referred to as 'revalidation'), proportionate to the professions it regulates. The GOC operates an enhanced CPD scheme to cover both requirements called Continuing Education and Training (CET). It is a statutory obligation for all GOC registrants to complete their CET requirements in order to remain on the GOC register.

1.1.3 In recent years, the optical sector has evolved in various ways, including an increasingly ageing population, advances in technology, and changes to the NHS, which have had an impact on the way that optical services are delivered across the UK. As a result, the work optometrists and dispensing opticians carry out has diversified, with many expanding their skill set to deliver a range of eye care services in community or hospital settings as part of multi-disciplinary teams.

1.1.4 To ensure that the current CET scheme evolves to take these changes into account and meets the challenges of the future, the GOC has been conducting a review of the scheme. The findings from the GOC's 2018 public consultation 'Fit for the future: A lifelong learning review', alongside further engagement with stakeholder organisations, enabled the GOC to produce a number of proposed changes to the CET scheme.

1.1.5 The GOC has delivered another public consultation, titled 'CPD (CET) review proposals' between 28 May and 20 August 2020, 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.

1.1.6 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 proposed changes to the CET scheme

1.2.1 Following previous consultation and engagement with the optical sector, the GOC's proposed changes to evolve the CET scheme include:

- Replace the competencies which currently underpin the scheme, which are generally seen as overly prescriptive, with the Standards of Practice for Optometrists and Dispensing Opticians
- Allow registrants more control over their learning and development and the ability to tailor it to their own personal scope of practice
- Enhance requirements for registrants to reflect on their practice

- Change the name of the scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD)
- Introduce a new proportionate system of CPD approvals

1.2.2 For each section of this report that presents the consultation findings, the relevant proposed change to the CET scheme will be described in more detail.

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

2.2 Online consultation survey

2.2.1 The GOC designed a consultation document which set out the proposed changes to the CET scheme. A consultation questionnaire was then designed by Enventure Research and the GOC to ask questions relating to the impact of each proposed change. It was designed to allow completion by a range of audiences, including both individual and organisational responses. For reference, a copy of the consultation document, which includes the consultation questionnaire, can be found in **Appendix A**.

2.2.2 The online survey was managed and promoted by the GOC, hosted online via the Citizen Space platform. The consultation ran for 12 weeks from 28 May to 20 August 2020. During this time, 485 responses were received.

2.2.3 The majority of responses were from individuals (93%) and 7% were from organisations. ***Figure 1*** below shows that, of individual responses, the majority came from optometrists (66%), followed by dispensing opticians (17%), contact lens opticians (8%) and therapeutic prescribers (6%). Very small numbers of students and a single optical patient took part in the consultation survey.

Figure 1 – Individual respondent type
Base: All individual respondents (452)

Respondent type	Number	%
Optometrist	298	66%
Dispensing optician	76	17%
Specialist - contact lens optician	34	8%
Specialist - therapeutic prescriber	29	6%
Other	8	2%
Student - optometry	5	1%
Optical patient	1	0%
Student - dispensing	1	0%

2.2.4 As shown in ***Figure 2***, the largest proportion of organisational responses came from current CET providers (14 responses, 42%), followed by optical business registrants (9 responses, 27%).

Figure 2 – Organisation respondent type
Base: All organisational respondents (33)

Respondent type	Number	%
Current CET provider	14	42%
Optical business registrant	9	27%
Optical defence/representative body	5	15%
Other	5	15%

2.2.5 The following organisations took part in the online consultation survey:

- Alcon Eye Care UK Ltd
- Ashton Leigh and Wigan LOC
- Association of Contact Lens Manufacturers (ACLM)
- Association of Optometrists (AOP)
- Bangor Optometrists
- Boots Opticians Professional Services Limited
- British Contact Lens Association (BCLA)
- Bryden Opticians
- Federation of Ophthalmic and Dispensing Opticians (FODO) - the Association for Eye Care Providers
- Hampshire LOC
- Health Education England
- Isle of Wight Optical Society
- Kensington, Chelsea, Westminster, Hammersmith & Fulham LOC
- NHS Education for Scotland (NES)
- Nigel Gainey Opticians
- Northern Ireland Optometric Society
- Optician Journal (Mark Allen Group)
- R.A.Glass Associates (Holywood) Ltd
- Safe cic
- Scrivens Optician & Hearing Care
- SeeAbility
- Specsavers Opticians Professional Development function
- Spectacular Opticians
- Stepper (UK) Limited
- The Association of British Dispensing Opticians (ABDO)
- The College of Optometrists
- Underwood Opticians
- Webineyes
- WOPEC, Cardiff University

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 with GOC registrants and in-depth interviews with external stakeholders.

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. Ten focus groups were held in total, stratified by country, as shown in ***Figure 3*** below. Additional interviews were conducted with dispensing optician registrants from Northern Ireland and Wales where recruitment of sufficient numbers 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>Location of registrants</th><th>Format</th><th>Additional stratification</th></tr>
<tr><td rowspan="6">Optometrist</td><td>England (North)</td><td rowspan="8">Focus group</td><td rowspan="9">Mix of practice settings, number of years registered, gender, age, ethnicity</td></tr>
<tr><td>England (Midlands)</td></tr>
<tr><td>England (South)</td></tr>
<tr><td>Scotland</td></tr>
<tr><td>Wales</td></tr>
<tr><td>Northern Ireland</td></tr>
<tr><td rowspan="4">Dispensing optician</td><td>England</td></tr>
<tr><td>Scotland</td></tr>
<tr><td>Wales</td><td rowspan="2">In-depth interviews</td></tr>
<tr><td>Northern Ireland</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 August 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 CET scheme to be covered in significant depth in a one-on-one scenario.

2.3.6 The GOC produced 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. ***Figure 4*** below and overleaf 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 for Independent Optometrists & Dispensing Opticians (AIO)	Professional association
2	Association of Optometrists (AOP)	Professional association
3	Association of British Dispensing Opticians (ABDO)	Professional association
4	The College of Optometrists	Professional association
5	The College of Optometrists	Professional association
6	Federation of Ophthalmic and Dispensing Opticians (FODO)	Professional association
7	Federation of Ophthalmic and Dispensing Opticians (FODO)	Professional association
8	British Contact Lens Association (BCLA)	Professional association
9	Royal College of Ophthalmologists	Professional association
10	Boots Opticians	Large employer
11	Asda Opticians	Large employer
12	Vision Express	Large employer
13	Optical Express	Large employer
14	Optometry Wales	National organisation
15	Optometry Scotland	National organisation
16	Optometry Northern Ireland	National organisation
17	Scottish Government	National organisation
18	Unnamed CET provider	Current CET provider
19	BBG-CET	Current CET provider
20	Optician Magazine	Current CET provider
21	Patient Safety Learning	Charity/patient organisation
22	Moorfields Eye Hospital	Secondary care provider
23	Health and Social Care Board	Optical commissioner
24	Primary Eyecare Services	Optical commissioner
25	Optical Consumer Complaints Service (OCCS)	Other
26	CET approver	CET approver
27	CET approver	CET approver

2.3.7 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 the internet or telephone. A copy of the in-depth interview guide can be found in **Appendix C**.

2.3.8 In total, 27 optical sector stakeholders were interviewed between July and August 2020.

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 (including therapeutic prescribers), dispensing opticians (including contact lens opticians), and organisations – and by age group in a smaller number of cases. This analysis has only been carried out where the sample size was seen to be sufficient to enable confident statistical analysis. As only 33 organisation responses were received, results for this group have been displayed to give an indication of organisational views 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'*).

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. Verbatim quotations have been used as evidence of

qualitative research findings where relevant throughout the report. Quotations from the registrant 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 ‘CET’ is used to refer to the current system of Continuing Education and Training. ‘CPD’ is used to refer to Continuing Professional Development and the proposed new scheme.

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

3.3.5 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.

4. Change of name

Summary - What is changing and why?

The name of the scheme will change from Continuing Education and Training (CET) to Continuing Professional Development (CPD) from 1 January 2022.

In the consultation, the GOC said:

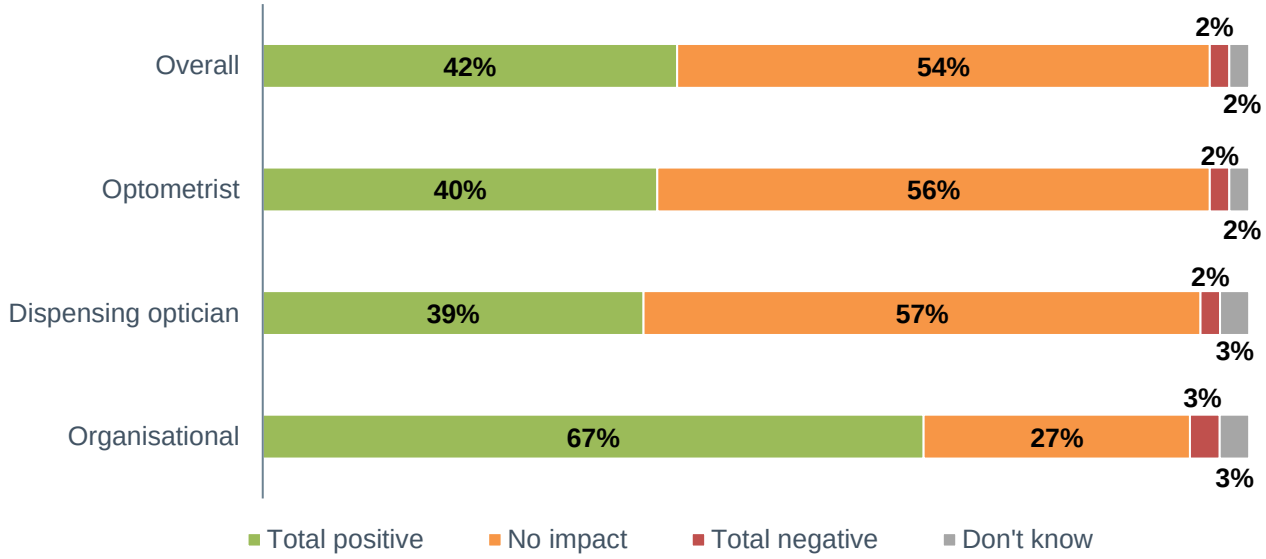
"We know through our previous consultation with stakeholders that there is support for changing the name of our scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD). We support this change and will re-brand the scheme to CPD at the start of the new cycle in January 2022. We think this change is important because the name of the scheme needs to reflect the changes that we are making from 2022, as we move away from a scheme that is perceived as maintaining core competencies and move towards one that promotes lifelong learning and development throughout a registrant's professional career. Changing the name to CPD is also consistent with the approach of other healthcare regulators and would minimise any risk of our scheme being perceived as an inferior scheme."

4.1 Consultation survey response

4.1.1 Survey respondents were asked what impact, if any, changing the name of the scheme to CPD will have on them or their organisation. The chart at ***Figure 5*** shows that, at an overall level, the majority of participants said that the name change would have no impact (54%), followed by 42% who thought it would have a positive impact. Just 2% thought that this change would have a negative impact.

4.1.2 Little difference can be seen between the views of optometrists and dispensing opticians, where the majority of respondents from each role answered that the name change would have no impact (56% and 57% respectively). However, responses from organisations were more likely to state that the name change would have a positive impact (67%).

Figure 5 – What impact, if any, will changing the name of the scheme to CPD as of January 2022 have on you/your organisation?
Base: All respondents (483), Optometrists (328), Dispensing opticians (113), Organisations (33)



4.1.3 Subgroup analysis of individual responses by age group highlights that younger respondents aged 16-44 were more likely to see a positive impact of this change (50%) when compared with older respondents aged 45+ (37%).

4.1.4 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this particular change could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.

4.1.5 As shown in ***Figure 6*** overleaf, a large proportion of those who thought the name change would have a positive impact commented that it would align more closely with other professions, as the term CPD is used more widely and would therefore be more recognisable (41%, 93 comments). Significant proportions of comments also focused on CPD being a more appropriate term which better fits with the aims of the scheme (31%, 78 comments), and that the term CPD was a more professional term and will help to improve the reputation of the profession (27%, 24 comments). Comments from these respondents also included some criticism of the name change, which can be viewed in the table overleaf.

Figure 6 – Explanation for why the name change will have a positive impact
Base: Respondents who thought it would have a positive impact and provided an answer (159)

Reason for positive impact	Number	%
Aligns with other professions – CPD more widely used/recognisable	93	41%
More appropriate term/better fits aims of scheme	78	31%
More professional/will improve reputation	24	27%
Name of scheme doesn't matter/content more important	10	16%
Won't change anything/already view CET as CPD	5	10%
Name change will create confusion	5	7%
More funding/support needed	1	3%

4.1.6 ***Figure 7*** below shows the coded comments from respondents who thought the name change would have no impact. The majority of comments focused on the fact that the name of the scheme does not matter, and that the content of it is more important (62%, 61 comments). A large proportion of comments suggested that changing the name would not change the scheme itself, and that the profession already view CET as CPD, just by another name (39%, 39 comments).

Figure 7 – Explanation for why the name change will have no impact
Base: Respondents who thought it would have no impact and provided an answer (99)

Reason for no impact	Number	%
Name of scheme doesn't matter/content more important	61	62%
Won't change anything/already view CET as CPD	39	39%
Aligns with other professions – CPD more widely used/recognisable	19	19%
Unnecessary change/waste of money	10	10%
More appropriate term/better fits aims of scheme	5	5%
More professional/will improve reputation	3	3%
More funding/support needed	3	3%
Name change will create confusion	1	1%

4.1.7 The small number of those who thought the name change would have a negative impact expressed concerns about it being an unnecessary change and waste of money (7 comments), that the name of the scheme is not important (2 comments), and that the name change will create confusion (2 comments).

4.2 Qualitative consultation activity feedback

Widespread agreement that changing the name to CPD is a positive step as it would more accurately reflect what the scheme should be, and may help to encourage greater levels of development

4.2.1 In contrast to the survey results, where a large proportion of respondents thought that changing the name of the scheme from CET to CPD would have no impact, the majority of qualitative feedback from both registrants and stakeholders in relation to this change was very supportive and highlighted mostly positive impacts. One of the most discussed positive impacts was that the name CPD would more accurately reflect what they thought the scheme should be – about the continuing professional development of optical professionals, rather than maintaining basic levels of education and training. It was suggested that the name CPD would help to signify a change in the way registrants view the scheme, placing more emphasis on the individual to be responsible for their own development, moving away from the perception that the scheme is a 'tick box exercise'.

CPD is more about driving your career forward, and driving your knowledge and professionalism forward, whereas CET was always about ticking the right boxes to keep yourself on the register.

Therapeutic prescriber, Scotland

Yes, we support the name shift. It is an important signifier of psychological change. It marks the shift from being a more technical clinician to being an autonomous clinical professional. Professional development should be pitched at a higher and more self-directed level than CET. CPD should still encompass the fundamental elements of good clinical practice but should also enable individuals to develop as clinicians in broader ways which the previous scheme did not allow for as it was too narrow.

Federation of Ophthalmic and Dispensing Opticians (FODO)

It indicates to the professionals that this is about improvement rather than maintaining standards.

Scottish Government

4.2.2 A number of participants focused on the positive impacts of moving away from the term 'education'. 'Education' was suggested as having potentially negative connotations, implying that it was the maintenance of basic, entry-level skills and knowledge found amongst newly qualified practitioners. Conversely, 'professional development' was viewed in a more positive light, as it was perceived to imply advancement from basic levels of knowledge and skills, which may help to inspire a culture change amongst the profession to take more control over their development and improve their abilities, potentially into new areas.

CPD makes it sounds as though we're professionals that are developing rather than still being educated. Yes, we're all still learning – you're constantly learning – but it is 'professional development' as opposed to 'education'.

Optometrist, England (Midlands)

For a professional, it sounds better to have 'professional development' rather than 'education and training'…We've all done education and training, so development is what we're looking for.

Dispensing optician, England

From an independent point of view, I would say that bringing it in line with other professions is a real step forward. I think the connotations that it carries are probably better than 'education and training' because that sounds like you're not up to standard at the moment, it sounds like you're still learning.

Association for Independent Optometrists & Dispensing Opticians (AIO)

4.2.3 It was also suggested that, if changing the name to CPD was able to encourage registrants to take more control and responsibility over their professional development, this in turn would have a positive impact on patient safety, as registrants would be better trained and equipped.

CPD needs to be encouraged for the general safety and health of the public but also for the progression of the profession.

Optician Magazine (CET provider/approver)

I think in the context of patient safety, the educational training often seems to be about a focus on skills and knowledge when actually you need to look at behaviours and competency. So it's much more in the how do you operate, the culture you work within, how your behaviour role models the changes you want to see, so I think it reinforces that. It's not just about knowledge and skills acquisition.

Patient Safety Learning

Changing to the name CPD is overdue

4.2.4 A number of participants stated that the proposed name change was long overdue. Some suggested that this was because the scheme was out of step with other healthcare professions, and others suggested that the scheme was already operating as a CPD scheme in all but name, and therefore changing the name to CPD would bring it up to date. It was also felt that the change was particularly overdue given the ways in which the profession and the roles of optical professionals have changed over time, taking on more responsibilities and expanded skills. Therefore, a scheme which related to continuing professional development in new and expanding areas was more appropriate.

At a simple level, I'd say it's logical and very much needed. Arguably it's late in coming. I think it's essential that there's a move from CET to CPD…The current system is utterly out of kilter with any other healthcare profession.

The College of Optometrists

I think the term 'Continuing Education and Training' doesn't really encompass what we actually do in practice. Our roles have evolved. What I do now as a DO bears no resemblance to what I did 30-odd years ago when I qualified. We're dealing with vulnerable children, vulnerable adults, dementia, all these sort of things.

Dispensing optician, Scotland

I think it's a no brainer. We've been stuck with CET as the initials with this for years – probably because optometry was one of the first professions to really embrace it before CPD was a commonly used term across all sorts of professions, but now it's a bit of an obstacle.

Optometrist, Wales

Using the name CPD will bring the profession more in line with other healthcare professions

4.2.5 One of the main positive impacts discussed by registrants and stakeholders was that changing the name of the scheme to CPD would bring it more in line with other healthcare professions that predominantly use this name already. From a practical perspective, many participants explained that they often had to translate the name CET when speaking to people outside the optical sector, including those who worked outside healthcare, and that this change would help to make them more easily understood. Some also said that they already used the term CPD when speaking with colleagues from other healthcare professions to ensure they were understood and did not have to explain what CET was.

Speaking with other health professionals, they don't understand when we're talking about CET…It is better that they understand what we're doing.

Optometrist, Northern Ireland

It's a very positive step. I'm very aware that we are the only healthcare profession that uses 'CET' and wherever we're having conversations with other healthcare professionals, 'CPD' is the word you use. The name change is the most logical thing.

Association of British Dispensing Opticians (ABDO)

4.2.6 Some registrant participants explained that they felt changing the scheme name to CPD was a positive step as it would help to increase the standing and recognition of the optical professions, making the profession more comparable to others such as dentistry, pharmacy and nursing. It was suggested that this was particularly important for optometry, which could be perceived by other healthcare professions as more concerned with retail rather than healthcare, and that using the name CPD may help to change this perception.

I think it's a good move. I think it's in line with the other bodies – the pharmaceutical bodies, the medical bodies. I think if we want to be considered like them, then we have to have our training like them as well.

Optometrist, England (North)

It's brilliant to be in line with other medical professions because I think a lot of other professions see optometrists more as retail…I think they will respect us more when we're using the same terminology.

Optometrist, England (South)

It will help to make it more recognised in line with other professions because others use the CPD term already.

Vision Express

4.2.7 Changing the name of the scheme to CPD was seen as particularly important by those working more closely with other healthcare professionals, such as those working in a hospital setting and those taking on a more expanded role within a multi-disciplinary team. Many participants, both registrants and stakeholders, highlighted that optical professionals were increasingly working closely alongside other healthcare professionals to provide collaborative care, taking on more clinical responsibilities and a more professional role. Therefore, it was felt that having a scheme which more closely matched that of other professions, even in name, would have a positive impact on enabling the optical profession to be part of a multi-disciplinary healthcare team.

I can only see positive impacts…Our remit now is changing… As hospital optometrists a lot of our work is with the advanced clinical pathways so incorporating other elements of development through leadership, education and research is really important to ensure we evaluate up to date evidence & apply learning to continuous improvement. Having the terminology 'professional development' means it's not all about clinical skills – there's a much wider remit. This may have a bigger impact within hospital optometry simply because of the way we work so closely with other professional groups. It's a significant step in recognising that we are on the same page with our colleagues and working towards similar goals in terms of onward training from graduate status. I think it's a really necessary step.

Moorfields Eye Hospital

I think the real important thing is that we are able to avail ourselves of inter-professional development. If you work for Boots, or one of the supermarkets, you're working alongside a pharmacist, for example.

Dispensing optician, England

It's a positive step that's overdue and fits with our direction of travel…It's also really important to bring optometry into line with other healthcare professions and to reflect changes in optometry roles and scope of practice. Having a similar approach to professional development and fulfilment of professional responsibilities to other healthcare professionals with whom optometrists increasingly practise seems essential. At a semantic level, no one has heard of CET outside of optometry and you have to re-educate people every time you want to have a discussion with another profession.

The College of Optometrists

4.2.8 It was also highlighted that the COVID-19 pandemic has further emphasised the increasing role of optical professionals and multi-disciplinary working alongside other healthcare professionals, which makes changing the name to CPD even more appropriate and welcomed.

I think to align with other health professionals is really important so we can communicate and mix with them. I think after COVID-19 it really shows that we're a team and we've all got to work together – we're part of a much bigger picture and we need to stop being so isolationist.

Contact lens optician, England Midlands

This pandemic has highlighted that we do need to have more means to work together with other disciplines as more of a one-team effort. So I think the change will be welcomed.

Vision Express

Clear communication, support and advice will be required to help support registrants to understand this change

4.2.9 Despite the majority of qualitative feedback focusing on the positive impacts of changing the scheme name to CPD, some participants highlighted that, at least in the short term, it could cause some confusion within the profession, particularly around the perceptions of what would be required of them in the new scheme with a different name. It was suggested that some registrants may not understand the reasons behind the change of name or how it might impact the way they manage their professional development, and may be concerned that it would require more of their time to maintain. Others highlighted that some registrants may be hesitant to any kind of change to the scheme as they are comfortable with the current way of doing things and do not see any reason to change it.

It might cause confusion to start with. With the name change people will think it will mean a lot more work.

Optometrist, Scotland

I don't think a lot of registrants would understand what the difference is and what the expectation is, as we have always just had CET. There would need to be an education piece from the GOC with regards to CPD and how it is about your development plan, looking for your opportunities and reflection on your practice. It's not as simple as just a name change, if it is going to work.

Asda Opticians

Whilst registrants might moan about it, the way you navigate the current system is well established and works – people are comfortable with that. So there probably is a little bit of inertia that we'll need to get over.

Optical Consumer Complaints Service (OCCS)

4.2.10 To overcome any confusion, concerns or resistance to the name change, or any other related negative impacts or barriers, it was widely suggested that clear and effective communication with registrants about this change would be required. As changing the name to CPD implies a change

to the way that optical professionals complete their professional development from CET, advice and support for what this will mean in practice, how it will work, and how it can be completed will need to be provided. It was also seen that it would be important to highlight the benefits of this change and offer support and guidance, rather than simply instruct registrants, in order to encourage them to be more accepting of this change.

I think what people will want is to understand the change, and as ever, it's around communication. Communicating the change is key for me, so as long as practitioners understand what is required of them and this is an enabler to their development rather than 'you must do it this way, that way', which is probably the approach we've historically taken, I think it will be very well received.

Primary Eyecare Services

I think it's just about making sure the registrants know that it has changed and getting them to understand. As with everything, you'll get people who pick it up straight away and people who will talk about CET for years to come.

Association of British Dispensing Opticians (ABDO)

Changing the name of the scheme is not as important as the changes to the content and delivery of the scheme

4.2.11 In contrast to the survey results, a small number of participants felt that changing the name of the scheme would have no impact. Some stated that they did not think that changing the name of the scheme would have any impact, positive or negative, and simply saw it as a rebranding exercise. A number of participants also highlighted that they expected many registrants to continue using the term CET for years to come, mostly out of habit.

I feel like we will just end up calling it CET for the next five years in the same way that we call it 'opticians' – and that was 2006 I think that we changed to 'optometrists'…But I think it's a very small change and it's not really going to impact the way I think about it. I'm not going to worry about whether it's more work or anything, I'm just going to think of it as a 'rebranding'.

Optometrist, Scotland

I am probably one of those sceptics that will just end up in a few years still calling it CET.

Dispensing optician, England

4.2.12 It was suggested that the change of name was not important, but that the more substantial changes to the content and structure of the scheme would have a more significant impact on professional development in the sector. Therefore, some viewed the name change in a neutral way.

I don't think there's any negatives. I think you could argue that it's a bit of a neutral change. You could say is it going to make much difference at all really? The major factor is going to be how the programme works going forward. But the name is not going to have a huge impact.

Therapeutic prescriber, England

I'm not sure it will have much impact really. It's the content of the changes that would mean more.

Optometrist, England (North)

5. Freeing up the scheme

Summary - What is changing and why?

The Standards of Practice will replace the standards of competence for undergraduate education for education as an underpinning for the CPD scheme.

In the consultation, the GOC said:

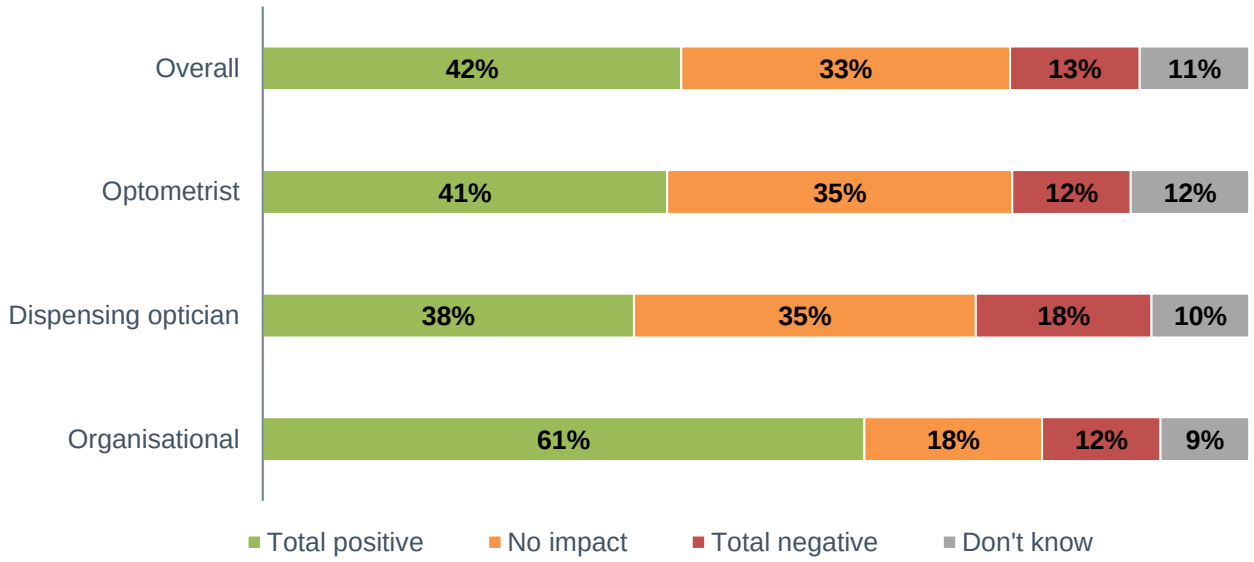
"We think that a new CPD scheme should be underpinned by the Standards of Practice for Optometrists and Dispensing Opticians as these are the standards that cover the wider set of professional skills and responsibilities required of all individual GOC registrants and set out the expectations of a professional in practice following registration. These are more appropriate for a scheme focused on professional development."

5.1 Consultation survey response

5.1.1 Survey respondents were asked what impact, if any, replacing the current CET competencies with the Standards of Practice for Optometrists and Dispensing Opticians will have on them or their organisation. The chart at ***Figure 8*** shows that, at an overall level, the largest proportion of respondents thought this change would have a positive impact (42%), and a slightly smaller proportion thought it would have no impact (33%). One in eight respondents overall thought it would have a negative impact (13%).

5.1.2 Looking at differences between respondent types, a larger proportion of dispensing opticians thought this change would have a negative impact (18%) when compared with optometrists (12%). As with the change of name to CPD, responses from organisations were more likely to state that the name change would have a positive impact (61%).

Figure 8 – What impact, if any, will replacing the current CET competencies with the Standards of Practice for Optometrists and Dispensing Opticians have on you/your organisation?
Base: All respondents (484), Optometrists (329), Dispensing opticians (113), Organisations (33)



5.1.3 Subgroup analysis of individual survey responses highlights that younger respondents were more likely to think that this change would have a positive impact. Over half of those aged 16-44 thought it would have a positive impact (54%), compared with 36% of those aged 45+. Those aged 45+ were more likely to think this change would have no impact (43%) when compared with those aged 16-44 (23%).

5.1.4 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this particular change could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.

5.1.5 As shown in ***Figure 9***, those who thought the use of the Standards of Practice to underpin the new CPD scheme would have a positive impact and provided an explanation focused on the increased flexibility, choice and control it would give to registrants (47%, 53 comments), how it will allow more relevant and tailored learning (41%, 46 comments), and how it will widen the scope of development and encourage further learning (32%, 36 comments).

Figure 9 – Explanation for why the use of the Standards of Practice to underpin the new CPD scheme will have a positive impact
Base: Respondents who thought it would have a positive impact and provided an answer (159)

Reason for positive impact	Number	%
More flexibility/choice/control	53	47%
Allows more relevant/tailored learning	46	41%
Widens scope of development/encourages further learning	36	32%
Agree/good idea/may improve standards	19	17%
Wider range of/more accessible/high quality CPD needed	14	12%
Still too restrictive/more flexibility required	10	9%
Need to maintain core knowledge and skills/may reduce standards	9	8%
Peer discussions useful for all/dispensing opticians should be included	7	6%
CLOs have disproportionate amount of points to gain/need more flexibility	5	4%
Confusing/more information needed	4	4%
Interactive points difficult to achieve	3	3%
Time consuming/additional workload	2	2%
Mandatory reflection not useful/unnecessary	2	2%
No detail about the four domains	2	2%
More funding/support needed	2	2%
Disagree/current system works well/no need to change	1	1%
No significant difference/no real impact	1	1%

5.1.6 The explanations provided by those who thought the use of the Standards of Practice to underpin the new CPD scheme would have no impact are presented in ***Figure 10***. The largest proportion of comments simply suggested that this change would create no significant difference or impact (40%, 19 comments). Smaller numbers of respondents explained that they disagreed with this change and thought that the current scheme worked well (17%, 8 comments), and that there was a need to maintain core knowledge and skills, which may be affected by this change (15%, 7 comments).

Figure 10 – Explanation for why the use of the Standards of Practice to underpin the new CPD scheme will have no impact
Base: Respondents who thought it would have no impact and provided an answer (48)

Reason for no impact	Number	%
No significant difference/no real impact	19	40%
Disagree/current system works well/no need to change	8	17%
Need to maintain core knowledge and skills/may reduce standards	7	15%

Reason for no impact	Number	%
More flexibility/choice/control	6	13%
Wider range of/more accessible/high quality CPD needed	6	13%
Allows more relevant/tailored learning	5	10%
Agree/good idea/may improve standards	4	8%
Still too restrictive/more flexibility required	4	8%
Mandatory reflection not useful/unnecessary	4	8%
Widens scope of development/encourages further learning	3	6%
Confusing/more information needed	3	6%
More funding/support needed	3	6%
Peer discussions useful for all/dispensing opticians should be included	2	4%
No detail about the four domains	2	4%
Interactive points difficult to achieve	1	2%
CLOs have disproportionate amount of points to gain/need more flexibility	1	2%

5.1.7 Those who those who thought the use of the Standards of Practice to underpin the new CPD scheme would have a negative impact and provided an explanation are presented in ***Figure 11***. A number of respondents explained that this change would be time consuming, providing additional workload for the profession (31%, 17 comments). Several comments also referred to the need to maintain core knowledge and skills, which they felt this change would not ensure, and could therefore reduce standards in the profession (22%, 12 comments).

Figure 11 – Explanation for why the use of the Standards of Practice to underpin the new CPD scheme will have a negative impact
Base: Respondents who thought it would have a negative impact and provided an answer (55)

Reason for negative impact	Number	%
Time consuming/additional workload	17	31%
Need to maintain core knowledge and skills/may reduce standards	12	22%
Mandatory reflection not useful/unnecessary	10	18%
Interactive points difficult to achieve	8	15%
Wider range of/more accessible/high quality CPD needed	8	15%
Still too restrictive/more flexibility required	7	13%
Disagree/current system works well/no need to change	7	13%
More funding/support needed	5	9%
More flexibility/choice/control	2	4%
No significant difference/no real impact	2	4%
Agree/good idea/may improve standards	1	2%
CLOs have disproportionate amount of points to gain/need more flexibility	1	2%
Peer discussions useful for all/dispensing opticians should be included	1	2%
Confusing/more information needed	1	2%

5.2 Qualitative consultation activity feedback

Using the Standards will move away from entry-level competencies and encourage real development that is more relevant to registrants

5.2.1 Most participants were in favour of replacing the standards of competence with the Standards of Practice to underpin the new CPD scheme, including both registrants and stakeholders. One of the most widely held views was that using the standards of competence to underpin the current CET scheme did not encourage real development within the profession. Many participants highlighted that this was because the standards of competence set out the levels required by newly qualified, entry-level optometrists and dispensing opticians, and that using them to underpin the CET scheme meant that registrants were maintaining basic levels of practice, rather than truly developing themselves and expanding their knowledge and skills.

It's definitely the right way to go. We're not just doing what we would've learned when we were at university…There are so many different routes now and so many different ways that practitioners need to develop…Mental health, unconscious bias, e-commerce – how you develop a website if you're an independent practitioner, social media, management, HR. Those things are really important but weren't taught at college when I was there.

Dispensing optician, England

I remember when I first qualified within the first year or two it just felt like I was reviewing everything that I had done at university but not learning anything new. Even now when I do the CET, it's just reviewing stuff I already know.

Optometrist, England (South)

5.2.2 Therefore, replacing the standards of competence with the Standards of Practice was supported by many participants, as it was felt they would enable registrants to develop in areas that were more relevant to their current level of experience, rather than pulling them back to the entry-level requirements that they had to meet when they first qualified, or to areas which are not relevant to them. In this way, it was hoped that this change would make the new CPD scheme less of a 'box ticking exercise' when compared with the current CET scheme, where registrants would be encouraged to undertake CPD that was of more value to them and their level of experience and skill. It was suggested that a CPD scheme should assume that there is already a baseline level of knowledge and skill in professionals, and therefore more trust should be placed in them to maintain these skills and develop in other areas.

I think it keeps everybody current and contemporary. It's about what you need to do now as opposed to what you needed to do when you qualified.

Boots Opticians

The competencies are written for final year optometry students, but they're not really that relevant to practitioners. But I think putting it on the Standards of Practice is a bit of a genius move really, because you can always pick something out of the Standards of Practice. If it genuinely is of interest to optometrists, it will be meeting something within the Standards of Practice.

Optometrist, Scotland

We're assuming that everybody is a competent optometrist to start with – that's the baseline that we've got. This is about continuing development because we've trained undergraduates to reach that base level.

Optometrist, Wales

I totally and whole-heartedly give my backing and support for the removal of those individual compartmentalised competencies at the moment which encourage box-ticking…I work in a low vision clinic and an awful lot of those competencies in all honesty are totally irrelevant for what I do. And yet trying to get low vision training online is really quite obscure, and a lot of it isn't accredited anyway.

Optician Magazine (CET provider/approver)

5.2.3 Furthermore, some participants also thought that, by giving registrants greater freedom to explore CPD that was more relevant and of interest to them and their scope of practice, registrants would be more likely to really engage with the learning opportunities and training materials and therefore benefit more from the learning experience. It was often highlighted by a number of participants that many CET opportunities are simply completed to gain points, and therefore registrants may not engage with or properly read or understand the content because it is of little interest to them.

I'm sure we've all been in situations where you've seen people sitting in a lecture with their eyes closed. They're not listening, but they still get the points.

Dispensing optician, Scotland

I think a lot of the CET at the moment is you just read something or you watch a video, and then there's a bunch of multiple-choice questions. I don't really think that much, and so the day after I may have forgotten it. If you have something that that you have to engage in more, then it's more likely that you retain that information. Also if it's something that you're interested in, then you're possibly going to remember it better.

Optometrist, England (North)

Increased flexibility and the opportunity to specialise, placing more trust in professionals

5.2.4 Many participants thought that changing to the Standards of Practice to underpin the new scheme would not only move away from the basic, entry-level requirements of the competencies, but would also allow for more flexibility in terms of what registrants choose to learn. It was felt that the current standards of competence were very restrictive, setting out specifically what CET registrants were required to do to meet each competency, often in areas that are of little or no relevance to the individual and their role. Participants explained that, as the Standards of Practice were much broader in their scope, registrants would be able to undertake CPD that was more relevant to their current scope of practice, and could avoid spending time in areas that are not relevant to them. A common example provided by optometrists was dispensing, an area which a number of participants explained they were still required to complete CET in, despite not needing to use this skill for many years in their current role.

It certainly sounds more flexible…Currently, it's looking to tick boxes, basically, but for things you might not do that in practice so much…So you could focus on something that you actually do.

Dispensing optician, England

I haven't done dispensing for five years and some of the CET at the moment feel a bit basic for the glaucoma level, so it's quite handy if it's more like you can tailor it to the clinics you're doing.

Optometrist, England (South)

5.2.5 It was also suggested that using the Standards of Practice would allow for increased specialisation in areas of practice that were more relevant to individuals, which some participants felt was difficult to achieve within the current CET scheme, where they felt registrants were required to maintain a more generalist level of knowledge and skills in a wider range of areas.

I think there are some areas that are becoming so specialist that unless you choose to specialise to the detriment of some other areas, we risk being generalists and risk not giving our best to certain patients.

Optometrist, Wales

A lot of independent practices will tend to have a specialism and they'll have carved out a niche for themselves…I think CPD lends itself better to that because you can be a clinician that's very dedicated to one particular area of optometry, whereas with CET you have to cover absolutely every area.

Association for Independent Optometrists & Dispensing Opticians (AIO)

5.2.6 Some participants thought that using the Standards of Practice to help free up the scheme would signal that more trust was being placed in the hands of registrants, allowing them to have greater autonomy over their learning and the flexibility to decide which areas they choose to develop. It was explained that registrants were responsible as professionals to maintain competence in core areas of practice, and therefore the GOC did not need to check this through the standards of

competence in the current CET scheme. Instead, they should be allowed to develop in a way that they felt was most appropriate for them, something which they thought using the Standards of Practice would enable.

I think it puts a level of maturity, trust and flexibility into the process and recognises that an individual registrant will know what learning goals they've identified for themselves in the type of practice they're in.

Health and Social Care Board

I think it's giving the optometrist responsibility back again a little bit…You have a responsibility to keep up your basic skills but also know where to look if you don't feel confident doing something. For example, if I wasn't doing dispensing, I hope I'd look it up. So maybe it's also reflecting and highlighting areas where you feel you're not competent or not at the level you were when you qualified.

Optometrist, England (South)

Using the Standards of Practice will make the scheme less restrictive, particularly for CET providers

5.2.7 A number of participants, including a number of CET providers, highlighted that the restrictive nature of using the standards of competence which underpin the current CET scheme often made it difficult for CET opportunities to be provided. They explained that, as they had to ensure any CET was explicitly linked to the competencies, it was hard to make some new learning opportunities fit within them, as they were often more advanced than the basic levels set out or simply did not relate to them. Therefore, changing to the Standards of Practice would be very beneficial, as they are much broader and flexible, meaning that potentially useful learning experiences will be easier to link to the Standards and will not be lost, enabling a wider range of learning to be available to registrants.

I've been advocating this move for a little while. My experience at the OCCS is that I have to sometimes constrain a learning exercise to fit within the competency framework so the tail is wagging the dog. I could be sitting with a great piece of learning that I would have to box into a corner so that it fits with the framework. If you look at the competencies, they are quite transactional – it sucks you back into a mechanistic transactional way of getting stuff accredited, and I always thought that was such a missed opportunity.

Optical Consumer Complaints Service (OCCS)

Anything that aids that learning is a good thing. As a provider of CET, adding individual competencies can be a challenge, so anything that gives us broader scope and is less restrictive can be of benefit to the events that we provide.

CET provider

I completely agree that the core competencies are incredibly limiting when you're trying to put together what you know is relevant education, and sometimes you are making it fit within a competency, but they do always tend to fit within the Standards of Practice.

Association of British Dispensing Opticians (ABDO)

The Standards of Practice are a more appropriate framework, and using them for CPD may increase registrants' awareness of them

5.2.8 Some participants highlighted that using the Standards of Practice to underpin the new CPD scheme was more appropriate and relevant as it is these standards that registrants are held accountable to in everyday practice, rather than the standards of competence.

I think it makes absolute sense to relate it into the Standards of Practice – it's what we're all being held to account for at the end of the day. We should be making sure that we do everything we can to keep our development live in those areas.

Asda Opticians

I think it's quite positive because it is the standards that registrants are more bound by – that is something they refer to more often, and it's the framework that they're working within.

Vision Express

5.2.9 A suggested related positive impact of using the Standards of Practice to underpin the new scheme was that awareness of the Standards may increase amongst registrants as a result. Although all registrants are supposed to be aware of and work within the Standards, a number of participants acknowledged that this was not always the case, with low levels of awareness and understanding for some registrants. However, registrants may come to better understand the Standards as a result of planning and undertaking their CPD under the new scheme. It was also suggested that registrants may require additional training in the Standards before the new CPD scheme is launched to ensure they understand them.

Hopefully it will help bed in the Standards of Practice…The circles I move in, the people are familiar with the Standards of Practice, but I'm not sure that practising optometrists and dispensing opticians are. It does allow for further scope and allow it to be relevant. If something was defined by a Standard now and then again in five years' time, it will naturally evolve and be more relevant as time moves on.

Boots Opticians

A significant proportion of optometrists won't know what the Standards are, so it's all well and good saying that we'll now base it on the Standards but the vast majority of optoms won't have a clue. So the worry for me is that people don't know what the Standards are, let alone which areas to fill…I think there'd be no harm in educating people on the Standards.

Optometrist, Wales

Some concerns raised about how using the Standards of Practice will ensure core competencies are maintained

5.2.10 Although many participants were supportive of the Standards of Practice underpinning the new scheme, potentially allowing greater flexibility for registrants when undertaking CPD, others expressed their concerns with this change. Some felt that this approach to CPD could lead to registrants neglecting the core competencies during their training and deskilling in certain areas. They explained that whilst they accepted that registrants could be trusted to have more responsibility over the direction of their CPD, many registrants will simply do the bare minimum and may avoid areas which may not be of interest to them. It was therefore felt that, although perhaps not perfect, the current CET scheme was able to ensure that all registrants maintain a basic level of knowledge and skill across all core competencies, and that this could be retained in some way.

If we're able to just focus on one thing that you're good at or interested in, then you will do that if you can get away with it…You've still got to have good knowledge of everything else – if you start to focus on one particular area then others will start to fall by the wayside. At the moment you have to spread your knowledge across all subjects and keep up to date with that. The present CET scheme works well to mitigate that.

Dispensing optician, Wales

I understand the need for self-directed learning and I think that is important but I have a concern about deskilling. I find a lot of optometrists tend to avoid the areas they dislike, such as dispensing, contact lenses and binocular vision…I think in these areas, certain people could become deskilled quite rapidly…If they don't enjoy it, they'll avoid it.

Optometrist, Wales

I see that the choice of CPD is determined by the scope of your practice, but when you work in primary care the scope of your practice needs to be the entire scope of practice because anything can walk through your door. You've still got to be competent in and have exposure to every area of practice. I like the idea of increased flexibility but I think it does still need to be underpinned by the competencies.

Optometry NI

5.2.11 Similarly, some participants explained that increased flexibility, and therefore increased specialisation, could have negative consequences for the profession. It was suggested that registrants may become so specialised that they are no longer safe to practise in the more general areas of their role as they have become so deskilled, and may as a result become unemployable if their working situation and practice setting changed. Therefore, they explained that it would be useful to maintain the ability to ensure all registrants are developing in key areas to a baseline standard and are able to work safely in any setting, as the current CET scheme aims for.

You've got people who practise in certain areas and you want to make sure they are very up to date. For example, where someone is a specialist in paediatrics and they're only working in that area, maybe it is relevant that they're only doing their continued education in that particular area. But what happens if they get a job elsewhere? You wouldn't have a nurse who specialised in one area to then become a theatre nurse – they just wouldn't do it without re-training.

Association of British Dispensing Opticians (ABDO)

CPD should avoid formulaic tick box exercises and value wider learning & development also, with freedom to hone it to your own areas of development and skillset. However, there is potential for an individual to say their work is around education and leadership for example and fundamentally they still need to show that they are a safe registrant to practise, therefore I do believe there should be a percentage of evidence of clinical competency embedded in CPD to assure safety

Moorfields Eye Hospital

5.2.12 However, as previously highlighted, a number of participants explained that, within a CPD scheme, it was the responsibility of the individual professional to ensure that they keep their knowledge and skills up to date in the required areas to ensure that they can practise safely. Therefore, there would be no need to ensure that core competencies were maintained, as the move to CPD should already require this of registrants, further enabled via increased reflective practice.

If you've fallen behind in a particular area, then that's your responsibility to pick up on that. It leaves you a greater degree of flexibility about where your training is going, what your learning is going to be for that year, so if you feel that you're falling behind in a core competency, and you think it is relevant to your day

to day practice, then you should be picking up on that and retraining and reskilling in these areas. I don't think that stops you from coming back to dealing with any core competencies that you've maybe not utilised in a long time. You should still be on top of that. That's all about reflection and looking at who you are as an individual and what you want to do. And if the GOC scheme allows that to happen, that is probably a good thing.

Optometry Scotland

Some registrants may be reluctant to change, but providing clear guidance to ensure everyone is informed may help to prevent this

5.2.13 Although many participants thought that moving to the Standards of Practice to underpin the new CPD scheme would have generally positive impacts on the profession, some concern was raised about registrants' understanding of the new scheme and their ability to adapt to it. It was explained that, whilst restrictive in many ways, the current CET scheme makes it as easy as possible to enable registrants to complete the required number of CET points in relation to the competencies to maintain their registration. Although it could be argued that this approach encourages 'box-ticking' and discourages real learning, registrants may have become accustomed to this style of learning. Therefore, a number of participants suggested that many registrants may need support to help them adapt to the new, more flexible approach to CPD, where they may receive less guidance and structure about their learning as their autonomy in this area is increased.

Generally, it all sounds like a good thing, it's just about getting people's heads around this and how it now works. As a profession, we have not had to take ownership in the same way of our development with CET being very prescriptive. All the big employers currently will have lots of education and training available to support meeting CET requirements…everything is laid on a plate to a certain extent. That works in a CET environment, where everyone has the same requirements to meet but it doesn't work with a CPD way of working. There will need to be support to help registrant understand how to critically appraise themselves and provide feedback to understand where opportunities for development are and where their interests lie.

Asda Opticians

5.2.14 Some participants felt that moving away from the prescriptive approach of CET to the increased flexibility of CPD may not be viewed favourably by some registrants, particularly older and more experienced registrants, who they felt may be more reluctant to this type of change. It was suggested that, in order to avoid any reluctance and push back, the GOC would need to ensure that how the new CPD scheme operates was made very clear to all registrants, avoiding any ambiguity and confusion, which may further deter registrants who are already sceptical of change.

We need a system that supports and brings along the people who are more reluctant to embrace change. They still need to feel that they're clear about new CPD requirements and can engage with these, including by seeing the requirements' relevance to their day-to-day practice.

The College of Optometrists

I think the barriers will be the perception that we're tinkering with a system that was okay. People just don't like change, so although people grumble about the existing scheme and they hate having to tick a box, to suddenly give people more freedom to make it relevant to their scope of practice – some will be wishing they hadn't got what they wished for. Just because it requires them to think a bit more. But they'll adapt.

Association of Optometrists (AOP)

6. CPD domains

Summary - What is changing and why?

The Standards of Practice which will replace the standards of competence for education as an underpinning for the CPD scheme will be divided into four main domains, with registrants required to do at least once piece of CPD in each domain.

In the consultation, the GOC said:

"The 19 Standards of Practice will replace the standards of competence for education and registrants will need to complete all 36 points with CPD based on this new framework. For the purpose of our CPD scheme, the Standards of Practice will fall into four main domains. Registrants will be required to do at least one piece of CPD in each of the four main domains:

- *Domain 1: Professionalism*
- *Domain 2: Communication*
- *Domain 3: Clinical practice*
- *Domain 4: Leadership and accountability*

We will then have two additional areas to help ensure that we are able to target known or emerging risks in registrant groups and/or areas of practice if the need arises:

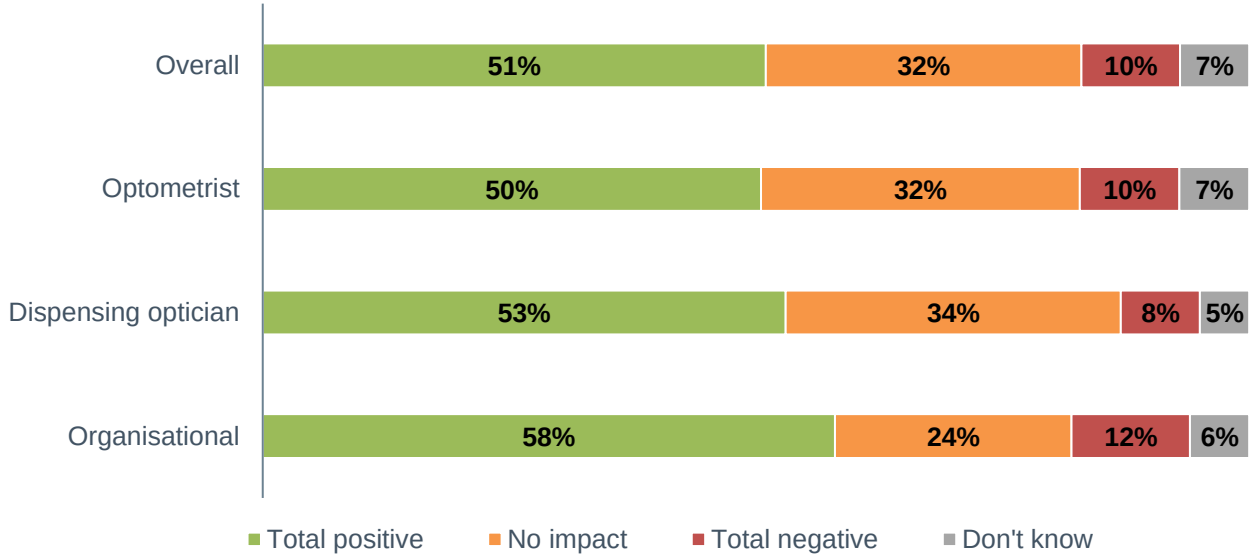
- *A: Specialty requirements. We will maintain current requirements for contact lens opticians and therapeutic prescribers to undertake CPD in relation to their specialty.*
- *B: Addressing current risks. We want to give ourselves the ability to set targeted CPD for a cycle and specify who does this CPD in areas related to risk, for example, we could require newly qualified registrants to undertake CPD targeted at their transition into clinical practice (instead of CPD in the four main domains), to address or fill known gaps in skill sets, or perhaps target all registrants as a result of issues raised through our FTP processes."*

6.1 Consultation survey response

6.1.1 Survey respondents were asked what impact, if any, requiring registrants to undertake CPD in the four domains identified will have on them or their organisation. The chart at ***Figure 12*** shows that, at an overall level, just over half of respondents thought this requirement would have a positive impact (51%). A third thought that this requirement would have no impact (32%). One in ten respondents overall thought it would have a negative impact (10%).

6.1.2 The perceived impact of this requirement is generally consistent across all respondent types, with the majority of optometrists (50%), dispensing opticians (53%) and organisations (58%) seeing a positive impact.

Figure 12 – What impact, if any, will requiring registrants to undertake CPD in the domains identified have on you/your organisation?
Base: All respondents (481), Optometrists (328), Dispensing opticians (112), Organisations (33)



6.1.3 Subgroup analysis of individual survey responses highlights that younger respondents aged 16-44 were more likely to be positive about this proposed change (60%) when compared with those aged 45+ (50%).

6.1.4 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this new requirement could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.

6.1.5 As shown in ***Figure 13***, those who thought the introduction of CPD domains would have a positive impact explained that the domains seemed sensible and that they were relevant to practice (53%, 54 comments). Around a quarter of comments related to the domains allowing for more relevant and tailored learning and the opportunity for specialisation (24%, 24 comments), and a similar proportion mentioned increased flexibility, choice and control for professionals undertaking their CPD (21%, 21 comments).

Figure 13 – Explanation for why the introduction of CPD domains will have a positive impact
Base: Respondents who thought it would have a positive impact and provided an answer (101)

Reason for positive impact	Number	%
Agree/sensible domains/relevant to practice	54	53%
Allows more relevant/tailored learning/specialisation	24	24%
More flexibility/choice/control	21	21%
Will help ensure safe practice/improve standards	16	16%
Focus should be on clinical skills/may create gaps in knowledge	9	9%
Good idea to set targeted CPD related to FtP/safety risks	9	9%
Further explanation/guidance needed	9	9%
Still too restrictive/more flexibility required	7	7%
Need to clarify if CPD can cover more than one domain	5	5%
Domains vague/unclear/overlap	4	4%
May be more difficult for providers/reduce availability of CPD	3	3%
Time consuming/additional workload	1	1%
Difficult to assess communication, professionalism etc.	1	1%
Not all registrants work in management/require leadership training	1	1%

6.1.6 ***Figure 14*** presents the types of explanations provided by those who thought that the introduction of CPD domains would have no impact. The vast majority of comments explained that this change would have no significant difference to education and training, with some commenting that the change was unnecessary (71%, 35 comments).

Figure 14 – Explanation for why the introduction of CPD domains will have no impact
Base: Respondents who thought it would have no impact and provided an answer (49)

Reason for no impact	Number	%
No significant difference/no real impact/unnecessary change	35	71%
Focus should be on clinical skills/may create gaps in knowledge	8	16%
Agree/sensible domains/relevant to practice	5	10%
Still too restrictive/more flexibility required	3	6%
Difficult to assess communication, professionalism etc.	2	4%
Further explanation/guidance needed	2	4%
Allows more relevant/tailored learning/specialisation	1	2%
More flexibility/choice/control	1	2%
Domains vague/unclear/overlap	1	2%
May be more difficult for providers/reduce availability of CPD	1	2%
Good idea to set targeted CPD related to FtP/safety risks	1	2%
More funding/support needed	1	2%

6.1.7 The views of those who thought the introduction of CPD domains would have a negative impact and provided an explanation are presented in ***Figure 15***. Half of comments explained that more focus should be given to clinical skills in order to avoid gaps in knowledge and skills (50%, 20 comments). Some comments expressed concern about the domains being vague and having the potential for overlap between domains and standards (20%, 8 comments). Although designed to be more flexible, some comments stated that the CPD domains would make the scheme too restrictive and that more flexibility was required (13%, 5 comments).

Figure 15 – Explanation for why the introduction of CPD domains will have a negative impact
Base: Respondents who thought it would have a negative impact and provided an answer (40)

Reason for negative impact	Number	%
Focus should be on clinical skills/may create gaps in knowledge	20	50%
Domains vague/unclear/overlap	8	20%
Still too restrictive/more flexibility required	5	13%

Reason for negative impact	Number	%
No significant difference/no real impact/unnecessary change	5	13%
May be more difficult for providers/reduce availability of CPD	4	10%
Further explanation/guidance needed	4	10%
Time consuming/additional workload	3	8%
Not all registrants work in management/require leadership training	3	8%
Agree/sensible domains/relevant to practice	2	5%
More flexibility/choice/control	1	3%
Need to clarify if CPD can cover more than one domain	1	3%
Will help ensure safe practice/improve standards	1	3%
Difficult to assess communication, professionalism etc.	1	3%
Good idea to set targeted CPD related to FtP/safety risks	1	3%

6.2 Qualitative consultation activity feedback

Generally positive feedback about the domains, which are viewed as logical and sufficiently broad to provide increased flexibility

6.2.1 Most registrants and stakeholders who took part in the qualitative research were generally positive about the proposed CPD domains. It was suggested that they appeared to make sense, dividing the standards up into logical groups. Some participants were also positive about the domains because they felt they provided registrants with consistency from the CET scheme by retaining some form of framework, using the Standards of Practice that they should be familiar with, but at the same time providing a greater degree of flexibility and independence.

I think that's quite a standard way of dividing things up and it will translate into other professions. They intuitively make sense.

Royal College of Ophthalmologists

Using the Standards of Practice to underpin CPD seems an absolutely appropriate framework to build it on, promoting consistency.

Moorfields Eye Hospital

6.2.2 One of the most widely discussed positive impacts of the CPD domains was that they should help to provide registrants with increased flexibility in terms of the CPD they can access and choose to undertake. A number of participants explained that the Standards within each domain were much broader when compared to the competencies set out in the standards of competence. They therefore felt that this would allow for a greater degree of flexibility for what could be included within each domain and within each Standard, therefore significantly increasing the choice of what they could choose to learn as part of their CPD in the new scheme. As highlighted in relation to other proposed changes, participants felt this would help move away from the 'tick box' exercise which many associate with the current CET scheme, where learning is completed and points are achieved simply to meet the requirements of the scheme, whether they are relevant or not to the individual.

With the current way it's divided – it's like 'binocular vision', 'communication', 'Standards of Practice' – it's fairly rigid. Whereas this one has a lot more flexibility. A lot of the time you're kind of getting points just to get your points, and you're going by what's available. If they're going to give you that kind of flexibility then…you can work around that depending on what you want to delve into, rather than just what's in the magazine that month. It gives you a bit more independence within the CPD.

Optometrist, England (North)

The current system is almost patronising, telling you what you're going to learn whether you like it or not. At least this way…you've still got the same amount of points, but you get that flexibility to decide on your own skills and where you need work.

Dispensing optician, England

6.2.3 A number of participants said that, by dividing the Standards into the domains in this way, it would make many topics and areas currently outside of or difficult to justify within the standards of competency framework more relevant to and eligible for CPD. Some of those who thought the use of CPD domains would increase the flexibility of the scheme also thought that, as a result, it would be easier for registrants to complete the required CPD during the cycle, as they would no longer be searching for CET points in areas which they may not practise or may have little interest in. Instead, they would be able to complete CPD that was of interest and would enable them to truly develop professionally, being able to source opportunities more easily within the flexible domains and Standards.

It just kind of emphasises the flexibility of the whole new system. Where sometimes it might be quite hard to get hold of certain CPD modules for example, if you have this option it just means it's more accessible.

Optometrist, England (North)

At the moment we have to provide education so that eight boxes can be ticked if they're an optometrist or 17 boxes if they're therapeutics, so it's not something we're unfamiliar with having to do. So having just four domains is going to be a piece of cake to ensure they get at least one piece of CPD or CET from each…It does make things easier.

Association of Optometrists (AOP)

6.2.4 Some participants highlighted that the current offering for CET that was not necessarily related to clinical practice could be of variable quality. It was, however, suggested that the introduction of CPD domains which covered areas outside clinical practice and related them to the Standards of Practice may result in more relevant and higher quality CPD being available to registrants that could be related to the other three domains of professionalism, communication, and leadership and accountability.

We really like them. I think there's been a fear within Wales for some time that, without being disrespectful, there's a lot of weird and wacky CET out there, so stuff that isn't science-based and isn't particularly clinical or helps optometrists develop their softer skills like professionalism, communication, leadership, accountability – those are really important. I think a lot of CET is going to be a lot more relevant and appropriate now.

Optometry Wales

Positive impacts expected in relation to the inclusion of the professionalism, communication, and leadership and accountability domains

6.2.5 When discussing the domain names, many participants expressed that they were pleased to see the inclusion of non-clinical areas including communication, leadership and accountability, and professionalism. It was widely suggested that CET focuses primarily on clinical knowledge and skills, with little attention given to these other areas. By including them as individual domains and requiring registrants to complete at least one piece of CPD within each domain per cycle, a number of participants felt that this would have a positive impact, as it would require registrants to think about how they could develop in these areas which they may not have considered before.

Pre-reg's tend to think that things like professionalism, communication, and leadership and accountability are a bit wishy-washy, but actually having them in their own domains puts emphasis on them and will make people focus on them. They are the areas that people are most likely to get in trouble for, so putting focus back to that is no bad thing.

Optometrist, Wales

I was pleasantly surprised to be honest about the domains that are there because myself and many others have been saying for some time that when we're doing CET, a lot of it focused on clinical practice, a little bit of communication and very little of professionalism and leadership and accountability…In day-to-day practice, what we do is communicate with our colleagues and patients, we ensure we maintain our professionalism to look after our patients so that they continue to trust us and be supported. Ultimately, leadership and accountability is an underpinning trait that is needed in all healthcare professionals. So for me, it's really good to see these…because it embeds it into practitioners who are currently active registrants.

Primary Eyecare Services

6.2.6 The domains of communication, leadership and accountability, and professionalism were often grouped together by participants, who explained that it was these areas in which learning and development was very important, either because it currently received little attention through the CET scheme, or because it was such an important area of practice for optical professionals. For example, communication was viewed as extremely important for registrants, as communication skills were vital to be able to ensure high levels of patient care. Having communication as a stand-alone domain was encouraging for many participants, particularly stakeholders, who felt that this would increase the importance given to communication and increase the development of registrants in this area.

From a Scottish Government point of view, we're after high standards of clinical care, we're after professionals, and communication skills are absolutely vital. If this pushes that message out there, then that's all well and good.

Scottish Government

The vast majority of published CET, as we speak now that are live, fall under the clinical practice domain. I think there's always been a big issue in less of a focus on some of the key things such as communication and the legal environment in which you work.

Optician Magazine (CET provider/approver)

The communication domain is really important – that is the bread and butter of optometrists, DOs and CLOs, so they need to be able to communicate.

Vision Express

6.2.7 Similarly, a number of participants expressed that they were pleased to see leadership and accountability included as a domain. They explained that they felt this was an area that was often not considered or overlooked in the optical sector, and that leadership was increasingly needed from registrants as their roles change and a greater level of responsibility is gained, working in multi-disciplinary teams and expanded roles and settings.

It feels relevant. It's nice that the leadership domain has been brought in because I don't think typically that's featured well or highly. I think it's the first time we've started talking about that and it's really welcomed to see that CET could be structured in that way.

Boots Opticians

I hope it will help registrants to think particularly about leadership and give them confidence to lead. I don't think it comes naturally to everyone but it's so vital that they lead in their practices and support their patients. I think it will send a good message out about patient care and patient safety.

Scottish Government

I absolutely love that…Too many of my colleagues behave like technicians and they're frightened to make decisions and to take ownership and accountability – they want us to create a set of rule books and a framework for decision making and it's not possible.

Optical Consumer Complaints Service (OCCS)

6.2.8 Including the domain of professionalism was also viewed in a very positive light by some participants, who again explained that the current CET scheme did not cover it sufficiently, despite it being an area of high importance for registrants. It was also highlighted that moving towards a CPD scheme and away from a CET scheme would require a greater degree of professionalism from registrants, therefore increasing the relevance of this domain.

Having a domain that focuses on professionalism is very positive. I've done a lot of work in the past about the relationship between CPD and professionalism – CPD is a way in which professionalism is demonstrated and maintained, it's very much a two-way process.

The College of Optometrists

6.2.9 It was also highlighted that the domains of leadership and accountability, communication and professionalism were particularly important because these were areas that are perceived to be insufficiently covered during undergraduate training. Some participants felt that newly qualified optometrists and dispensing opticians were not sufficiently equipped in these areas, and that therefore including them as domains within the CPD scheme would ensure that they develop to the necessary standards after they qualify and begin to gain experience.

Particularly for newly qualifieds – when they come out of their pre-registration year they've had a lot of supervision and guidance so if they choose to move off and work somewhere that they're the sole optometrist in the practice, their leadership may not have fully developed in that first year. So it's very important that this skill is developed as an ongoing skill over time.

Vision Express

We teach clinical practice and, to an extent, communication. What we don't teach in any sort of detail is professionalism, because that's what people learn whilst they're in their job…The domains and Standards cross over – I think it's quite good that we're focusing on professionalism.

Dispensing optician, England

6.2.10 A number of participants felt that the profession would benefit from including the domains of leadership and accountability, communication and professionalism in the new CPD scheme because it was within these areas that patient complaints and fitness to practise cases were more likely to originate. They explained that patients were more likely to complain about a registrant in relation to their skills and practice in these areas, rather than their clinical knowledge and abilities, something which was confirmed by the OCCS stakeholder interview. Therefore by ensuring that registrants are developing in these areas in the new CPD scheme, this may help to reduce the level of risk to patients in these areas, and ultimately reduce the number of complaints and fitness to practise cases.

I love the communication domain because, from an OCCS perspective, that's where we see the problems.

Optical Consumer Complaints Service (OCCS)

If you look at why people get struck off from the GOC, it's almost always because of poor communication and record keeping. It is rarely misdiagnosis or conning people…I would maybe look at preparing providers to increase the provision in those areas that previously have been under-represented.

Optician Magazine (CET provider/approver)

If you were to show the domains to patients, which is who the GOC is looking after, most of the problems that patients have with optometrists are reflected in the professionalism, communication and accountability domains rather than clinical practice…I can see why it looks weird because we're a clinical profession, but in terms of what matters to patients they almost take it as a given that the clinical stuff is alright, and it usually is. The things that cause problems for patients and optoms is often around lack of professionalism, lack of communication, lack of accountability.

Optometrist, Wales

6.2.11 As the inclusion of these domains would likely result in new areas of focus within the CPD scheme, some participants suggested that this may be confusing for some registrants at first, as they are currently accustomed to CET being primarily related to clinical knowledge, skills and development. Therefore support and guidance will be required from the GOC.

Optometrists and dispensing opticians are going to be a bit confused because the key category of clinical skills is the thing they focus most on in their CET, but it's one of four. But the messaging of professionalism, communication and leadership and accountability are absolutely vital and often overlooked.

Scottish Government

Mixed feedback about the requirement to complete one piece of CPD per domain

6.2.12 Some participants provided positive feedback on the requirement for registrants to complete one piece of CPD within each of the four domains per cycle. They felt that this requirement would allow for increased flexibility in comparison to the current CET scheme, as it would provide the ability for registrants to focus their CPD in areas that were more appropriate and relevant to their scope of practice, that they are more interested in, or that they feel that they actually need to develop in.

There might be an optometrist who is more interested in the clinical aspect so they're happy to get the minimum requirement for the others but be heavier in the clinical practice element. The next optometrist might be really confident clinically, but feel that they need more help with communication so they might have more CET there. If there's flexibility, then the optometrist or dispensing optician can tailor it to themselves.

Therapeutic prescriber, England

I think the fact it's been split into four different categories and people have to do a minimum of one per domain is going to make people have a greater breadth of training and CPD than finding a single competency that's vaguely related just so they can get that point. The current scheme is a very student way of looking at things – ticking a box to move on.

Dispensing optician, England

6.2.13 However, some participants were concerned about this requirement. They explained that providing this degree of flexibility may result in registrants concentrating too heavily in one domain at the expense of others, and therefore potentially deskilling in certain areas of knowledge or skill. Again, participants highlighted that people tend to avoid areas that they do not like, and that this requirement would allow them to do this. It was suggested that there could be a similar requirement in place to allow registrants some level of flexibility, but that perhaps just one piece of CPD per domain was insufficient to ensure that registrants were developing in all domains.

I think the rigidity of it at the moment actually works well…If it's more flexible, I will find that I'm actually avoiding things and thinking, 'Well, I don't need to do that, so I won't bother doing it'. And that's quite dangerous, because we do need to keep up to date and make sure that we know all the things that we should know.

Optometrist, England (Midlands)

Personally, I think we should be doing one from each area each year…The concern or the worry is that you have people completing the Standards of Practice in those four areas and, although the clinical bit is in there about keeping your skills up to date, you technically then have a situation where you could have somebody who isn't doing that…Our dispensing opticians already tend to not go for low vision as much as our other competencies in CET…but from an ABDO perspective, we really want them to be doing that and we know they should be doing that. They have to do that because it's a competency currently, but when it's not, are dispensing opticians going to become deskilled in low vision? I think a chunk of them will.

Association of British Dispensing Opticians (ABDO)

6.2.14 In particular, some participants expressed concern about the requirement allowing registrants to only complete one piece of CPD in the clinical practice domain, as this included the Standard about keeping knowledge and skills up to date. They felt that one piece of CPD in this area would not be sufficient, as it could result in considerable deskilling of some registrants in many areas given the broad range of topics this included.

In clinical practice and keeping your knowledge and skills up to date, you only have to do one hour in that in three years. One hour is actually just one piece of CPD or CET as it is currently – that's very minimal.

Asda Opticians

I'm surprised it's so low…One point is one hour of content and there's 36 points, so you could effectively put 33 hours of content into professionalism and only do one hour in communication, one hour in clinical practice and one hour in leadership. So it's surprising to me that they're not driving more breadth across the competencies. For me it's about clinical practice and about the patients.

CET provider

I think we should have to do more than one piece of CPD in each domain. To put a number on it, I think you're looking at doing at least three because clinical practice has got three standards in it and we can't have people out there not doing CPD in clinical practice. Whether they're a manager or they're not seeing patients so much, they're still clinicians.

Dispensing optician, England (North)

6.2.15 However, some participants conceded that, in reality, registrants would naturally complete more than one piece of CPD in most domains, particularly clinical practice, given the nature of the profession and the roles of most optometrists and dispensing opticians and the current CET that is available. They felt it was more likely that, for the majority of registrants, it would be the other three domains where registrants completed fewer pieces of CPD.

Realistically I think very few people would not do more than one thing in clinical practice. Out of the four domains, that's probably the one that people will be most keen on maintaining and might see the others as a tick box exercise. Clinical practice is a fear for optometrists – not being able to recognise pathology or treat patients appropriately. So I would imagine that most optometrists would make sure that they keep on top of that.

Optometrist, Wales

Some criticism of the domains being vague, basic or too generalist

6.2.16 Despite a lot of positive feedback about the CPD domains, some participants were more critical. A number of participants were concerned that the domains and the Standards within them could be seen as vague, general and basic, explaining that what they set out were the minimum requirements that a registrant should be following to ensure safe practice. Therefore the domains did not necessarily suggest the need to develop and further knowledge and skills in these areas. It was suggested that only the Standard to keep clinical knowledge and skills up to date mandated any kind of advancement beyond basic requirements, but it was felt that even this Standard was very broad and lacking in depth and detail.

The leadership and accountability elements don't really describe what I would expect to see under that domain – they're very reductionist and limiting. CPD shouldn't be just about meeting basic professional responsibilities; it should also be about learning and development activity relevant to scope of practice and role that supports continuous improvement. The domain feels a little light… it needs to be grounded in contemporary patient-centred professionalism.

The College of Optometrists

I'd say that keeping your knowledge and skills up to date in the clinical practice domain is quite broad – that's basically what you're doing in your CET but you've got that in one small point. It might be better to break that point down, but then you're going back down the route of competencies. I think it should be expanded a little bit more.

Dispensing optician, Northern Ireland

Concern that there is not enough focus on the clinical domain

6.2.17 Another concern raised by some participants when looking at the proposed CPD domains was with the number of Standards in each domain. Some participants noted the difference between professionalism, which included nine of the Standards, and clinical practice, which included just three of the Standards, leading them to question whether sufficient weighting was being given to clinical practice in the new scheme. Whilst there was acknowledgement that professionalism was very important, some participants felt that the balance between these two domains did not seem appropriate.

It's interesting that the clinical practice part of it is so small compared to professionalism…If you thought about it, you could put a lot of them into clinical practice. We've gone from being very restrictive to very vague, but I suppose this has got to be in place for decades to come.

CET approver

It could be seen that the clinical element is very small compared to the other domains. It's not so much the balance is wrong, but the relevance of the other domains to safe, effective clinical practice needs to be drawn out.

The College of Optometrists

The one thing that did strike me is that the professionalism section is far larger than the other ones. It would be interesting to see if any of those could be shifted across to any of the other ones to even out the domains without compromising the suitability of an individual Standard under that domain.

British Contact Lens Association (BCLA)

6.2.18 Some participants felt that more weight should be given to the clinical practice domain, as they thought that, although more complaints may be related to communication and professionalism, it

was in this area that where the greatest harm could come to patients if registrants do not keep their clinical knowledge and skills up to date. It was suggested that, even though the domain contained fewer Standards, the new scheme could require registrants to obtain a greater number of points within the clinical practice domain, rather than just requiring one piece of CPD in line with the other three domains.

Considering the one domain that has the potential to cause the patient most significant harm is the clinical one, it looks like very vague wording, so I think you could take it one of two ways. You could focus on something very basic and get your CPD requirements but you're not meeting the high standard, or you could go with something very niche. The points in the professionalism domain are important, but there needs to be a lot more detail on the clinical side. It should reflect the varied clinical nature of the profession much more. The underpinning role is very clinical, whereas when you look at the domains it looks very much weighted towards surrounding skills…If you fall into a fitness to practise issue, it's likely to be the clinical practice that should be heavily weighted.

Association for Independent Optometrists & Dispensing Opticians (AIO)

Communication and clinical practice are still the foundation of what we do and should potentially have a higher weighting against professionalism, leadership and accountability.

Moorfields Eye Hospital

How much weight is on each of them? You could have one point in clinical practice and 30 points or whatever on professionalism, and that doesn't seem quite right. Surely as a clinician – obviously, you'll excel in certain areas – but you have to be competent in learning and keeping up with every area.

Optometrist, Northern Ireland

6.2.19 It was also suggested that the clinical practice domain could be further subdivided to provide a greater number of requirements that related to specific areas of practical skill, in order to create balance between increased flexibility within the other domains, and ensuring that the core competencies of clinical practice are met.

It would be better if clinical practice was subdivided further and you had to do a little bit of each area of clinical practice. There has to be a bit of variety. I think that would be in clinicians' and patients' best interests and ultimately, it's the patients who we're accountable to.

Optometry NI

As seen with all other changes, the CPD domains will need to be clearly communicated to registrants to work and avoid confusion

6.2.20 A number of registrant participants expressed some confusion about how the new CPD domains would work in reality. Rather than seeing the Standards as areas in which they could develop their knowledge and skills, they questioned how the Standards could be used to measure their abilities or how they could 'prove' that they had the required level of skill in each domain. A number of these participants said that this would be difficult, as the things listed in the Standards encompass what they are already doing every day, and that the majority of CET they complete is related to more concrete aspects of clinical practice.

How would you prove it? For example, 'maintain confidentiality and respect your patients' privacy' – how would you prove that? The current CET that we do is very clinical and it's a clear-cut answer and you discuss it within your group, but something like that – how would it look?

Optometrist, England (South)

A lot of them I think will be quite hard to meet…things you kind of just do day to day that are just sort of underpinned in what we do, rather than 'developing', in that sense. I don't know how you're going to do CPD to show that you can communicate and keep patient records. I think the CET that is available now will have to change quite dramatically really to cover professionalism, communication and leadership. I think most of the CET available now is more towards clinical practice.

Optometrist, England (North)

How would you assess that somebody's honest and trustworthy?

Therapeutic prescriber, England

Questions about how the domains would work in practice

6.2.21 When looking at the domains and Standards together, some participants questioned how the new CPD scheme would work in reality. A number of participants raised the question of what would happen if a piece of CPD could relate to more than one domain, providing various examples of topics that could be categorised as, for example, clinical practice and communication, leadership and professionalism, or even all four domains at once. It was agreed that more information was required from the GOC to help registrants understand how this issue would be resolved and how the domains would work in practice.

I wasn't sure whether a piece of CPD could belong to more than one domain. You could be doing something clinical and also communication – for example, going to an event about glaucoma and then you're talking about how you break the news to that patient but it's only branded as a clinical event. I'm unsure whether the GOC are proposing that a piece of CPD can only fall into one domain, whether it can be more than one, or whether it's up to me to decide what it falls under.

Optometrist, Wales

I think one answer the GOC weren't able to give us is whether or not one piece of CET could cover more than one domain. At present, one piece of CET could cover three or four competencies – very often two or three.

Association of Optometrists (AOP)

6.2.22 This finding highlights, as seen in relation to other proposed changes to the CET scheme, that the GOC will need to ensure that this change is carefully and clearly communicated across the profession to ensure all registrants understand how the new scheme will work. Many registrants will be very accustomed to the current CET model and may find moving to a more flexible, Standards-based model of CPD to be a difficult transition, and will therefore rely on guidance from the GOC to help them adapt and answer any queries they may have.

None of them are things that the profession won't have heard of, but I think registrants will need help to understand where this bit of their job role belongs or how they express a CPD aim in their personal development plan. I think they're going to need some practical guidance and tools.

The College of Optometrists

Some feel this change does not suggest moves towards 'true' CPD

6.2.23 Some participants were more sceptical of the CPD domains, the use of the Standards to underpin the new CPD scheme and the continuation of requiring a specific number of points to be completed. One stakeholder explained that the proposed changes did not go far enough to move towards a true CPD scheme by using the Standards of Practice to underpin it, as they did not believe that

they set out the expanding of knowledge and skills. Whilst it may be a step in the right direction, they viewed these changes as moves towards what they described as 'CPD lite', in that it was a combination of both a CPD and CET scheme.

It is sensible for CPD to be linked to the GOC standards but, as listed, these see still to be 'entry level' rather than expansive or developmental. For instance, there is nothing about expanding clinical knowledge and skills which is what we would have expected …or indeed about learning something new or trying something new. The current proposals do not look like a CPD framework for a profession which has confidence in itself and the clinical benefit it is bringing to the nation…Given the rapidly expanding scope of the roles of optometrists and dispensing opticians, this proposed framework sadly looks like 'CPD lite' for an aspirant but not established clinical profession.

Federation of Ophthalmic and Dispensing Opticians (FODO)

6.2.24 Some participants also highlighted their surprise that the changes to the CET scheme did not propose moving away from a points based system. They highlighted that they were aware of other professions which did not use points, or others which used time instead of points. It was felt that retaining a points based system prevented the changes being proposed allowing for what they perceived to be 'true CPD', as it retained a rigid framework for registrants to work within rather than giving them the freedom to choose how they want to learn and develop.

If I have a concern over anything, it's the maintenance of a minimum number of points within a revised system. My preference would be a number of hours rather than points – a more modern way of doing something essentially very similar. It alters the thought process from a number of points to a number of hours spent doing something.

Optical Express

I think it's better to go for high quality CPD and do the reflection rather than focus on getting the 36 points – it makes it more meaningful, helps you to interact and relates more to your practice.

Contact lens optician, England (Midlands)

We feel the GOC should be a little bolder and get rid of CET points. Our view is that the proposed system seems to be a hybrid – it's taking the step and saying it's CPD…but somehow we're still left with people having to collect points, so the focus remains on learning inputs, rather than on learning outcomes. Are we swapping one sort of checklist system for another? There are many ways in which registrants can demonstrate their effective engagement in CPD, but the emphasis should be on what they distil from their learning and development activity and how they apply and reflect on their learning in practice. This is a very different approach from collecting points from activity.

The College of Optometrists

7. Non-approved CPD

Summary - What is changing and why?

Registrants will be allowed to participate in CPD that has not been formally approved for the purposes of the GOC CPD scheme as long as it meets certain requirements.

In the consultation, the GOC said:

"In our current scheme, we approve all CET before registrants complete it. Following consultation in 2018, we heard clearly that the sector thought we needed to retain a core of CPD to prevent deskilling. However, a lot of registrants undertake CPD with other professionals or as part of their contracts with the NHS which cannot be counted under the current scheme. This interprofessional learning is extremely valuable and we want our new scheme to acknowledge and recognise this.

In the next cycle, starting in January 2022, we will allow registrants to undertake participate in CPD that has not been formally approved for the purposes of the GOC CPD scheme as long as:

- *it is at least one hour in length;*
- *it has been developed for healthcare professionals;*
- *a short written statement is completed after completing the CPD to explain why it is relevant to a registrant's own CPD; and*
- *no more than 50% of a registrant's overall total CPD should come from non-approved CPD sources. A minimum of 50% of a registrant's CPD must come from approved CPD sources.*

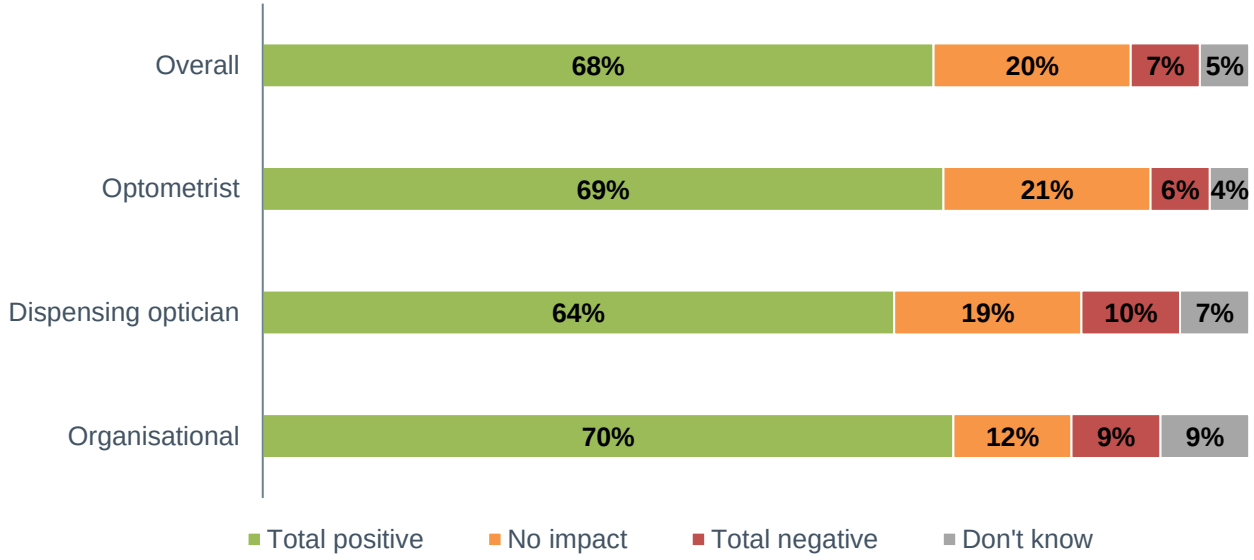
All non-approved CPD will gain a standard one point for every hour undertaken up to a maximum of three points per activity. We will introduce an audit system for registrants undertaking non-approved CPD whereby 10% of registrants completing non-approved CPD are audited each year."

7.1 Consultation survey response

7.1.1 Survey respondents were asked what impact, if any, allowing registrants to use non-approved CPD to count as points towards their CPD will have on them or their organisation. The chart at ***Figure 16*** shows that, at an overall level, the majority of respondents thought this change would have a positive impact (68%). One in five thought that this change would have no impact (20%), and just 7% thought it would have a negative impact.

7.1.2 The perceived impact of this requirement is generally consistent across all respondent types, with the majority of optometrists (69%), dispensing opticians (64%) and organisations (70%) seeing a positive impact.

Figure 16 – What impact, if any, will allowing registrants to use non-approved CPD to count as points towards their CPD have on you/your organisation?
Base: All respondents (484), Optometrists (326), Dispensing opticians (110), Organisations (33)



7.1.3 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this new requirement could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.

7.1.4 As shown in ***Figure 17***, those who thought allowing registrants to use non-approved CPD to count as points towards their CPD would have a positive impact focused on the ability to use previously uncredited learning, which would now be recognised (40%, 81 comments). A large number of comments also highlighted the benefit to interprofessional and multi-disciplinary learning (29%, 59 comments), how this change would make it easier to meet the requirements of and organise CPD (27%, 55 comments), and how it would enable more tailored learning and flexibility within CPD (26%, 52 comments).

Figure 17 – Explanation for why allowing non-approved CPD will have a positive impact
Base: Respondents who thought it would have a positive impact and provided an answer (201)

Reason for positive impact	Number	%
Recognises/validates currently uncredited learning	81	40%
Interprofessional learning/working beneficial	59	29%
Will make it easier to meet requirements/organise CPD	55	27%

Reason for positive impact	Number	%
More tailored learning/flexibility/choice	52	26%
Encourages further learning/development/improvement	47	23%
Good idea/welcome change/overdue	43	21%
Beneficial for hospital optometrists	26	13%
Further explanation/guidance needed	13	6%
Still too restrictive/more flexibility required	12	6%
May improve practice/patient care	11	5%
Auditing/monitoring essential	8	4%
Potentially open to abuse	7	3%
Learning opportunities not always one hour long	7	3%
50% non-approved CPD too high	6	3%
May reduce standards/potential for deskilling	4	2%
More funding/support needed	4	2%
36 points too low/points required should be increased	2	1%
No impact/unlikely to undertake non-approved CPD	1	0%

7.1.5 The comments of those who thought that allowing non-approved CPD would have no impact and provided an explanation are shown in ***Figure 18***. The largest proportion stated that this change would have little or no impact because they were unlikely to undertake non-approved CPD (38%, 11 comments). Whilst also highlighting that this change was a welcome idea and potentially overdue (21%, 6 comments), those who thought the change would have no impact also mentioned some concerns shared with those who thought it would have a negative impact, as shown in ***Figure 19***.

Figure 18 – Explanation for why allowing non-approved CPD will have no impact
Base: Respondents who thought it would have no impact and provided an answer (29)

Reason for no impact	Number	%
No impact/unlikely to undertake non-approved CPD	11	38%
Good idea/welcome change/overdue	6	21%
Unnecessary/enough approved CPD/all CPD should be approved	3	10%
Still too restrictive/more flexibility required	2	7%
Recognises/validates currently uncredited learning	2	7%
50% non-approved CPD too high	2	7%
Potentially open to abuse	2	7%
Further explanation/guidance needed	2	7%
Auditing/monitoring essential	2	7%
More tailored learning/flexibility/choice	1	3%
Will make it easier to meet requirements/organise CPD	1	3%
Interprofessional learning/working beneficial	1	3%
Learning opportunities not always one hour long	1	3%

7.1.6 The small number of those who thought allowing non-approved CPD would have a negative impact and who provided an explanation highlighted their concerns about this change are shown in ***Figure 19***. The largest number related to the change making the CPD scheme potentially open to abuse (43%, 10 comments), followed by concerns about a fall in standards and potential for deskilling (35%, 8 comments), concerns about allowing up to 50% of a registrants' CPD to be non-approved (17%, 4 comments), and comments about the change being unnecessary as there is sufficient approved CPD available and that all CPD should be approved by the GOC (17%, 4 comments).

Figure 19 – Explanation for why the introduction of CPD domains will have a negative impact
Base: Respondents who thought it would have a negative impact and provided an answer (40)

Reason for negative impact	Number	%
Potentially open to abuse	10	43%
May reduce standards/potential for deskilling	8	35%
50% non-approved CPD too high	4	17%
Unnecessary/enough approved CPD/all CPD should be approved	4	17%
No impact/unlikely to undertake non-approved CPD	2	9%
Auditing/monitoring essential	2	9%
Good idea/welcome change/overdue	1	4%
Still too restrictive/more flexibility required	1	4%
Will make it easier to meet requirements/organise CPD	1	4%
Recognises/validates currently uncredited learning	1	4%
Encourages further learning/development/improvement	1	4%
Interprofessional learning/working beneficial	1	4%
Further explanation/guidance needed	1	4%

7.2 Qualitative consultation activity feedback

Generally a very popular change due to the increased flexibility and accessibility it will provide

7.2.1 Many participants were immediately very positive about the proposal to allow registrants to complete non-approved CPD as part of the new scheme. A number of registrants and stakeholders explained that this was something that many within the profession had been wanting for a long time, and therefore said that they would really appreciate this change. It appears that a significant number of registrants are already completing non-approved CET on a regular basis without receiving any points for it, and therefore this change will allow them to use this learning to count towards their CPD in the new scheme.

Personally I've done some extra pieces in dementia, some extra pieces in other things. I do quite a lot of paediatric work, so I've learned some very basic Makaton and things like that to enable me to communicate better with patients with developmental delays or specific syndromes, or things like that. And I would like to see that recognised by the regulator.

Dispensing optician, Scotland

I think it's a very positive thing and will be well received by all. If we take the example of learning and development at Optical Express, we do a lot of non-approved CPD already. At the moment an optometrist may spend time engaging one of our central clinical services optometrists on case management and we regularly undertake training on practical areas of optometry such as diagnostic scan interpretation and management. Optometrists also interact and develop with input from a consultant ophthalmic surgeon. This is continual professional development so therefore it should be allowed to be utilised by the individual registrant to count towards their CPD.

Optical Express

7.2.2 It was suggested that this change furthered the concept of giving registrants more control of and responsibility for their own development and learning, which most participants felt would be well received across the profession, as it was something most registrants had the appetite for.

Ultimately, it's kind of handing over responsibility to the individual practitioner…to choose the field they want to go and develop in.

Contact lens optician, England

We are used to making decisions for other people, for our patients. We can make the decisions for our own personal development ourselves. We don't have to be told by the GOC what to do. So whilst there is an element of compliance, it's putting the emphasis on the individual – and I think that's a very positive thing.

Optometrist, Scotland

7.2.3 As with the other proposed changes to the current CET scheme, it was felt that allowing registrants to complete non-approved CPD would significantly increase the flexibility of the new scheme. A number of participants said that this would better enable registrants to explore topics that were of relevance and interest to them in their role, undertaking learning opportunities from non-approved sources which would otherwise never have been approved by the GOC, and still gain points towards their CPD.

I've often thought it would be great if we could do some ENT or neurology CET, or something that really stretches us, that we don't know much about. And to be able to do that and have it count towards your points I think is a great idea.

Contact lens optician, England

There's a huge amount of education and training available, particularly in secondary care, that wouldn't at the moment be accredited through the GOC, but constitutes immensely valuable learning, so I think it's a right step in the right direction.

Moorfields Eye Hospital

7.2.4 This change was further seen to increase flexibility of the CPD scheme as it would enable points to be obtained from ad-hoc learning opportunities such as meetings and peer discussions, something which many registrants currently experience and cannot currently include within their CET.

Sometimes in the hospital we have a Friday afternoon audit meeting and… we don't have the prior knowledge of the programme and a copy of the talk etc. to put forward to get points. And sometimes the learning you can get from some of these other things is better, if not equally as good as a previously designed talk, conference, whatever. I think it's a good thing.

Optometrist, Northern Ireland

It was felt that this is going to be a lot easier to deliver more ad-hoc learning and I think that the younger generation really gripped onto it and felt it was progressive and really embraced it. The GOC have nailed it there, I think. They understand what newly qualifieds want.

Optometry Wales

It's important to recognise that formal education and training isn't just done by attending certain events once or twice a year. It can be a meeting, a peer review session, peer discussion…Optometrists being able to utilise that will only serve as benefit to them and their development.

Optical Express

7.2.5 A small number of participants also highlighted that this increased flexibility via non-approved CPD would enable registrants to undertake learning from other countries if it was relevant to their role and scope of practice. They explained that this could provide a wealth of useful opportunities for registrants.

I think it's good to have a percentage of CPD that could be earned in this way, because you may have optometrists going to overseas conferences and you can get that approved as a registrant – if you go to a

US conference, you know you're going to get content that's relevant to a UK optometrist but it's not easy to get it accredited at the moment for your own account. That side of it is good.

Association of Optometrists (AOP)

7.2.6 Another positive impact of this change related to increased flexibility was that it would allow CPD to be designed and arranged much quicker, without having to go through the GOC approval process. This would allow registrants to more easily access learning and would enable them to create personal development plans which are more achievable and responsive to changes in roles and the wider profession.

It's very difficult to plan when everything has to be accredited. I don't really see how you can create a plan at the start of the cycle and then guarantee that that's the areas you're going to be able to cover. I think if you can get some that aren't accredited, then it will be a lot easier to make your professional plan for the next cycle.

Optometrist, England (North)

In our practice we've found it really difficult to get CET approved, even when we've literally lifted it from the GOC and sent it back to them…We've tried to do our own peer review a few times and it just hasn't come off, because it's been so stringent…So I do think that taking any barriers away from people actually doing additional learning can definitely be a good thing.

Optometrist, Northern Ireland

This change will improve interprofessional learning and sharing of resources

7.2.7 A key benefit of allowing registrants to undertake non-approved CPD, suggested by many participants, was that it would enable CPD from other healthcare professions that may still be of benefit to optical professionals to be utilised and to count towards their CPD. In both primary and secondary care, many optometrists and dispensing opticians are working closely with other healthcare professions, including pharmacy, dentistry, nursing, and medicine. As a result, some participants said that they already participate in various learning opportunities with other professions that they find beneficial to their role, but which do not provide them with CET points within the current scheme. As it was likely these opportunities would be able to count towards their CPD in the new scheme, these participants were very positive towards this change.

In a hospital setting, we have weekly teaching and also monthly speciality teaching. It counts towards the medics' CPD and nurses' CPD, but we have to go, we present, and we don't get anything. This is going to be really great.

Optometrist, England (South)

I work alongside a lot of pharmacists, and to be able to maybe attend an event with them and claim professional points, and actually be able to talk about a certain topic with them – I'm all for that.

Contact lens optician, England

I think it's quite a positive change really. I work in a hospital, so we do quite a lot of what is considered CPD for the junior doctors…Things like diabetic macular oedema, with the new drug that's been introduced – it's very relevant to what we do day to day, but it's not counting towards what should be our continued development throughout our career.

Optometrist, England (North)

We would like to look at encouraging interprofessional learning – we're seeing a lot more practice between primary and secondary care in community care, so having the greater ability to have shared continuous learning with other healthcare professions is a very positive thing.

Association of British Dispensing Opticians (ABDO)

7.2.8 Even those who did not already undertake learning alongside colleagues from other healthcare professions highlighted that this change could open up a wide range of new and beneficial CPD opportunities for them, allowing CPD resources to be shared more easily amongst professions. It was felt that increasing the sharing of learning opportunities may help to further multi-disciplinary working and increase the role and standing of optical professionals in the wider healthcare team.

In terms of things like professional record keeping, things like that, we could access CPD from GPs, dentists, see what those guys are doing and apply that to our practice…And it would be a bit more variety, seeing how other professionals work. As long as it applies to us as well.

Optometrist, England (Midlands)

We think it's positive for multi-disciplinary learning between professions…As we're seeing already, if an optom is working alongside an ophthalmologist or another colleague then if they have some sort of in-house training that isn't approved that they can still record it and benefit from it – that's a really good idea.

The College of Optometrists

I think it means that, for us, we could share resources with our pharmacy teams so there is a lot of crossover between pharmacy and optical – stuff that isn't GOC approved but is good for CPD so that we could share the resources and do more cross-functional working from that would be beneficial. Also great for registrants who work in more specialised roles to be able to form their CPD around the roles they do.

Asda Opticians

The COVID-19 pandemic has highlighted that this change is needed and will have a positive impact

7.2.9 A number of participants explained that the recent COVID-19 pandemic has highlighted that allowing registrants to undertake non-approved CPD will be very beneficial. In the early stages of the pandemic, it appears resources were being widely shared between healthcare professions, with learning being carried out on an ad-hoc basis in relation to things such as personal protective equipment (PPE) and infection control. Participants said that, had non-approved CPD been available at this time, they would have been able to use this training towards their CPD.

Due to this whole coronavirus we looked into PPE and there was no guidance early on, so I spoke with some colleagues – a pharmacist and a dentist – and I accessed some of their videos to find out what we were supposed to do…If that had been in then that would have been great, because then that would have been CPD as well.

Optometrist, England (Midlands)

During lockdown there was a fantastic amount of worldwide webinars and lectures. None of it was CPD approved but it was really good learning, so this is a good move.

BBG-CET (CET provider)

Criticism of the requirement for non-approved CPD to be designed for healthcare professionals

7.2.10 Some participants were supportive of the change to allow non-approved CPD to be undertaken, but were critical of the requirement that any non-approved CPD must have been designed for healthcare professionals in order to be included. It was suggested that by limiting non-approved

CPD to only opportunities designed for healthcare professionals, registrants may miss out on potentially beneficial learning. It was also suggested that this restriction seemed to go against the rest of the changes being made to the scheme which allowed for more flexibility.

There are lots of providers of very relevant training that optics could learn from that aren't necessarily healthcare providers…HTML programming, HR policy, how you do good performance reviews and performance management, how you conduct disciplinaries. They don't have to be for a healthcare professional, they just have to be good.

Dispensing optician, England

The only thing that I would challenge is that the CPD has to be developed for healthcare…You could have a registrant who is very interested in learning from errors and in developing their approach to human factors and ergonomics. They could get a lot of value from working and developing their expertise in that field. It's not specifically designed for the healthcare sector so that might be a bit of a bear trap. I think the health system, in terms of sharing knowledge and getting insight from other industries, can be quite closed at times. You wouldn't want that to be too much of a constraint.

Patient Safety Learning

7.2.11 Some participants highlighted that this restriction seemed particularly at odds with the new CPD domains, which included professionalism, communication, and leadership and accountability. They explained that quality training in these areas could easily come from outside the healthcare sector, and may, in some instances, be of better quality, or come from a different outside perspective that would be beneficial for optical professionals. Therefore it was seen that imposing this requirement on non-approved CPD would be very limiting in terms of allowing registrants to develop in the new CPD domains outside clinical practice.

We recognise the need for quality assurance and all CPD should of course be relevant and accredited. However, we do not understand why would the GOC would constrain this this only to development provided for healthcare, when CPD can often involve cross-discipline learning. This seems to be an unnecessary restriction which, we are concerned, might rule out training by external providers (e.g. in statistical analysis, jurisprudence, choice and human rights, or leadership, which might benefit individuals and the professions overall) just because it is not offered by a healthcare provider.

Federation of Ophthalmic and Dispensing Opticians (FODO)

Leadership and accountability comes in every walk of life and there may be non-healthcare professional training that adds value in that particular domain. So whilst I'm supportive of the principle of things generally being designed for healthcare professionals, because there's a lot out there, I feel like there is a place for non-healthcare professional development in some of the domains…Healthcare professionals have a lot to learn in some of these domains which is potentially outside of the healthcare arena.

Primary Eyecare Services

Criticism of the requirement for non-approved CPD to be at least an hour in length

7.2.12 Another criticism lodged at the requirements of non-approved CPD was that it must be at least an hour in length. A number of participants were concerned about this requirement, explaining that many of the opportunities that they could think of which are non-approved that they could potentially benefit from via this change were not actually an hour in length. This included some lectures, meetings with colleagues, activities undertaken during lunch breaks, short video tutorials, and the time taken to read informative articles. They therefore questioned how beneficial this change would be, as a significant proportion of their new opportunities to undertake non-approved CPD would not meet the hour length requirement.

I think everything is good about this – except the one hour thing. A lot of the conferences, in particular, ophthalmology conferences that I've gone to, the lectures are 50 minutes long, to allow people to get from room to room. So they're already cutting out a whole swathe of potential learning. Also, hospitals often have lunchtime sessions, and they won't be an hour. And equally, say you wanted to do something like read a journal article – that may not take an hour to do, but you might learn an awful lot from that.

Therapeutic prescriber, Scotland

If you're doing something with an ophthalmologist like a discussion, you may not have an hour to have that discussion. You may only have half an hour or 45 minutes so I don't think the time should reflect the quality of discussion and learning that is taking place, because you can still have a very useful and informative discussion in half an hour. So I think the time is a bit restrictive.

Vision Express

7.2.13 These participants also questioned the reason behind the hour restriction for non-approved CPD and what evidence it was based upon. They highlighted that they could think of many excellent learning opportunities that did not last for an hour, and furthermore felt that conducting learning in shorter periods was actually more beneficial for registrants in terms of their ability to digest information, remain engaged, and fit it in amongst their work commitments.

The one hour thing is just baffling. There's no evidence for one hour being a good amount of time for anybody to learn anything. Twenty minutes is probably all anybody can concentrate for anyway without some sort of break.

Optometrist, Scotland

If I can learn as much from a 15-minute video on laser eye surgery as I would sat in a one-hour lecture, why is the YouTube video any less valuable? I'd love to break away from one-hour chunks.

Optical Consumer Complaints Service (OCCS)

There's definite scope for something to be less than an hour if you're gaining something out of it. If we think about concentration levels and how engaged people are going to be, I don't think your typical lecture presentation style of an hour is now the way to go forward. We see things like podcasts which are a lot less than an hour and quite established and effective now.

Optometrist, Wales

7.2.14 However, not all participants were critical of this requirement. Some stated that they expected the new CPD scheme to be realistic, allowing registrants who have attended a learning event that almost lasted an hour to be able to round this time up to an hour, using their professional judgement. Others stated that an hour was a reasonable amount of time for a piece of CPD, and that shorter opportunities may not be of the same level of quality.

I think an hour is fine…If I'm getting someone to talk, they talk for 45-50 minutes, because you might have ten minutes of questions and give a little bit of time for interaction with whoever is attending. So I think that is perfectly reasonable.

Optometrist, Northern Ireland

We're a professional group. We actually have to make time to keep our skills up to date. You can't just say, 'We need to fit it in the lunch hour, let's just shorten it', 'I'll just listen to this tape while I'm eating a sandwich'. I think that is selling the profession short.

Optometrist, England (Midlands)

7.2.15 Others suggested that, to avoid any problems with requirement, the GOC could consider the use of fractional points for CPD, for example allowing half a point to be assigned for learning that was only 30 minutes in length. This would mean that registrants did not miss out on new opportunities for non-approved CPD. It was explained that this approach was taken within other healthcare professions.

If you look at other system, doctors for instance can do half points, quarter points, so they still have roughly one CPD point per hour. Half an hour would be great…It's better having it more flexible.

Optometrist, Scotland

Concerns raised about allowing registrants to complete up to 50% of their CPD from non-approved sources

7.2.16 A number of participants, including both registrants and stakeholders, expressed some concern about the requirement that up to 50% of a registrant's CPD could come from non-approved CPD sources within the proposals for the new scheme. For many, this change was one of the most surprising, as it was a significant move away from a scheme where all CET had to be approved to allowing up to 50% of a registrant's CPD to be non-approved. Many of these participants explained that, whilst they were supportive of the move towards the inclusion of non-approved CPD, they felt that setting the threshold at 50% immediately was very high and potentially a concern. Suggestions for what proportion they had expected to see ranged from 10% to 30%.

I'm surprised it's as high as 50%. I thought it would've been more like 30% coming from non-approved.

Dispensing optician, Wales

50% is really high. You're going from such a structured CET to go to 50% basically, 'You can do what you want to do'. It does seem like a massive amount to have non-approved in the first go.

Optometrist, England (South)

This is the most controversial change within the scheme. To go from having every single piece of CET scrutinised by at least one approver and getting batted back and forth, then almost going to the extreme and saying, 'Well now half of your content can come from a space where we've got far less control over the quality', just seems to be quite a significant departure.

Association of Optometrists (AOP)

7.2.17 Some of these participants also highlighted that their concerns were furthered by the GOC's plan to audit 10% of non-approved CPD, which they thought was quite low in relation to what they perceived to be a high proportion of non-approved CPD being allowed (50%).

50% is way too much for the first cycle when only 10% of that is being checked. That's a big job and that's a big risk in that first cycle.

Dispensing optician, England

50% is a lot initially and only 10% is audited – that's very small.

Optometrist, England (North)

7.2.18 As the majority of participants supported the move towards allowing non-approved CPD in principle, most suggested that instead of setting the threshold at 50%, the GOC should consider reducing this to a lower percentage to begin with. This could then be increased over time as registrants become accustomed to undertaking non-approved CPD, if it is clear the change is a

positive one, and once the GOC is confident in how the new scheme works and can be audited effectively.

Difficult to know what percentage would be appropriate but I think 50% is quite a lot. I would be more inclined to say that it could perhaps only be 25% that was outside the approved CPD. If it could change and be moveable over time and following evaluation, I would just be slightly uncomfortable.

Moorfields Eye Hospital

We've suggested to the GOC they may want to consider at least a baby step with a smaller percentage.

Association of Optometrists (AOP)

I would think that 50% is quite ambitious for the first CPD cycle. I would've thought 25% maximum on the first rotation and then see how effective it is.

Association for Independent Optometrists & Dispensing Opticians (AIO)

7.2.19 It was also suggested by a small number of participants that different proportions of non-approved CPD could be set for different groups of registrants. For example, those working in a hospital setting could be allowed to complete a higher percentage of non-approved CPD because of their increased likelihood of multi-disciplinary team working. It was also suggested that the percentage of non-approved CPD could be lower for newly qualified registrants during their first years of practice to ensure they are completing appropriate and high quality training.

Maybe it should be slightly different for hospital optometrists that they get a bigger weight towards these non-approved courses and if you're not in a hospital setting it should be more like 30% or 40%.

Optometrist, England (South)

Is 50% too high? Is it giving them too much wiggle room? Maybe 25%. If you've got a new optometrist coming in straight from university, you probably wouldn't want them to be 50% self-reliant because do they really know what's good CPD? In our organisation we would want to see what people were submitting for self-approved CPD so we could maybe loosen the reins a little bit.

CET provider

7.2.20 The main reason behind the concerns raised by participants about the 50% threshold for non-approved CPD was that it may open the CPD scheme up to abuse. Participants explained that, although they expected the majority of registrants to complete genuine, worthwhile CPD, they were concerned that some may take advantage of this change to reduce the amount of CPD they complete, or to claim for CPD that may not be appropriate or of a high level of quality.

It's open to people manipulating things. If it's all down to record keeping, it could be quite difficult to prove exactly what did go on during that conference or whatever. I think it's open to people manipulating it.

Optometrist, England (Midlands)

I think 50% is too high. I think it's such an extreme change from what we're doing at the minute. I think probably between 30% and 40% would be enough, because I would be worried that 50% of people would just take off down the pub and have a little chat about a record card.

Optometrist, Northern Ireland

I think 50% is too high. The majority of CPD should be approved, approximately 20% could be non-approved…Let's say you were doing infection control with the GDC – that's probably really useful, but you could also get people who would do 50% of irrelevant activity allowing the system to be abused.

Optometry NI

However, many participants supported the proposed 50% threshold for non-approved CPD

7.2.21 Despite a number of concerns from registrants and stakeholders, many were of the opinion that setting the threshold for the maximum amount of non-approved CPD at 50% was appropriate. They explained that setting it at 50% would allow for the flexibility that many registrants have been hoping for, but still ensured that there was a balance between approved and non-approved learning.

A minimum of 50% - I can see the benefit and justification for that, certainly in the first phases of this scheme.

Optical Express

I think 50% is probably about right.

Vision Express

50% seems reasonable – I don't have an issue with that.

BBG-CET (CET provider)

7.2.22 Some participants highlighted that allowing up to 50% of CPD to come from non-approved sources would help to bring the optical profession more in line with other healthcare disciplines, where the majority of CPD that is undertaken is non-approved. It was felt that this change placed more trust in registrants, allowing them to take more control over their development, as is the case in other healthcare professions.

Looking across other regulators, the majority of CPD is non-approved.

Federation of Ophthalmic and Dispensing Opticians (FODO)

I don't think the GMC approves any of the medics' CPD. I think it's all done on trust.

Optometrist, Wales

My understanding of it is it's to bring it more in line with what some of the other professions do. So if you're a doctor you can do whatever you like for your CPD, as long as you can justify why you're doing it.

Optometrist, Scotland

7.2.23 It was also discussed that, eventually, the 50% requirement may be increased or even removed completely as registrants become accustomed to the new CPD scheme and taking more responsibility for their own development and learning.

If they find out that it works without the [50%] safeguarding, then later on they might take it off completely and leave it to the professionals' judgement. But maybe it is important for the beginning at least to see how it goes.

Dispensing optician, England

In reality, registrants may not do as much as 50% of non-approved CPD

7.2.24 Many participants widely acknowledged that allowing registrants to complete non-approved CPD would be a welcome change for many across the profession. However, some registrant participants thought that this change may not have such a significant impact, as they predicted that the majority of registrants would continue to complete mostly approved CPD, rather than non-approved. They explained that, at least initially, they expected approved CPD to be more easily accessible and relevant for most registrants, who are already in the habit of completing this type of CET.

I don't think the majority of dispensing opticians and contact lens opticians are going to actively go out and find some super specialist CPD that isn't an approved source, and do that a lot of the time. It will challenge people in terms of having to do things for themselves because it's handed to them on a plate. They would have to think about it, go find it, plan it, and arrange it. Why would you do that when there is so much of what will be approved CPD for the majority of practitioners on their doorstep?

Dispensing optician, England (North)

People will probably find approved stuff easier to find than going out of their way to find the non-approved stuff.

Dispensing optician, England

7.2.25 It was also suggested that registrants may be deterred from completing too much non-approved CPD if they are concerned about whether or not it meets the GOC's requirements. These participants felt there was potential that registrants may choose to 'play it safe' and continue completing approved CPD, rather than run the risk of having their non-approved CPD scrutinised and rejected by the GOC, therefore putting their registration at risk.

I get the feeling that not many people will actually do the 50% because they'll be scared that it might bite them in the bum and become a registration issue.

Optometrist, England (South)

My only concern would be if you were to do a few hours of it and they [the GOC] were to turn round and say that it's not of the quality they would be happy with….Would the GOC come back to you and say [they're] not going to recognise that event, or it wasn't relevant?

Optometrist, England (North)

Concern that allowing non-approved CPD may reduce the quality of learning and could lead to abuse by providers

7.2.26 A small number of participants raised concerns about the potential impact the introduction of non-approved CPD into the scheme would have on the quality of learning, suggesting that it may be lowered as a result. Some based this on the quality of current CET applications which are not approved, and others suggested that if a piece of CPD was not approved, they would question how relevant is was to their role and development, particularly if it came from another healthcare profession.

As a CET approver, I think we will have a lowering of the standard of CET/CPD. Because I see the approvals that come through…There is a significant amount that is coming through which is not up to scratch on its first application.

Dispensing optician, England

How relevant is it going to be to that practitioner, say if it is from a nurse's training or a doctor's training? They could be learning things that are too detailed for their role or that are just irrelevant. They've got all these points or CPD that they've done, and it's just not really benefited them.

Therapeutic prescriber, England

7.2.27 Some participants said that they would question the quality of CPD if it was non-approved, based on the perception that it may not be approved for the reason that it was of lower quality than other approved opportunities.

What's the reason – why is this CPD not actually approved? Is it just bureaucracy, or is it that it's not meeting certain criteria? I think that's important. Because yes, there are things that we will do, that we want to do, that aren't approved, but they do have to, I think, meet some kind of criteria as well…It would concern me – why hasn't it been approved? What's 'wrong' with it, as such?

Optometrist, England (Midlands)

7.2.28 Concerns were also raised from participants who thought that allowing registrants to undertake non-approved CPD may result in employers setting CPD for their employees that is commercially driven rather than encouraging real development, in line with the Standards of Practice.

It could be abused by commercial interests rather than value to CLOs, DOs or OOs…You could have training providers banging the drum for a particular cause that isn't necessarily of quality, it is just a commercial sell. I don't think that really adheres to the professional development.

Dispensing optician, England

Some of the influences upon the delivery of CPD won't always be decided upon by people whose best interest is that of the individual clinician and of the patient.

Optician Magazine (CET provider/approver)

The problem with optometry is that it falls between clinical and retail…So there is a disparity with some business models which are much more interested with the business and sales side of optometry than the clinical side. I think you have a danger if the training is being run in-house that you're going to perpetuate that way of thinking. 50% of your CPD can effectively be employer-driven and very much about the sales and that side of things; potentially at the detriment to clinical expertise. It would meet the professionalism quota of the CPD but wouldn't perhaps meet the core values of an optometrist or dispensing optician.

Association for Independent Optometrists & Dispensing Opticians (AIO)

7.2.29 As previously highlighted, some participants were also concerned about the auditing process of non-approved CPD. Some thought that only auditing 10% of non-approved CPD was too low, particularly when allowing up to 50% of CPD to come from non-approved sources. Others questioned how the GOC would have the resources and capacity to effectively audit 10% of non-approved CPD if a large proportion of registrants take up the offer of completing 50% of their CPD as non-approved.

To check 10% is not really that significant, and there's a good chance that poor quality CPD will get through…You've got a 90% chance of getting away with it.

Dispensing optician, England

It would also be interesting to know how the GOC arrived at the figure of 10% of registrants, who undertake non-approved CPD, as the right level for auditing.

Federation of Ophthalmic and Dispensing Opticians (FODO)

Communication, guidance and support will be required to ensure registrants understand this change and have the confidence to utilise non-approved CPD

7.2.30 As found for all other proposed changes to the CET scheme, participants stated that it was important that the GOC clearly communicates this change to registrants to ensure it is widely understood. In particular, participants felt that the GOC would need to clearly explain what was acceptable non-approved CPD, exactly how the requirements worked and how points would be assigned, ideally providing some examples to make it easy to understand and relate to, to give registrants the confidence to utilise non-approved CPD opportunities and avoid any confusion.

They need to define more clearly what would and wouldn't count – could I read a part of a book for this? It just needs a bit more thought and a bit more clarity. The whole area is a bit grey.

Dispensing optician, Northern Ireland

There also needs to be something about what 'good' looks like and what 'good' doesn't look like – it doesn't have to be War and Peace, but it's just about pre-empting the risks.

Boots Opticians

There needs to be very clear guidelines around what is acceptable and what the registrant needs to provide as evidence. Perhaps a worked example for registrants would be welcomed in order to make this simple to understand.

British Contact Lens Association (BCLA)

The impacts of this change on providers and approvers

7.2.31 Those who currently provided and approved CET explained how they thought this change would affect them or their organisation. Some CET approvers said that they expected that their role would change, as the amount of CPD they approve may reduce as non-approved CPD increases. They also expected that they may have an increased role in the auditing of CPD providers and non-approved CPD.

I hope there will be more of an auditing role for approvers. Our role could change to include more auditing and checking things out, keeping the providers on track. I can see my role changing – there might be less work but that's OK.

CET approver

7.2.32 Although many current CET providers did not highlight any ways that this change would affect them or their organisation, some providers said that they may see fewer registrants attending their CPD events or other educational opportunities due to the potential increase in the availability and accessibility of non-approved CPD. Others said this change had made them question whether to continue as a CPD provider if the market for CPD was to be opened up to non-approved providers and sources.

From an organisational point of view, if that's the case, it kind of makes me sit here and think, 'Do we need to be CET providers?'… I can see us having some internal conversations about why we would go through the hassle.

CET provider

I guess it would mean fewer people attending our events and consuming our education delivery overall.

Association of Optometrists (AOP)

8. Reflection

Summary - What is changing and why?

The GOC will enhance the requirements for registrants to reflect on their practice and ensure this is a core part of the new CPD scheme from January 2022 by allowing more flexibility for documenting and planning reflection, and requiring all registrants to carry out and document a reflective exercise based on the content of their CPD plan either during or at the end of the cycle.

In the consultation, the GOC said:

"As part of our new CPD scheme in 2022, we will be introducing a mandatory requirement for registrants to undertake a reflective exercise with a peer about their CPD plan and broader professional development either during, or at the end of, the three-year CPD cycle. This will require legislative change to achieve, which we are currently pursuing.

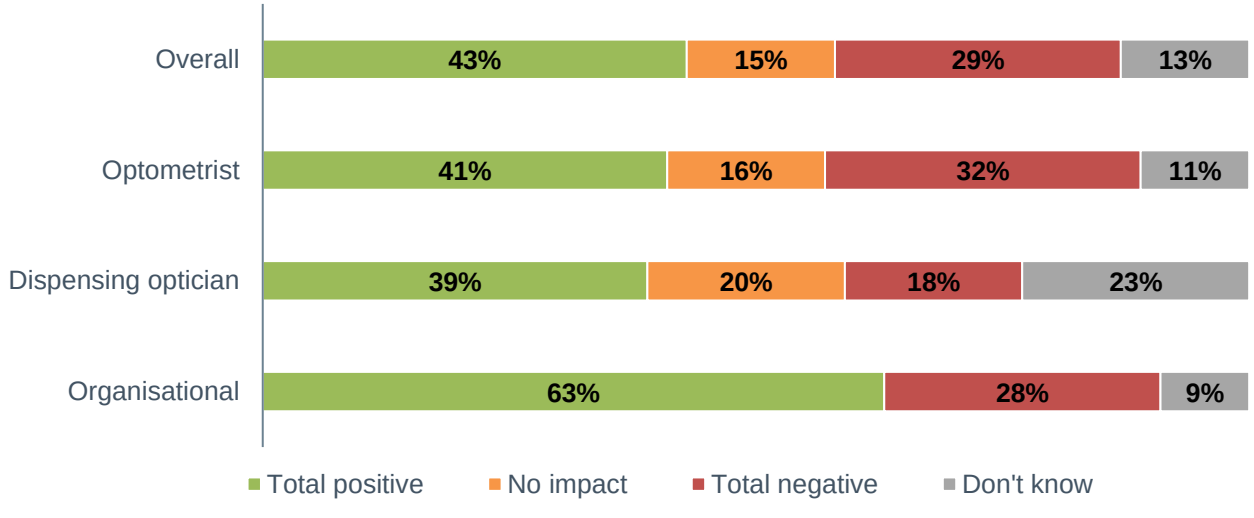
This new requirement is important because registrants will be given more control over what CPD they do. To balance this out, we need to have assurance that registrants are reflecting on their practice and have tailored their CPD to their own learning and development needs."

8.1 Consultation survey response

8.1.1 Survey respondents were asked what impact, if any, introducing a mandatory requirement for reflection would have on optometrists, dispensing opticians, employers, and professional associations. The chart at ***Figure 20*** shows the perceived impact of this change on optometrists.

8.1.2 Whilst the largest proportion of respondents thought that this change would have a positive impact on optometrists (43%), one in three thought that it would have a negative impact (29%). A larger proportion of optometrist respondents answered that this would have a negative impact (32%) when compared with dispensing optician respondents (18%). The majority of organisational responses stated that mandatory reflection would have a positive impact on optometrists (63%).

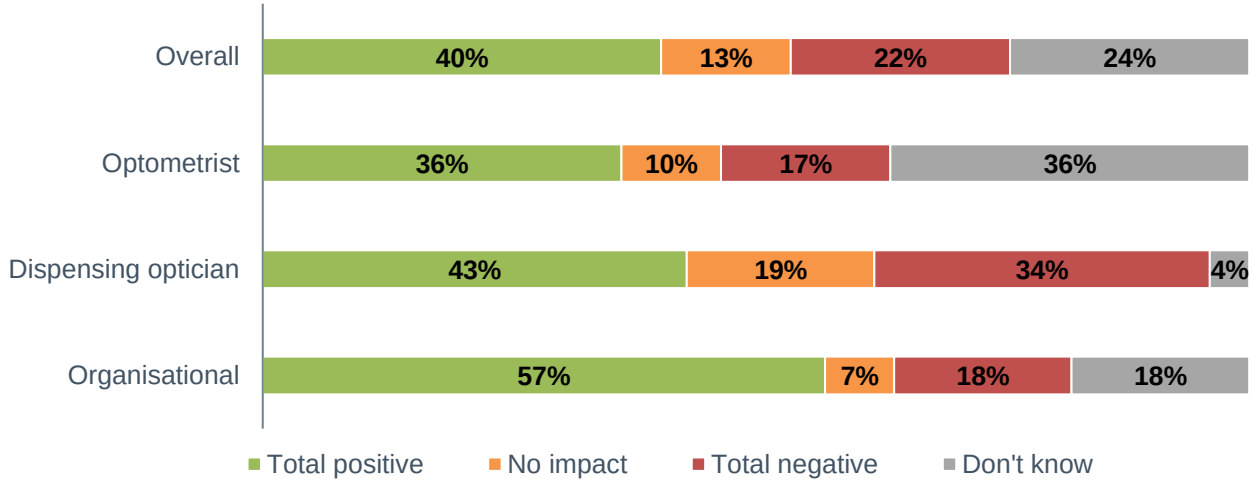
Figure 20 – What impact, if any, will introducing a mandatory requirement for reflection have on optometrists?
Base: All respondents (451), Optometrists (328), Dispensing opticians (82), Organisations (32)



8.1.3 The chart at ***Figure 21*** shows that, although a large proportion of respondents thought that mandatory reflection would have a positive impact on dispensing opticians (40%), a quarter did not know what the impact would be (25%) and a further 22% thought the impact would be negative.

8.1.4 A larger proportion of dispensing optician respondents answered that this change would have a negative impact on their role (34%) when compared with optometrists (17%), who were more likely to answer that they did not know what the impact would be (36%). The majority of organisational responses perceived the introduction of mandatory reflection on dispensing opticians to have a positive impact (57%).

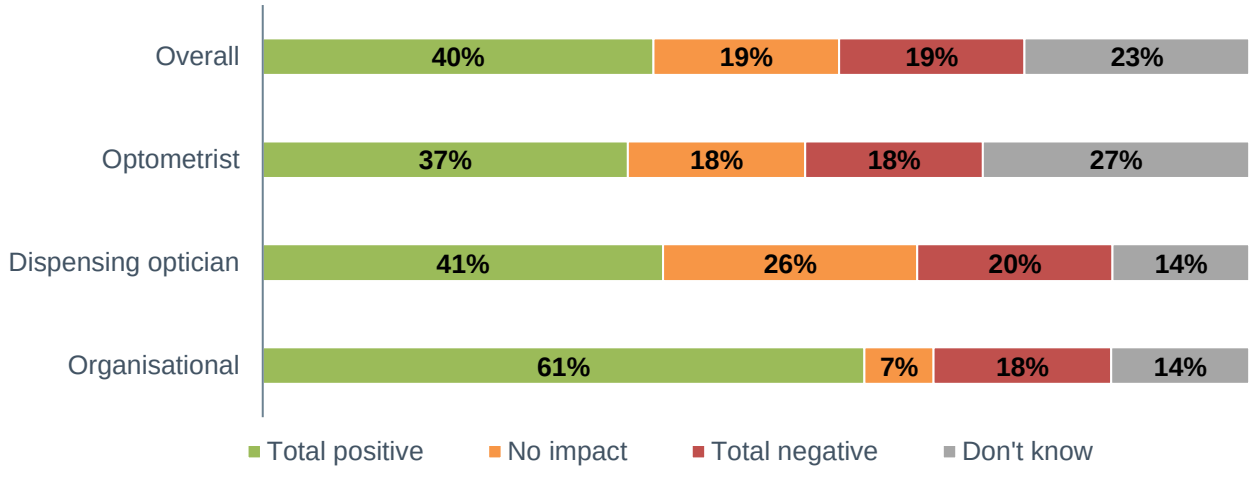
Figure 21 – What impact, if any, will introducing a mandatory requirement for reflection have on dispensing opticians?
Base: All respondents (360), Optometrists (212), Dispensing opticians (113), Organisations (28)



8.1.5 As shown in ***Figure 22***, overall two in five respondents thought that introducing a mandatory requirement for reflection would have a positive impact on employers (40%).

8.1.6 Dispensing opticians were more likely to perceive a positive impact on employers (41%) when compared with optometrists (37%). Three in five organisational responses thought that this change would have a positive impact on employers (61%).

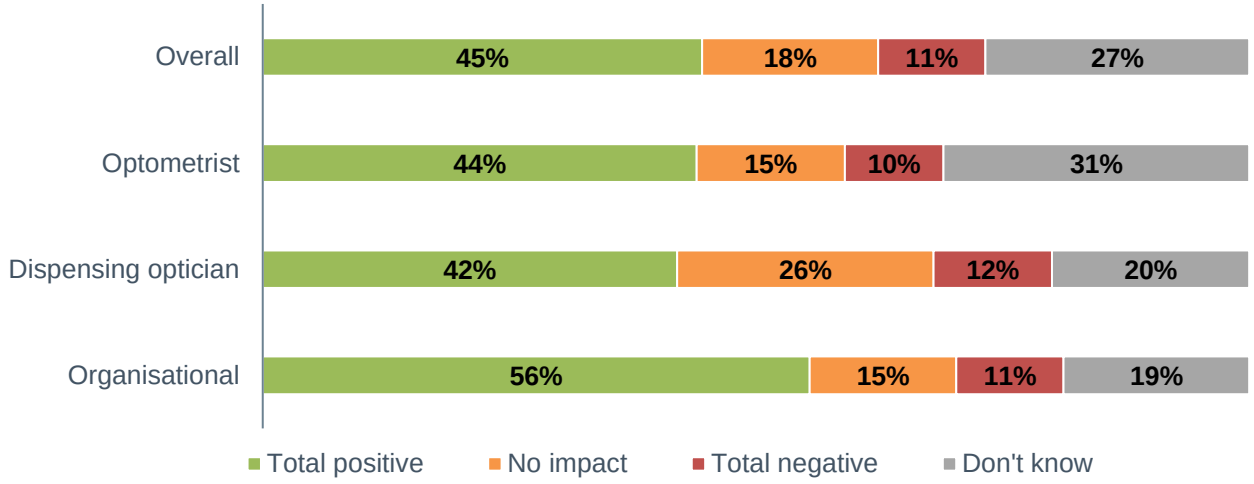
Figure 22 – What impact, if any, will introducing a mandatory requirement for reflection have on employers?
Base: All respondents (340), Optometrists (224), Dispensing opticians (81), Organisations (28)



8.1.7 When asked what impact introducing a mandatory requirement for reflection would have on professional associations, as shown in ***Figure 23***, in line with previous results, the largest proportion thought it would have a positive impact (45%). However, over a quarter of respondents answered that they did not know what the impact would be (27%).

8.1.8 Dispensing opticians were more likely to think that there would be no impact on professional associations (26%) when compared with optometrists (15%). Almost three in five organisational responses thought that this change would have a positive impact on professional associations (56%).

Figure 23 – What impact, if any, will introducing a mandatory requirement for reflection have on professional associations?
Base: All respondents (336), Optometrists (220), Dispensing opticians (81), Organisations (27)



8.1.9 Respondents were asked to explain their answers if required, thinking about what potential improvements or barriers this new requirement could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.

8.1.10 ***Figure 24*** presents the coded responses from respondents who answered that introducing a mandatory requirement for reflection would have a positive impact on optometrists, dispensing opticians, employers, or professional associations, and provided an explanation. The majority of comments focused on supporting the change and seeing reflection as beneficial (57%, 61 comments). A large proportion also explained that peer discussion was beneficial as a learning aid and could be an enjoyable experience (26%, 28 comments). However, a number of comments highlighted that this change was confusing and that further explanation and guidance was needed (22%, 24 responses).

Figure 24 – Explanation for why introducing a mandatory requirement for reflection will have a positive impact
Base: Those who thought it would have a positive impact and provided an answer (107)

Reason for positive impact	Number	%
Support change/reflection is beneficial	61	57%
Peer discussions beneficial/aid learning/enjoyable	28	26%
Confusing/further explanation/guidance needed	24	22%
Disagree/no benefit to reflection/additional burden	13	12%
Will make registrants more focused/plan CPD better	13	12%
Peer discussions difficult to arrange for some	8	7%

Reason for positive impact	Number	%
Positive for employers/will help support employees	7	7%
Peer review important for dispensing opticians/ancillary staff	7	7%
Supportive of reflection but not in this format	6	6%
No need for formal reflection/discussion/trust in professionals needed	6	6%
Difficult to assess/open to abuse	6	6%
Potentially stressful/concerns about consequences of reflection	5	5%
Already covered during employer appraisals/performance reviews	4	4%
Potential cost implications (e.g. travel, employer costs)	4	4%
Concerns about who counts as an appropriate peer	4	4%
Difficult to plan CPD three years in advance/flexibility needed	3	3%
No significant difference/current system works well/no need to change	2	2%
More funding/support needed	2	2%
Reflection exercises should not be mandatory	1	1%
Delay between CPD and point allocation makes it difficult to reflect	1	1%

8.1.11 As shown in ***Figure 25***, a large proportion of those who thought that a mandatory requirement for reflection would have no impact tended to disagree with the concept of reflection, viewing no benefit to it or seeing it as an additional burden (38%, 23 comments). A number of those who provided an explanation also stated that there was no need for formal reflection and that instead, professionals should be trusted to do this themselves (20%, 12 comments).

Figure 25 – Explanation for why introducing a mandatory requirement for reflection will have no impact

Base: Those who thought it would have no impact and provided an answer (60)

Reason for no impact	Number	%
Disagree/no benefit to reflection/additional burden	23	38%
No need for formal reflection/discussion/trust in professionals needed	12	20%
Peer discussions beneficial/aid learning/enjoyable	10	17%
Confusing/further explanation/guidance needed	9	15%
Support change/reflection is beneficial	8	13%
Supportive of reflection but not in this format	7	12%
Difficult to assess/open to abuse	6	10%
Peer discussions difficult to arrange for some	5	8%
Delay between CPD and point allocation makes it difficult to reflect	5	8%
Peer review important for dispensing opticians/ancillary staff	4	7%
Reflection exercises should not be mandatory	3	5%
No significant difference/current system works well/no need to change	3	5%
Difficult to plan CPD three years in advance/flexibility needed	3	5%
Potentially stressful/concerns about consequences of reflection	2	3%
More funding/support needed	2	3%
Positive for employers/will help support employees	1	2%
Already covered during employer appraisals/performance reviews	1	2%
Potential cost implications (e.g. travel, employer costs)	1	2%
Concerns about who counts as an appropriate peer	1	2%
Will make registrants more focused/plan CPD better	1	2%

8.1.12 Those who thought the introduction of a mandatory requirement for reflection would have a negative impact mostly commented that they did not see any benefit to reflection or that it was an additional burden for registrants (61%, 74 comments). As with those who saw no impact of this change, these respondents also highlighted that they did not see a need to formalise reflection and that professionals should be trusted to do this themselves (28%, 34 comments). Other concerns were raised, such as difficulties arranging peer discussions (14%, 17 comments). The full range of explanations are shown in ***Figure 26***.

Figure 26 – Explanation for why introducing a mandatory requirement for reflection will have a negative impact
Base: Those who thought it would have a negative impact and provided an answer (122)

Reason for negative impact	Number	%
Disagree/no benefit to reflection/additional burden	74	61%
No need for formal reflection/discussion/trust in professionals needed	34	28%
Peer discussions difficult to arrange for some	17	14%
Supportive of reflection but not in this format	11	9%
Peer discussions beneficial/aid learning/enjoyable	10	8%
Delay between CPD and point allocation makes it difficult to reflect	8	7%
Confusing/further explanation/guidance needed	8	7%
Difficult to plan CPD three years in advance/flexibility needed	7	6%
Potentially stressful/concerns about consequences of reflection	6	5%
Reflection exercises should not be mandatory	6	5%
Difficult to assess/open to abuse	6	5%
Support change/reflection is beneficial	5	4%
Already covered during employer appraisals/performance reviews	5	4%
More funding/support needed	5	4%
Peer review important for dispensing opticians/ancillary staff	4	3%
No significant difference/current system works well/no need to change	4	3%
Potential cost implications (e.g. travel, employer costs)	3	2%
Concerns about who counts as an appropriate peer	3	2%
Will deter registrants from gaining additional points	3	2%
Positive for employers/will help support employees	1	1%
Will make registrants more focused/plan CPD better	1	1%

8.2 Qualitative consultation activity feedback

Those who were positive about reflection were supportive of the proposed change to implement a mandatory reflective exercise for all registrants

8.2.1 Many participants were positive about the increasing focus on reflection as part of the new CPD scheme. Almost all stakeholder participants stated that reflection was a very important and valuable tool that should be more widespread across the profession. They discussed what they saw as the benefits of reflection, including learning from mistakes, highlighting areas of strength and areas for development, and understanding what learning opportunities have provided, and emphasising that learning is an ongoing process.

I think the reflection piece is very important because if, for example, somebody had an issue, they can learn from it – there's some prevention there.

Vision Express

One of the reasons that reflective practice is important is because that's the point at which an individual is able to ascertain the level of learning that has taken place. So in that sense it's a very positive step because it's more active learning and less of a tick box exercise.

British Contact Lens Association (BCLA)

I'd like to think reflective practice allows you to be honest with yourself and realise that learning is an ongoing process and that's fine. It's building a culture of improvement and that's not a negative thing, it's positive. I think it enables you to be more transparent in considering your own strengths and weaknesses and opens opportunity to think wider.

Moorfields Eye Hospital

8.2.2 Some stakeholder participants also commented that reflection was much more widespread within other healthcare professions, where it is generally a more established practice. It was, therefore, felt that increasing the focus on reflection within the new CPD scheme was another positive step to bring the profession more in line with other healthcare disciplines.

If you talk to other groups of professionals, they think it's poor that we don't do it. They talk about it as a positive experience and don't think their cases are something to hide. We talk a lot about being candid with our patients, candid when things go wrong – but if we're not being reflective then we're not being candid at all.

Optometry NI

Other healthcare professionals use reflective practice to improve the care they deliver, and I don't see why we should be any different. People will certainly, I would hope, think a bit more about the education they do rather than go on the courses which are convenient.

Scottish Government

Reflective practice is quite embedded in medical education, so we support that.

Royal College of Ophthalmologists

8.2.3 A small proportion of registrant participants were also vocal about their positive perceptions of reflection, suggesting many of the same benefits as highlighted by stakeholders.

I think reflection is pretty essential moving forward for people to grow. Unless you can reflect and be honest about what you've done, you can't look at your performance objectively and think about what you need to learn and improve on.

Dispensing optician, England (South)

I'm all for it, because I just think there is so much learning in reflection…I think it brings so many positives.

Optometrist, Northern Ireland

8.2.4 As could be expected, participants who were positive about reflection and highlighted its benefits were generally supportive of the GOC's proposal to include a mandatory reflective exercise with a peer about their CPD plan or broader professional development for all registrants as part of the new CPD scheme. It was suggested that this requirement would encourage reflection for all registrants, including those who do not currently undertake much reflection or who try to avoid it, allowing them to begin to see the benefits of the process. By ensuring all registrants reflect on their CPD plan and broader professional development, these participants felt that it would help registrants view CPD less as a 'tick box exercise' and take it more seriously, as they would be actively thinking about their development rather than how they can obtain the required number of points to continue their registration.

That would give me a chance to look at what I do and what I want to do for the next year…If I was made to write about it, I probably would think about it a little more, rather than it just being a complete tick box exercise. I think it's something that's worthwhile, for sure.

Optometrist, England (North)

I think reflection is a good use of CPD and will hopefully make it less of a points collecting exercise, so it should help people choose more carefully what they are choosing to do in their CPD.

CET approver

8.2.5 Some participants said that they thought this change would help registrants to take a more organised approach to their CPD by being forced to actively think about their development choices and review their options.

It can keep you on track. You can see what you wanted to achieve in the beginning of your cycle and then go through it again after doing the CPD sessions to see where you are, what you need to do further.

Dispensing optician, England

8.2.6 It was suggested that introducing a mandatory reflective exercise would also have a positive impact on the patients and the public, as they expected that, as a result of taking their professional development more seriously, the knowledge and skills of professionals will grow.

We very rarely mention the word 'patient' but we're all doing this for the benefit of the patients. So I think if somebody is being made to take their professional development more seriously, then that has to ultimately be good for the patient. If a patient benefits because an optom has had to sit down and really think about their professional development a lot more than they would have done otherwise, and as a result they happen to manage that patient better, it's got to be good.

Association of Optometrists (AOP)

If you're doing CET as a tick box exercise and you're not contemplating the purpose of it, it doesn't help anybody. But if they're forced into reflection you want to hope that they have that feedback loop of, 'That's better for my clinical practice and that helped my patient', and that's really where we should be in the future. It just has to be there.

Association of British Dispensing Opticians (ABDO)

Those who were unconvinced by the benefits of reflection were not pleased about the proposed mandatory requirement to complete a reflective exercise

8.2.7 Although most stakeholder participants and some registrant participants were positive about reflection, and therefore happy about the proposal to include a mandatory reflective exercise as part of the new CPD scheme, a significant number of registrant participants did not hold this opinion. Many registrant participants explained that they did not like reflection as they could not see any benefit of it, instead viewing it as a chore. This feedback seems to be mostly related to the free-text boxes that registrants are required to complete at the end of a piece of CET where they are asked to reflect on what they have learnt, which many found difficult and frustrating to complete. Many participants highlighted that they skip these questions or do not write anything meaningful, yet they have never been contacted by the GOC about it, which had made them question what the purpose of the reflection is. Generally, reflection is viewed by this group of registrants as an inconvenience.

Personally…I hate [reflection]. A lot of the practitioners that I've spoken to hate it. They feel that it's patronising, that it is really just a tick box.

Contact lens optician, England

I don't think people see the value in it. I spoke to one practitioner who said that for four years he's just put a dot in the box for everything he's ever done, and nobody has ever said anything.

Dispensing optician, England

The way the reflections are at the moment…you're just thinking of something to write rather than reflecting. So again, you're just kind of making something up just to put it in the box.

Optometrist, England (North)

8.2.8 Again, as could be expected, those who did not like reflection or who struggled to see the benefit of it were generally negative towards the proposal to introduce a mandatory reflective exercise in the new CPD scheme. Many of these participants focused on the amount of time they thought they would have to dedicate to the exercise, explaining that they already felt pressured by the number of hours they worked and the amount of time they had to commit to completing the required number of CET points.

I think most optometrists would have gone, 'Oh God, mandatory requirements!' They're probably thinking it's just another thing to do.

Optometrist, England (North)

They probably feel as though they're doing enough. They're working long hours and won't want to sit around and discuss it at the end of three years.

Dispensing optician, Wales

8.2.9 However, some of these registrant participants became slightly more accepting of the idea when they realised that, as stated in the consultation document, the reflective exercise would consist of a discussion with a peer rather than a written exercise or reflecting on every piece of CPD they complete. It seems that it is the thought of having to complete a written exercise or answer a series of reflective questions that registrants are most deterred by, preferring to take a more flexible approach to reflection via peer discussion.

I think peer discussion is the way to go for reflection. You'd probably need a guide but it's better to bounce ideas off each other and ask questions rather than just filling in the boxes yourself.

Dispensing optician, Northern Ireland

My main problem with it at the moment is that it's so prescriptive. When you complete CET you've got this form where you have to say what you like, say what you didn't like, and it actually makes it quite hard to reflect properly. I find my best reflection comes from conversations with my peers…What the GOC needs to avoid is making it a tick box exercise because there are times when you're doing it for your CET points and it feels very stagnant. I don't feel like I'm reflecting, I feel like I'm doing it because they're asking me to complete a form.

Optometrist, Wales

A mandatory requirement for reflection may be a culture shock for many registrants, but they should adapt

8.2.10 By creating a mandatory requirement to complete a reflective exercise for all registrants, some participants highlighted that this may come as a culture shock for many within the profession who are not used to reflecting. Therefore, it was expected that this change may provoke some resistance initially. However, some participants said that, once registrants understand what is actually required of them, and once they are able to see the benefits of this change, it is likely that it will be broadly accepted, as was the case when peer reviews were introduced.

It's just one of those things where we have to leap in. Nobody will like it initially but once they do it and they see the benefit, they'll feel differently about it.

Optometry NI

People will hate it I think in the beginning, just because they want an easy life. I probably would feel a little bit the same. At the moment when I earn a CET point, the only thing I need to reflect upon in a mandatory way is my peer discussion points…I have the option to reflect upon it, and I don't. I don't think I'm unusual

in that regard. If people have had a busy day in practice and they have to come back and do some CET and then they have to do a reflective exercise, they might grumble, but I do think it's a good thing.

Association of Optometrists (AOP)

When peer reviews were introduced, everybody was really against it. It's not compulsory for dispensing opticians but they really like doing it because they get lots of points for it and it's a good learning curve. The feedback from peer reviews is always really good and I suspect the reflection thing will be the same – people will benefit from it. It will be more positive once it's up and running.

Contact lens optician, England (Midlands)

8.2.11 Some participants suggested that it may be that registrants with more experience in the profession who are more reluctant to undertake the mandatory reflective exercise, as they may be more set in their ways. It was also suggested that newly qualified registrants would be less likely to be concerned by this change, as they may have received training about reflection during their studies and therefore already be accustomed with it, and therefore may welcome it.

I think it will stress everybody out when it's first introduced, but everybody gets used to these things. I guess youngsters coming through will have more training in that from the current way they learn.

CET approver

This change does not go far enough and there should be more reflection

8.2.12 Some participants, primarily stakeholders, did not feel that the changes proposed to the CET scheme in relation to reflection went far enough. As they supported reflection and thought it was very beneficial for registrants, they suggested that it should be more than just a single mandatory reflective exercise, and should instead be embedded more throughout the profession, particularly as it is taught at undergraduate level.

Reflective learning is key and it is doubtful whether this is being given a high-enough profile. The aim must be to embed reflection throughout the breadth of clinical practice, of which CPD is an integral part (not an add-on). The statements around reflective learning here are rather wishy-washy. Reflective learning is taught at undergraduate level so it would be good for the GOC to set out how it expects it to extend to practice and CPD. To give the idea that reflection is something you stop at a traffic light for once every three years is not appropriate in a healthcare setting.

Federation of Ophthalmic and Dispensing Opticians (FODO)

8.2.13 Some participants stated that they did not feel the changes to reflection proposed for the new CPD scheme went far enough, and that requiring one reflective exercise per cycle did not focus sufficiently on reflective practice. Some felt that some form of reflection should be completed immediately following every learning and development opportunity, as this would make it easier to reflect at the time, rather than having to think back to something that may have happened potentially months ago, where the reflection could easily be lost.

We think the GOC could be a bit bolder about this. We don't feel that somebody reflecting on their CPD isn't necessarily fear-inducing about owning up to mistakes. If you attend a conference and learn about something I think it's the most natural thing in the world to think, 'How am I going to put this into practice?' because otherwise the learning gets left behind. We ask all our members to reflect and ask them how they will apply what they've learned to their practice…We thought why not get someone to do a reflective statement about what they've done? We thought saving it up for the end of the cycle – I can't imagine anyone is going to remember something they did at the beginning.

The College of Optometrists

I don't think they should be given the option to do it 'alternatively at the end of the cycle'…The whole point about reflection is that you think about it and maybe change the way you do things…That's where you get the learning and the development, isn't it? I think to leave it to the very end of the cycle is shutting the door when the horse has bolted.

Dispensing optician, Scotland

I would go further on this than the GOC have done. You could easily create a template reflective learning statement – 'Describe what happened, what did I learn from this, what am I going to differently as a result of this?' You can create a portfolio that goes into your CPD, and that should count for a point. It's clear learning and structured. It would be brilliant from an OCCS perspective if they receive a complaint and they have a reflective learning statement about a particular case.

Optical Consumer Complaints Service (OCCS)

8.2.14 It was also suggested that an overall review of a registrant's professional development plan should be more frequent than once every three years. Participants highlighted that a lot can change over a three-year period, such as a role, workplace setting or responsibilities, and therefore a more regular review of learning and development would be more appropriate. It was suggested that the Covid-19 pandemic had also highlighted how quickly changes can occur and how development plans may need to adapt accordingly. Additionally, more regular reflection in this way would result in registrants more quickly changing and improving the way they practise as a result of their learning, development, and reflection.

Planning CPD over a three-year period in anything other than broad outline does not really make sense – life itself changes, and an individual's PDP and CPD should change with it. For instance, following the outbreak of Covid-19, we would expect optometrists and dispensing opticians this year to want to learn and understand far more about the infective properties of respiratory diseases, symptomology, eye care aspects, how to prevent cross infection and spread, etc which may require significant amendment to their CPD plans. In our view a CPD plan should be a living and evolving part of practice, responding to life, risks and opportunities. Setting an overly rigid plan at the beginning of a three-year cycle seems to defeat the purpose of self-directed development by autonomous professionals.

Federation of Ophthalmic and Dispensing Opticians (FODO)

I do think the reflection has to be thought through. The CPD that an optometrist would do would be dependent on the role they perform. If an optometrist was coming from a role that was primarily performing routine eye examinations and developed into an independent prescribing optometrist and was undertaking more independent prescribing activity in their practice, their focus may change. Similarly if they moved jobs and their new role provided different eyecare services than their previous, their focus may change. If the optometrist were to change role, gain a further higher qualification or employer then it may be considered best practice that they have to resubmit or update their CPD reflection statement.

Optical Express

Some concern expressed about how reflective statements may be used

8.2.15 Some participants expressed that an increased focus on reflection as part of the new CPD scheme may be concerning for some registrants. They explained that there may be a hesitancy to highlight weaknesses and admit to mistakes as part of reflection, even though this forms an important and beneficial part of the process, as they may be fearful of how that information may be perceived or potentially used against them in the future.

People might be a bit fearful of what they write and that it may not be seen in the right perspective, possibly.

Optometrist, England (North)

You're also worried about what you're writing in your reflection. If you've maybe made a mistake, are you going to use that as your reflection? Probably not. Most people, naturally, are not going to want to write about their mistakes, when in fact that's the best thing to do.

Optometrist, Scotland

8.2.16 This perception may stem from other areas of the healthcare sector. A small number of participants highlighted a recent high-profile case of a trainee paediatrician who was found guilty of gross negligence manslaughter after the death of a patient, where there was concern within the medical profession as to whether the doctor's written reflections on the events which led to the patient's death were used as evidence during the criminal trial. These participants explained that awareness of this case may have had an impact on attitudes towards reflection across all healthcare professions, including optometry, with concerns raised about whether reflection can be used as evidence against a professional, and whether doing so undermines the purpose of reflection to identify areas for development and improvement.

With the GMC, there is a fairly well published fear factor of how that shared knowledge [of strengths and weaknesses] may be used against you. In the Dr Bawa-Garba case…what she was asked to do by her consultant was to share her reflective practices, and that was used as part of an inquiry to demonstrate that she wasn't competent and formed part of the criminal prosecution. It had a huge impact on doctors…It seriously undermined the trust in the system and the fear that if you did do reflective practices…then if something goes wrong…it can be used against you in a fitness to practise approach. I don't know if that's a nervousness of GOC registrants, but I think I would want to reinforce the value of [reflection] and its confidentiality – when it might be used, who would see it, when it might be handed to the police.

Patient Safety Learning

If things are being highlighted and documented, it's going to be there forever. There was a whole thing with GPs at one point where they were using the reflections with some cases that had possibly gone to court. The reflections were supposed to be confidential and there was an issue about whether they were going to use those reflections or not. People worry when things are documented – they're only going to be honest to a certain degree.

Optometrist, England (South)

8.2.17 It was therefore widely discussed what impact this perception of concern about being open and honest during reflection may have on the changes to the CPD scheme, which aim to incorporate more reflective practice. A number of participants felt that most registrants would be hesitant to include areas of weakness or mistakes in their reflection, which will reduce the usefulness and purpose of the exercise. It was suggested that instead registrants will be careful about what they write and how they word their reflection to ensure they cannot be held accountable for what they include.

I'm not convinced how honest someone would necessarily be, particularly with reflection…People are going to think, 'No way on earth am I going to tell the GOC exactly what my errors are – I'd be up in front of a fitness to practise disciplinary hearing before the end of the week'. So I think if people are doing things wrong, they're possibly not going to reflect honestly and openly in that respect.

Contact lens optician, Scotland

You'll probably see stock phrases appearing on reflective statements, like 'confirms my current way of practice is correct'. People will start putting things like that down. Whether they actually change their current mode of practice is up for discussion.

Dispensing optician, Scotland

Suppose somebody has an untoward incident and they realise they could have done things better, is that reflection belonging to the writer or does that reflection get submitted to the GOC?...I think if somebody thought that what they submit could be used against them, it could influence what they write.

Royal College of Ophthalmologists

8.2.18 The level of trust in the GOC amongst registrants was discussed by some participants. Some participants stated that they did not sufficiently trust the GOC to feel comfortable admitting to mistakes and weaknesses during documented reflection. However, this was not the case with all registrants, as some felt that it was a misconception that the GOC would hold registrants accountable to their reflection should mistakes be made in the future.

If you're doing some reflection and you think that you haven't done very well in something, then there's maybe a bit of 'Big Brother' – the GOC is watching – and you might be a little bit concerned about that type of thing.

Optometrist, England (North)

Like it or not, people don't trust the GOC. They have this mistaken belief that someone from the GOC is watching every single thing they do in their way of life, and if they do something wrong then they'll be up in front of the GOC.

Contact lens optician, Scotland

8.2.19 To overcome this barrier and enable registrants to feel comfortable with reflection, and to ensure it is honest and therefore worthwhile, it was suggested that the GOC should provide guarantees and reassurances to registrants that the information they provide during reflection will never be used against them. By doing so, it was felt that some registrants may be more open and honest during their reflection, highlighting areas of weakness or mistakes made, and hopefully thereby improve as a result of this process. However, some conceded that, even if reassurances were provided, registrants may still not feel comfortable with reflection in this way, and that a greater level of trust may need to be established.

I can see how there's a scary impact in that, but if they were sort of protected, knowing that they wouldn't be struck off or something, then people might be a bit more willing.

Optometrist, Northern Ireland

It would be nice for the GOC to say, 'We're never going to use your CPD reflections against you'. But how much do we actually trust the GOC?

Optometrist, Scotland

More information and guidance required to support and reassure registrants with reflection

8.2.20 It was widely suggested that the GOC would need to provide clear communication, guidance and support to registrants to assist them with reflection. As previously highlighted, this change will be more significant to some groups than others, who may require additional support to adapt to increased reflection, specifically, dispensing opticians and registrants with more experience, who may not have completed any reflective practice before.

There are lots of DOs on the register with a level 5 qualification who will never have done any form of reflective practice at all.

Dispensing optician, Scotland

There needs to be some sort of toolkit so that people who aren't used to reflecting can do it.

Optometrist, Wales

I've never done reflection in my 30 years of practice…so for registrants like me, I think it will be quite scary and we'll probably need some help. I'd like to know the pros and cons of it and how to do it effectively…It's selling it in a positive manner.

Contact lens optician, England (Midlands)

8.2.21 A number of participants said that it was very important that the GOC not only make it clear how to complete the reflective exercise, providing guidance about exactly how to undertake the exercise and what is required, but to communicate the reasons why the reflective exercise is mandatory and what the benefits of it will be. It was felt that this will be important to ensure that all registrants buy in to the new concept and take part in reflection properly. Additionally, it was suggested that any guidance should make clear the distinction between a reflective exercise and peer-to-peer review to avoid any confusion between these similar activities.

Reflection is normal for everyone else, but we haven't embraced it within the profession. I don't think it's because people are averse to it, I just don't think it's been explained…I think it helps position it that this is how you stay up to date as a good clinician. I think it really does need to be explained to people. The tools are already there on the GOC website, I just don't think people understand the relevance of it.

Boots Opticians

This is quite new in the profession and some of the explanation and interpretation may be a little ambiguous. Perhaps it's about how it's defined, i.e. make it a bit clearer for practitioners. There's also what it means, and making the benefits clearer and selling it a bit more. Because of the lack of clear discussion for DOs, it may impact on their ability to complete reflection, as this has not been required so far.

British Contact Lens Association (BCLA)

The GOC has got themselves into a bit of a pickle with terminology and I think they'll admit that. It's about to get a bit trickier with the peer-to-peer reflective exercises that they're about to introduce…They define peer review as being split into two different types of activity – one is provider-led peer discussion, the second is a registrant-led peer review…They both meet the peer review requirement and they're now looking to bringing in a peer-to-peer reflective exercise. I've sent some suggestions about how they can perhaps tidy up the terminology because it is confusing. Registrants don't care probably, but I think they will get confused if they do talk about a peer-to-peer reflective exercise.

Association of Optometrists (AOP)

8.2.22 A common suggestion from participants was that the GOC could provide examples of what good reflection looks like, as it was felt this would be an easy way for registrants to understand how to approach the reflective exercise, particularly if they had not done anything similar before. Some participants suggested that the GOC could use videos to clearly communicate this information and make it easy to access, share and digest online.

It would be really good if the GOC made a few examples of what a reflection looks like…Some examples of what a good reflection would be, so that people aren't scared of it and people recognise this is something that is probably going through their own heads anyway.

Therapeutic prescriber, Scotland

I think we should embrace technology more – so the GOC website should have links to private YouTube videos just to say what 'good' looks like – show how the system works. I think a lot more people would be on board if they were able to see what 'good' looks like.

Optometrist, England (South)

8.2.23 Another common suggestion was that the GOC should provide specific CET opportunities about the upcoming changes to the scheme and how to prepare for them, particularly focusing on reflection, to ensure that all registrants are ready for the new CPD scheme.

I think possibly if somebody was to give me a task of putting together a CET session of how to fill in a reflective statement, and how to use it to its best advantage, for three points I think quite a lot of people would be interested in that.

Contact lens optician, Scotland

There will have to be some sort of training in how to do reflective exercises for those of us who are from a generation who haven't ever had to do that…Some sort of training or online course would be useful and professional bodies should be able to do that…I can't see why anybody couldn't do it.

CET approver

Why not some webinars to really explain it? It could become a compulsory part of this new programme that someone has to watch something before it kicks off so that everyone is on the same page.

Moorfields Eye Hospital

Surprise and disappointment that peer review is not being introduced for dispensing opticians

8.2.24 Linked to this change, a number of participants stated that they were dissatisfied to see that the proposed changes to the CET scheme did not introduce peer-to-peer discussions for dispensing opticians. Currently, these are only required for optometrists and contact lens opticians. Stakeholders representing dispensing opticians, and some dispensing opticians themselves, highlighted that this was disappointing. They explained that peer-to-peer discussions were very beneficial, and that many dispensing opticians already took part in them without receiving any CET points.

The one negative is that dispensing opticians are still not required to take part in peer discussion even though 82% do so voluntarily and receive no accreditation for that.

British Contact Lens Association (BCLA)

We feel very strongly that peer discussions should be mandatory for dispensing opticians. I understand why they weren't included in the first place due to the risk-based factors involved…but it's perceived by dispensing opticians that discussion-based education is more impactful on clinical practice…We're doing online peer discussions at the moment and the impact on people is incredible – having those small group discussions really makes the difference.

Association of British Dispensing Opticians (ABDO)

I think the one negative I could flag up is that peer discussion is not going to be mandatory for dispensing opticians, as it is for contact lens opticians and optometrists…Peer to peer discussion, particularly in mixed groups, adds so much to learning, as you can often see things from a slightly different perspective than if you're all siloed in your own registrant groups.

Dispensing optician, Scotland

9. CPD approvals and audit

Summary - What is changing and why?

The GOC plans to change the way that CPD activities are approved and audited. This change will be a shift to approving and auditing CPD providers rather than approving everything they do.

In the consultation, the GOC said:

"The current system, and our underpinning legislation, requires us to approve all applications for CET activities in advance of the activity being delivered to registrants (referred to as 'up-front approvals'). This system operates using the MyCET online administrative system where providers have to submit an online application that is considered by one of a panel of approvers. Providers must pay an annual fee of £45. Registrants are also able to apply for registrant-led peer reviews but do not have to be registered as a provider or pay a fee.

However, up-front approval is costly and time-consuming both for the GOC and the provider. Whilst this was necessary during the first two enhanced CET cycles to establish the scheme and ensure there was sufficient quality provision, this has now been achieved and it is felt that a lighter touch approach is now required, whilst still assuring the quality of future CPD. A shift to approving and auditing CPD providers rather than approving everything they do seems a more proportionate approach at this stage.

We will implement the following model:

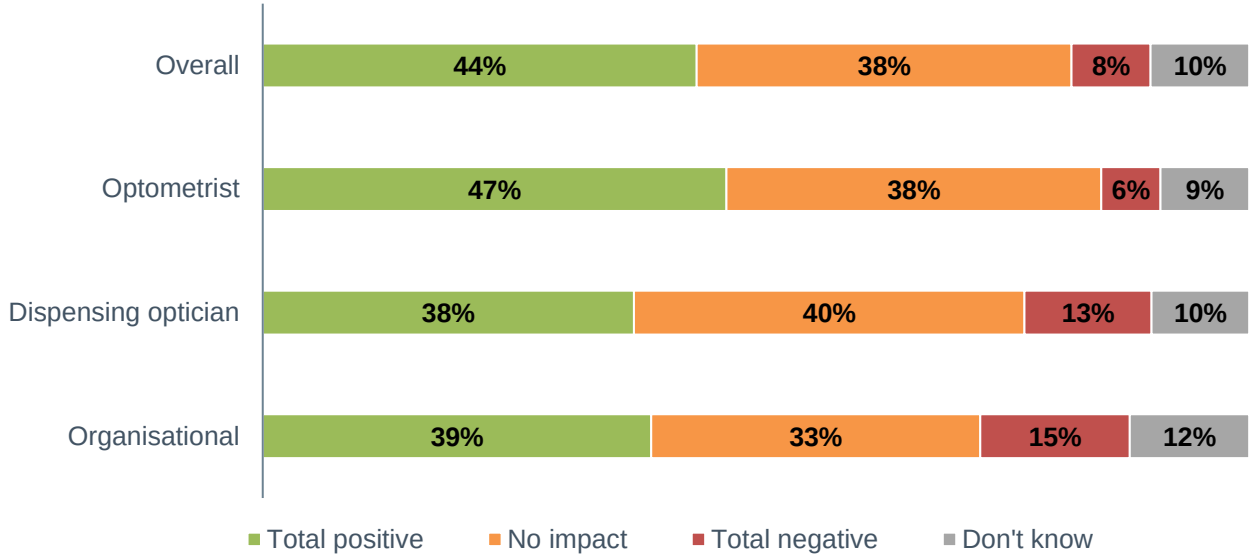
- *We will continue to register CPD providers for the purposes of approved CPD*
- *We will require all CPD providers to demonstrate that they understand the requirements of CPD delivery and are capable of delivering to a high standard by approving up front the first ten submissions from a new CPD provider. Further CPD sessions from that provider will not need to be approved in advance of delivery, but will still need to be recorded so that points can be appropriately allocated to attendees*
- *We will introduce a provider audit scheme whereby auditing will be completed each year as follows:*
    - *Benchmark the standards we expect of CPD providers, which set out our expectations and what might lead to suspension*
    - *Paper based audit of providers to consider whether there are any 'at risk', taking account of registrant feedback and complaints – completed annually*
    - *Targeted auditing of providers considered 'at risk'*
    - *Audit of providers in general to ensure that 10% are audited each year"*

9.1 Consultation survey response

9.1.1 Survey respondents were asked what impact, if any, the proposed new CPD approval system will have on them or their organisation. The chart at ***Figure 27*** shows that, at an overall level, opinion is split between those who thought it would have a positive impact (44%) and those who thought it would have no impact (38%). Just 8% of respondents overall thought it would have a negative impact.

9.1.2 The sample highlights that a larger proportion of optometrists thought that this change would have a positive impact (47%) when compared with dispensing opticians (38%) and organisations (39%). However, it is important to note that just 33 organisational responses were received to this consultation, so care should be taken when interpreting results from this subgroup.

Figure 27 – What impact, if any, will this new CPD approval system have on you/your organisation?
Base: All respondents (482), Optometrists (329), Dispensing opticians (112), Organisations (33)



9.1.3 Respondents were asked to explain their answer if required, thinking about what potential improvements or barriers this new requirement could create. Respondents were able to provide free-text responses, which have been thematically coded for analysis by grouping similar responses together.

9.1.4 As shown in ***Figure 28***, those who thought the new CPD approval system will have a positive impact explained that they thought it would make it easier and faster to arrange CPD, increasing flexibility (51%, 47 comments). A number of respondents also agreed that the new system was a good common sense approach (23%, 21 comments), and others highlighted that it would allow for more CPD opportunities and improve access to CPD (15%, 14 comments). However, a number of respondents also explained that the audit process would be very important to ensure standards were maintained (20%, 19 comments).

Figure 28 – Explanation for why the new CPD approval system will have a positive impact
Base: Those who thought it would have a positive impact and provided an answer (93)

Reason for positive impact	Number	%
Will make it easier/faster to arrange CPD – more flexibility	47	51%
Agree/good idea/common sense approach	21	23%
Audit/review important to maintain standards	19	20%

Reason for positive impact	Number	%
More CPD opportunities/better access to CPD	14	15%
Current system is restrictive/time consuming/deters providers	12	13%
More information/clear guidance needed	10	11%
Feedback on CPD needs to be taken into account	9	10%
Providers know what they are doing – no need to approve all CPD in advance	5	5%
May improve quality of CPD	3	3%
May reduce quality of CPD	2	2%
Could be more difficult/time consuming for providers	1	1%
Important to approve CPD – current CET of variable quality	1	1%
More funding/support needed	1	1%

9.1.5 Of the small number of respondents who thought the new CPD approval system would have no impact and provided an explanation (36 respondents), most stated that, as they do not provide CPD, the change did not have any impact for them (15 comments). A number of these respondents also mentioned the importance of the audit process to ensure standards were maintained (7 comments).

9.1.6 Just 26 respondents who thought the new CPD approval system would have a negative impact provided an explanation. The most common comments related to this change potentially deterring CPD providers or decreasing the amount of CPD available (10 comments). Other concerns related to the risk of a fall in quality of CPD (6 comments) and the importance of approving CPD, which was viewed by some as currently quite variable in quality (6 comments).

9.2 Qualitative consultation activity feedback

A very welcome change for those who currently provide CET as it would make the process more efficient and less frustrating

9.2.1 This proposed change to the CET scheme was only discussed during the qualitative research with stakeholders, for whom it was potentially more relevant, and not with registrants during the focus groups. The majority of stakeholders, and particularly those who were involved in providing CET within the current scheme, provided very positive feedback about the proposed change to introduce a new CPD approval system which approves and audits the providers themselves rather than each piece of CPD they produce. All CET providers felt that the current CET approval process was very time-consuming, inconsistent and frustrating. It was hoped that this change would remove a lot of the current 'red tape' and bureaucracy which cause the approval process to be this way, enabling providers to more easily and efficiently develop CPD as required to meet the needs of registrants.

Some of my team have had varied experiences of getting courses approved. The overall sense I get is that it's quite laborious. Nothing difficult is being asked but there's a lot to go through. These proposals will help make it a lot easier to deliver CPD.

British Contact Lens Association (BCLA)

Big tick for that one. As a CET provider I would say the amount of work involved at present is very onerous. I think you still need to justify how some elements of your CPD is going to relate to the professional standards…but I don't think it needs to be done for every single learning outcome.

Moorfields Eye Hospital

As a provider, our biggest frustration is the approval process. Anything that is an improvement on what they've got at the moment, whilst still maintaining those high standards, is great…It is such an admin

burden, to the point that we have conversations internally where we're asking if it's really worth applying for CET points.

CET provider

9.2.2 Some participants explained that they hoped this change would provide more consistency within the approval process. A number of CET providers reported their experiences of inconsistency when trying to gain approval for a piece of CET, which at one point may be approved, but then later rejected despite being identical. It was assumed that this inconsistency was due to the different approaches taken by CET approvers, but was something which these participants found frustrating.

The big problem is inconsistency. I could submit 12 identical events to be delivered on a monthly basis and I could have seven approved and five rejected…with some of them taking what felt like a long time for a decision either way. Approval decisions felt particularly slow during lockdown and as I'm always having to chase deadlines, that in itself is a little bit frustrating.

BBG-CET (CET provider)

We provide CET and it can be a bit unusual that you'll put something in that you don't think will get through and it passes, and equally you can submit something that you think is okay and it doesn't get past. Sometimes it's a little inconsistent, so it should address those concerns.

Boots Opticians

9.2.3 It was also suggested that, if this change made the approval process more efficient, it could significantly help reduce the amount of time, money and resources committed by CET providers to gain GOC approval. Furthermore, it was suggested that by approving and auditing providers, rather than individual pieces of CPD, this would save time and resources for the GOC.

I think it's a good change – I think it's good for everyone. We're already an approved provider so why not invest the resource in auditing us periodically to ensure we're behaving ourselves rather than every single piece of CET being scrutinised. There isn't very much consistency with the panel of approvers. We have to submit our CET to an anonymous panel. The approvers may disagree, so you could get one that accepts it and one that rejects it, so we can go to appeal sometimes.

Association of Optometrists (AOP)

It will certainly have a cost-saving impact for the GOC and registrants who have to pay their membership costs for people like me to approve their CET.

CET approver

A more efficient approval process may result in higher quality CPD

9.2.4 Some participants felt that changing the way that CPD is approved and audited as part of the new scheme may result in higher quality CPD being produced. They explained that this change would allow CPD providers more freedom and flexibility to create CPD in new areas, without the constraints of meeting the standards of competence to ensure the CPD was approved. This may, in turn, encourage providers to become more inventive with the content they create, as they may be more confident that the CPD will be approved, which they felt would produce more interesting and beneficial learning opportunities for registrants.

I think it allows the provider a little bit more freedom to target areas they feel their workforce needs training on. You might have certain issues that you want to tackle for patient safety. It would be good not to have to get the CET approved every single time.

Vision Express

I think it could probably allow us to be more inventive. It's really hard sometimes to get some really neat pieces of education past the approvers because sometimes they feel it's a bit too left field or they feel like it's pushing the parameters of CET, so we'd just have a bit more control over that. So I think it would help on those odd occasions where we think, 'This would be really nice as a piece of CET', yet the shackles of the scheme don't allow us to put that through…Sometimes we just think there's no point trying [to get CET courses approved].

Association of Optometrists (AOP)

Anything that makes CPD easier to access and encourages people to produce more varied and interesting CPD is positive and perhaps more useful.

Optometry NI

9.2.5 However, a number of participants expressed the opposite opinion, stating that they were concerned that this change to the approval and audit process had the potential to result in CPD that was of questionable quality. As with the move to non-approved CPD, some participants explained that this change could result in commercial organisations producing CPD for their employees that may be too commercially driven and not necessarily promoting practice in the interests of patients.

I think I need to be careful not to let things stray and become too left field. I think there will be some providers perhaps within the sector that try to push things too far in the wrong direction…We don't know enough about how we'll be audited, so I'm hoping that if we're robust enough then that won't be an issue.

Association of Optometrists (AOP)

There's always a risk of the system being abused and without appropriate audit. There is risk that an organisation, company or individual could use CPD to direct unorthodox change and thought processes, but I don't know why anyone would produce CPD that wasn't in a patient or practitioner's best interests. There's always going to be a bit of risk but there has to be trust too.

Optometry NI

The new approval and audit process will need to be sufficiently robust to enable this change

9.2.6 A common theme amongst feedback from stakeholders in response to this change was that the new approval and audit process for CPD providers would need to be sufficiently thorough in order to enable the proposed new method of approvals without reducing the quality and increasing risk.

If you go down that path, which I understand is more flexible and workable, you have to have a reasonable system of approving providers. That's something that we do. You have to submit things to show that you are doing something useful and you can justify why people will want to learn with you.

Royal College of Ophthalmologists

The process was flawed before, so as long as the auditing process is a robust one and the education that people receive isn't just box ticking then I think it's probably a good thing.

Scottish Government

9.2.7 When discussing the information provided about the approval and audit process found in the consultation document, some stakeholder participants expressed reservations. Some questioned the proposal to audit 10% of CPD providers each year, as they felt this was a low proportion in comparison to the current system of approvals, where every piece of CPD is verified and approved. Others questioned the approach to approving new CPD providers, where their first ten CPD submissions are approved up front, explaining that this may be too light a touch, and that newer

providers, and possibly all providers, should be more regularly checked to ensure the content they are providing is of high quality.

10% isn't a lot, is it? At the moment none of it is audited because it's approved in advance. I've been to CET that I've approved but then when I've got there it's not been what I thought it was going to be at all and then I've been to other CET and I'm amazed that it got approved, but you don't know what they said on the form. Again, everyone knows how to play the system.

CET approver

I just had to question that as a new provider you could put ten submissions in in one day and you're approved. I think there potentially needs to be a time frame and a review of the feedback of some of those sessions of new providers before you let somebody off on a longer leash.

Association of British Dispensing Opticians (ABDO)

9.2.8 A suggestion made by several stakeholder participants to ensure the audit process was fair and robust was to utilise registrant feedback. It was suggested that direct feedback from those who have completed the CPD would be an accurate measure, alongside other parts of the audit, of the quality of the CPD being provided, and would help to avoid CPD providers taking advantage of the new system in which they have more freedom.

You need to make sure that freedom and flexibility is not being abused by providers who are trying to game a system and trying to change things. The GOC need to be mindful of people trying to cut corners. I don't know whether there's some sort of feedback loop from registrants who are receiving the training so there's another way [of auditing providers] other than the GOC straight to the providers.

Patient Safety Learning

I would look at the registrant feedback. People who attend each session have to give feedback – start there. If registrants think it's useful then they'll give good feedback and if they don't, they won't. That's your first diagnostic. If somebody's an outlier and their feedback is weak, maybe that's when you go and do some coaching with the provider and see what they're doing and need to do differently.

Optical Consumer Complaints Service (OCCS)

I would be happier knowing that this group that provide one-day live events will be at least one in ten times be sat in on by a mystery shopping delegate who will be giving full, honest and robust feedback…The robustness of the auditing is going to be key for you.

Optician Magazine (CET provider/approver)

By giving registrants more responsibility, is the audit and approval process still necessary?

9.2.9 A small number of stakeholder participants were more critical of the proposed changes to the CPD approval and audit process, questioning why it was still necessary in the first place. They felt that the optical sector should be trusted to seek out and complete learning and development without the need for approval and audit by the regulator, with reflection of registrants used to assess the quality of CPD opportunities. Some explained that this change was a step in the right direction, but that ultimately more responsibility should be given to registrants to choose CPD that is relevant to their own development, focusing on the outputs of CPD rather than the inputs.

We find it hard to understand why the GOC is spending registrants' money on approving courses. The market should work here because clinicians should not tolerate poor quality courses – their time is precious. If professionals are practising reflective learning, they should be recording 'I did this course and it taught me nothing – it was very poor quality' and feeding that back to the provider. It seems again as if

the GOC is not quite trusting the professions to stand on their own feet and feel that eye care practitioners are not quite grown up enough to be trusted like doctors.

Federation of Ophthalmic and Dispensing Opticians (FODO)

It's heading in the right direction and is more streamlined, from what I understand of the process. My fundamental point would be…why focus on the inputs of CPD when the regulator should be focused on the quality of the outcome that registrants generate from that learning activity, the application of that learning to their practice and the enhancements the learning makes to their patient care. It doesn't go far enough because I don't know of any other regulator that focuses on the inputs of CPD.

The College of Optometrists

You've got to trust people. You've got to trust human beings. We can't live in a police state forever. We're professional people, professional organisations. If the training is poor, then people won't participate in it. It's as simple as that. People are going to use their time wisely and go and do good, complete pieces of training.

Optometry Scotland

More clarity and detail is still required

9.2.10 Whilst most stakeholder participants were generally supportive of this change, particularly those who were involved in providing CET within the current scheme, most had some queries about how the new approval and audit scheme would work in reality and felt that the information provided in the consultation document did not give them enough detail to fully know whether the new process would be sufficiently robust. Therefore, it was suggested that the GOC would need to provide additional and more detailed information about the process, to provide clarity to CPD providers and reassurances to the profession before the new CPD scheme is introduced.

This is where it got a bit confusing for some of us. At first, I thought it was quite clear but some of my colleagues needed further clarification about what this actually means. Overall it's a more simplified process but I think there's a bit of misunderstanding about how it works.

British Contact Lens Association (BCLA)

Something that would be helpful to know on the get-go would be more information on the audit scheme so that we can prepare for it and gather the relevant data and evidence from the start…What data and types of evidence would they be looking for?...There's a lot of collating of data.

The College of Optometrists

As an organisation that depends upon the infrastructure of the CET programme to assure other parts of the system that our clinicians are maintaining their skills, I suppose we'd still want to be assured of the quality and standards of this process. More detail about the audit and approval process would be very useful, but overall we're very supportive so long as we have the ability to go back and check the detail and quality.

Primary Eyecare Services

10. Conclusions

In this chapter we have drawn conclusions from the consultation based on analysis of the quantitative and qualitative consultation activities, aiming to highlight the key themes that have emerged.

10.1 The proposed changes to the CET scheme will provide increased flexibility and freedom

General acceptance of the proposed changes, seeing positive impacts or no impacts

10.1.1 The consultation findings have highlighted that the GOC's proposed changes to the CET scheme are generally accepted by the majority of registrants and optical sector stakeholders. The consultation survey results highlight that, with the exception of the mandatory requirement for a reflective exercise for all registrants, only small proportions of consultation survey respondents felt that these changes would have a negative impact on them or their organisation.

10.1.2 For many, it seems that the proposed changes are overdue and which they have been hoping to see for many years, particularly changing the name of the scheme to CPD and allowing registrants to gain points from non-approved CPD activities.

10.1.3 Although some concerns were raised about the potential impact of some of the changes, it appears that generally the changes are still welcome.

Increased freedom and flexibility in relation to professional development are likely outcomes of the changes, which will lead to other positive impacts

10.1.4 It was widely suggested in relation to most changes that they would bring about a greater degree of freedom and flexibility for registrants in relation to their professional development and learning, by moving away from the standards of competence to the Standards of Practice and allowing non-approved CPD to count towards CPD points.

10.1.5 Many felt that these changes were placing a greater amount of trust in optical professionals, allowing them the freedom to undertake learning and development in areas that are more relevant to their role, scope of practice, and interests. By placing more trust in registrants and giving them more responsibility for their professional development and enabling them to access a wider variety of CPD, it was hoped this would bring about the benefits of fostering greater levels of development in the profession and allowing for increased specialisation.

10.1.6 Benefits for CPD providers were also highlighted in relation to the increased flexibility and freedom that the proposed changes may bring. CPD providers may be able to offer more inventive and interesting learning opportunities outside the rigid standards of competence, by utilising the non-approved CPD route, and via a more efficient approvals and audit process.

10.2 The proposed changes will bring the optical sector more in line with other healthcare professions

10.2.1 Throughout the consultation, a common theme that has arisen is that the proposed changes will help to bring the optical sector more in line with other healthcare professions, in particular the

change of name from CET to CPD and allowing for non-approved CPD to count towards CPD points.

10.2.2 By changing the name of the scheme to CPD, a term used by most other healthcare professions such as dentistry, pharmacy, nursing and medicine, many of those who took part in the consultation thought that this would help to improve communication between the optical sector and other professions, and may help to increase the standing of the optical professions amongst other healthcare professions. By allowing registrants to complete non-approved CPD, it is hoped that this will enable increased multi-disciplinary learning and the sharing of resources between healthcare professions.

10.2.3 Furthermore, the increasing focus on reflection that the proposed changes will bring also prompted feedback that the optical sector would become more similar to other healthcare professions, where reflection is already more entrenched in the CPD systems.

10.3 The proposed changes may improve the quality of learning available for registrants

10.3.1 A positive impact of the proposed changes to the CET scheme that has been suggested in various areas of this consultation is that the changes may result in improvements to the quality of learning available to registrants. Firstly, by freeing up the scheme via the Standards of Practice, it was hoped that CPD providers would have increased flexibility to develop learning opportunities that are no longer restricted by meeting the more entry-level requirements of the standards of competence. A similar impact was suggested for allowing non-approved CPD, which may also encourage more creativity from CPD providers who would be able to provider a wider range of CPD opportunities.

10.3.2 It was also felt that registrants would benefit from these changes, as the increased freedom provided would allow them to explore new areas of practice. Additionally, it was hoped that the changes to reflection by requiring a mandatory reflective exercise for all registrants would also improve the quality of learning, as registrants would take their learning and development more seriously and seek out high quality CPD.

10.4 There are some concerns about the proposed changes

The changes could provide too much freedom, resulting in deskilling in key areas

10.4.1 Although the majority of consultation feedback was positive, important concerns were raised in relation to some of the proposed changes to the CET scheme. Firstly, a key concern relating to the move to use the Standards of Practice to underpin the new CPD scheme, split into the new CPD domains, led to some concerns about how the GOC would ensure that all registrants maintain the core competencies of practice to the required standards. In particular, some were concerned about the perceived lack of focus on clinical practice. However, it was also suggested that, in a CPD scheme, it is the responsibility of the professionals themselves to maintain a safe level of knowledge and skill across key areas, whilst also having a greater degree of freedom to develop in areas that were of more relevance.

10.4.2 Linked to this concern, it was also highlighted that the proposed changes may lead to too much flexibility and freedom in the scheme, particularly in relation to the requirement of just one piece of

CPD per CPD domain per cycle, and allowing up to 50% of a registrant's total CPD to come from non-approved CPD sources. Some concern was raised that this level of flexibility may result in registrants avoiding certain areas, which may lead to deskilling, or taking advantage of the scheme. However, again it was felt that a CPD scheme was about placing more responsibility in the hands of professionals and trusting them to develop in a well-rounded and safe way.

Some aspects of the changes are not flexible enough

10.4.3 Despite being generally positive about the proposed changes, some concerns were raised about some of the finer details of the changes, which were seen as hampering the increased flexibility that they were aiming for. For example, some felt that the requirements for non-approved CPD (including it being designed for healthcare professionals, being an hour in length and only up to 50% of CPD coming from non-approved sources) were still too restrictive.

Concerns about how the changes will work in reality

10.4.4 The consultation found that questions were raised about how some of the changes would work in reality. In relation to the CPD domains, some raised questions about CPD overlapping the Standards and domains, and others questioned whether and how they would be measured or judged on their ability to meet the Standards via their CPD. This may be related to another concern that some of the descriptions for the proposed changes within the consultation document lack detail and are considered by some as too vague.

Concern about how accepting of the proposed changes some registrants will be

10.4.5 Others were concerned about how accepting of the proposed changes some registrants will be, especially in relation to the mandatory requirement for increased reflection. This has been highlighted in both the feedback from the focus groups and interviews, and in the consultation survey results, which show that younger respondents typically were more positive about some of the changes when compared to those from older age groups.

10.4.6 However, more often than not it was hoped that, whilst there may be some initial reluctance to accept some of the changes, they would eventually do so once they understood them and were able to see the benefits.

10.5 The proposals are a step in the right direction, but may not go far enough

10.5.1 Although in the minority, some of those who took part in the consultation felt that the proposed changes to the CET scheme did not necessarily go far enough. Whilst they are seen as positive changes, and signify movement in the right direction, some view them as lacking in their scope.

10.5.2 Some stakeholders felt that the changes would not bring about a real CPD scheme, as found in other healthcare professions, since they retain aspects of the CET scheme, such as a points system and a framework for development, such as the Standards of Practice, continuing to approve CPD and requiring a proportion of CPD to come from approved sources, and by not having a greater focus on reflection.

10.5.3 Therefore, some viewed the proposed changes as a step in the right direction away from CET and towards CPD, but not necessarily 'true' CPD, in line with other healthcare professions.

10.6 Clear communication of the proposed changes and support to adapt to them will be key to success

10.6.1 A common finding throughout the consultation for all proposed changes to the CET scheme was that communication of the changes to registrants was very important. In order to ensure they fully understand why and how the scheme is changing, clear and effective guidance is required.

10.6.2 This communication could help registrants to be more accepting of the changes to the scheme, particularly around the finer details of how the changes will work in practice, so that they do not have any queries or unanswered questions regarding what is required of them. Guidance and support from the GOC will be required to inform registrants about the specific changes, such as what good non-approved CPD looks like and how to record it, how to select their CPD within the new CPD domains, how to complete and record a reflective exercise, and how the audit and approval process will work.

Appendix A – Consultation document

CPD (CET) review proposals

Overview

This consultation seeks stakeholder views on our proposals to introduce changes to our Continuing Education and Training (CET) scheme to make it more flexible and less prescriptive, allowing registrants greater freedom to undertake learning and development which is relevant to their own personal scope of practice.

These proposals are based on feedback from our 2018 public consultation: **Fit for the Future: A lifelong learning review** *</standards-and-cet/fit-for-the-future-lifelong-learning-review/>* , and further engagement with stakeholder organisations to develop our thinking. We are going to be seeking legislative change in order to be able to implement some elements of our proposals, in particular the proposal to enhance reflective practice for our registrants.

For more information about how the current scheme works, please visit our **website.** *<https://www.optical.org/en/Education/CET/index.cfm>*

Why we are consulting

We know that some stakeholders will be wondering why we are consulting on such an important issue for the optical sector at a time of unprecedented change to the way we live our lives. Since the current CET scheme was introduced in 2013 the optical sector has changed quite a lot, and the work optometrists and dispensing opticians carry out has expanded and diversified. Devolution of healthcare policy in the UK means that we have already seen a difference in the way optical services are being commissioned and delivered in England, Northern Ireland, Scotland and Wales and it is likely that these trends will continue in future.

The COVID-19 pandemic has also highlighted the importance of having a highly skilled and flexible workforce, which is able to work effectively as part of multi-disciplinary teams across the healthcare sector.

In light of all these changes, we must ensure that our scheme is agile and able to support an optical workforce likely to see many changes in the coming years. We need to ensure that the scheme more effectively supports registrants to develop and diversify their skills throughout their professional career. We have already indicated that our timeframe for change will be at the start of the new cycle in January 2022. We need to consult now to allow us to finalise our plans and give stakeholders enough time to prepare for change.

Our initial consultation in 2018 and our engagement since then indicate a strong appetite to evolve our scheme in the following ways:

- Replace the competencies which currently underpin the scheme, as these are seen as overly prescriptive (and within the next cycle likely to be replaced by the new Education Strategic Review (ESR) requirements, ‘Outcomes for Registration’)
- Allow registrants more control over their learning and development and the ability to tailor it to their own personal scope of practice
- Enhance requirements for registrants to reflect on their practice
- Change the name of the scheme from CET to Continuing Professional Development (CPD). In line with this, from here on in this consultation, we will refer to any future scheme and activities within it as ‘CPD’, and the current CET arrangements as ‘the current scheme’
- Introduce a new proportionate system of CPD approvals

We would like to hear your views on the proposals in the consultation to help us develop and finalise our policy changes - the consultation is divided into five main parts:

- Section 1: Change of name
- Section 2: Freeing up the scheme
- Section 3: CPD categories
- Section 4: Non-approved CPD
- Section 5: Reflection
- Section 6: CPD approvals

We encourage you to respond to all the questions, but you are free to respond to as many or as few as you choose.

Consultation data will be securely shared with our research partner for this work, **Enventure Research** *<http://www.enventure.co.uk/>* , for independent analysis and reporting.

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.

1 What is your name?

Name

2 What is your email address?

If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

Email

3 Are you responding on behalf of an organisation?

(Required)

Please select only one item

◯ Yes ◯ No

Tell us who you are

Knowing who you are helps us to ask you the right questions.

4 Which category best describes you?

(Required)

Please select only one item

◯ Member of the public ◯ Optical patient ◯ Optometrist ◯ Dispensing optician

◯ Specialist - therapeutic prescriber ◯ Specialist - contact lens optician ◯ Student - optometry

◯ Student - dispensing ◯ Other (please specify)

If other, please specify

Organisation details

5 On behalf of which organisation are you responding?

(Required)

6 Which of the following categories best describes your organisation?

(Required)

Please select only one item

◯ Optical business registrant ◯ Other optical employer ◯ Undergraduate education & training provider

◯ Current CET provider ◯ Other CPD provider ◯ Optical professional body

◯ Optical defence/representative body ◯ Optical insurer ◯ Commissioner of optical care

◯ Healthcare regulator ◯ Other (please specify)

If other, please specify

Section 1: Change of name

What are we changing?

We will change the name of the scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD) from 1 January 2022.

Why are we changing?

We know through our previous consultation with stakeholders that there is support for changing the name of our scheme from Continuing Education and Training (CET) to Continuing Professional Development (CPD). We support this change and will re-brand the scheme to CPD at the start of the new cycle in January 2022.

We think this change is important because the name of the scheme needs to reflect the changes that we are making from 2022, as we move away from a scheme that is perceived as maintaining core competencies and move towards one that promotes lifelong learning and development throughout a registrant's professional career.

Changing the name to CPD is also consistent with the approach of other healthcare regulators and would minimise any risk of our scheme being perceived as an inferior scheme.

7 What impact, if any, will changing the name of the scheme to CPD as of January 2022 have on you/your organisation?

Please select only one item

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

8 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

Section 2: Freeing up the scheme

What are we changing?

Our current scheme is underpinned by the standards of competence for education, which can be found on the GOC website. We will replace these competencies with the **Standards of Practice for Optometrists and Dispensing Opticians** *<https://standards.optical.org/the-standards/optometrists-and-dispensing-opticians/>* from 1 January 2022.

Why are we changing?

In our consultation in 2018, we asked stakeholders for views on how we could give registrants more control over their learning and development and move away from the current approach (which uses the standards of competence for education) as it is perceived to be too rigid and overly prescriptive.

Using the standards of competence for education to underpin the scheme has also given the impression that this is a maintenance scheme to keep registrants at the level they were at when they graduated.

We have listened to the views of our stakeholders, and we agree that moving forward, our scheme needs to be more flexible to help encourage and facilitate genuine learning and development throughout a registrant's professional life.

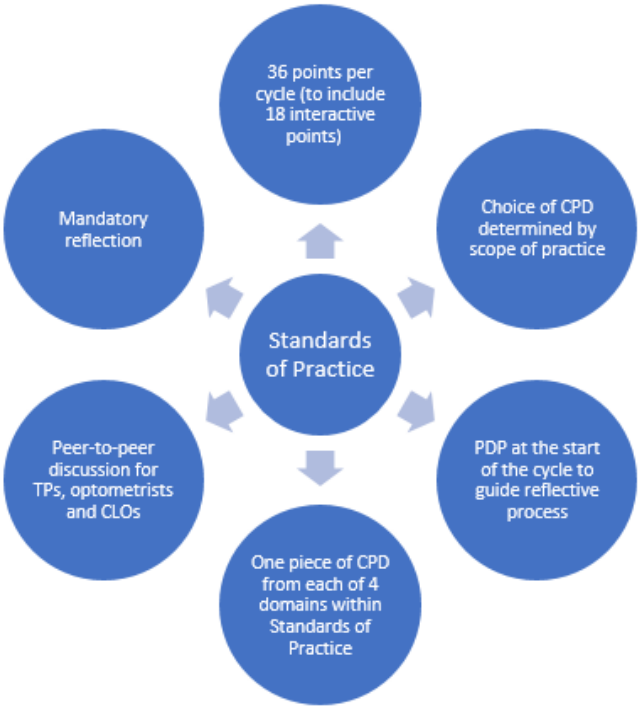
We think that a new CPD scheme should be underpinned by the **Standards of Practice for Optometrists and Dispensing Opticians** *<https://standards.optical.org/the-standards/optometrists-and-dispensing-opticians/>* as these are the standards that cover the wider set of professional skills and responsibilities required of all individual GOC registrants and set out the expectations of a professional in practice following registration. These are more appropriate for a scheme focused on professional development.

How will it work?

Many of the components of our current scheme will remain the same. Our proposals build on the current scheme with some new requirements to allow registrants more control and flexibility over what CPD they do, based on their own scope of practice.

We have outlined the key components of the scheme in the diagram and text below.

Diagram 1: Overview of key components of the CPD scheme



What we're introducing:

- The Standards of Practice will replace the standards of competence for education as an underpinning for the CPD scheme
- Registrants will be required to do at least one piece of CPD in each of the four main domains into which the Standards of Practice have been grouped (further details on the domains are below). This applies to all registrants, including those who are also contact lens opticians (CLOs) or therapeutic prescribers (TPs)
- A mandatory reflective exercise during the cycle (further details below)

What we're retaining from the current scheme:

- Registrants will have to obtain 36 points over a three-year cycle, of which a minimum of 18 must be interactive CPD
- TPs will still have to obtain an additional 18 points (54 points in total)
- CLOs will still have to complete 18 of their 36 points in their specialty
- Registrants will still need to plan their CPD for the three-year cycle
- Optometrists, TPs and CLOs will still have to undertake at least one peer-to-peer discussion per cycle

9 What impact, if any, will replacing the current CET competencies with the Standards of Practice for Optometrists and Dispensing Opticians have on you/your organisation?

Please select only one item

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

10 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

Section 3: CPD domains

What are we changing?

The 19 Standards of Practice will replace the standards of competence for education and registrants will need to complete all 36 points with CPD based on this new framework. For the purpose of our CPD scheme, the Standards of Practice will fall into four main domains. Registrants will be required to do at least one piece of CPD in each of the four main domains:

- Domain 1: Professionalism
- Domain 2: Communication
- Domain 3: Clinical practice
- Domain 4: Leadership and accountability

We will then have two additional areas to help ensure that we are able to target known or emerging risks in registrant groups and/or areas of practice if the need arises:

- A: Specialty requirements. We will maintain current requirements for contact lens opticians and therapeutic prescribers to undertake CPD in relation to their specialty.
- B: Addressing current risks. We want to give ourselves the ability to set targeted CPD for a cycle and specify who does this CPD in areas related to risk, for example, we could require newly qualified registrants to undertake CPD targeted at their transition into clinical practice (instead of CPD in the four main domains), to address or fill known gaps in skill-sets, or perhaps target all registrants as a result of issues raised through our FTP processes.

We are not planning to require registrants to undertake any CPD under area B at present (i.e. as part of the 2022-2024 cycle), however, including it as an option within our new scheme will make sure that we can respond to risks if evidence emerges that we should do so.

Table 1 below indicates how the Standards of Practice correspond with the four domains.

Table 1

Domain	**Standards of Practice linked to**
1: Professionalism	Show care and compassion for your patients (s.4) Work collaboratively with colleagues in the interests of patients (s.10) Protect and safeguard patients, colleagues and others from harm (s.11) Show respect and fairness to others and do not discriminate (s.13) Maintain confidentiality and respect your patients' privacy (s.14) Maintain appropriate boundaries with others (s.15) Be honest and trustworthy (s.16)

	Do not damage the reputation of your profession through your conduct (s.17) Be candid when things have gone wrong (s.19)
2: Communication	Listen to patients and ensure they are at the heart of decisions made about their care (s.1) Communicate effectively with patients (s.2) Obtain valid consent (s.3) Respond to complaints effectively (s.18)
3: Clinical practice	Keep your knowledge and skills up to date (s.5) Recognise, and work within, your limits of competence (s.6) Conduct appropriate assessments, examinations, treatments and referrals (s.7)
4: Leadership and accountability	Maintain adequate patient records (s.8) Ensure that supervision is undertaken appropriately and complies with the law (s.9) Ensure a safe environment for your patients (s.12)

11 What impact, if any, will requiring registrants to undertake CPD in the domains identified above have on you/your organisation?

Please select only one item

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

12 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

Section 4: Non-approved CPD

Why are we changing?

In our current scheme, we approve all CET before registrants complete it. Following consultation in 2018, we heard clearly that the sector thought we needed to retain a core of CPD to prevent deskilling. However, a lot of registrants undertake CPD with other professionals or as part of their contracts with the NHS which cannot be counted under the current scheme. This interprofessional learning is extremely valuable and we want our new scheme to acknowledge and recognise this.

What are we changing?

In the next cycle, starting in January 2022, we will allow registrants to undertake participate in CPD that has not been formally approved for the purposes of the GOC CPD scheme as long as:

- it is at least one hour in length;
- it has been developed for healthcare professionals;
- a short written statement is completed after completing the CPD to explain why it is relevant to a registrant's own CPD; and
- no more than 50% of a registrant's overall total CPD should come from non-approved CPD sources. A minimum of 50% of a registrant's CPD must come from approved CPD sources.

All non-approved CPD will gain a standard one point for every hour undertaken up to a maximum of three points per activity. We will introduce an audit system for registrants undertaking non-approved CPD whereby 10% of registrants completing non-approved CPD are audited each year.

13 What impact, if any, will allowing registrants to use non-approved CPD to count as points towards their CPD have on you/your organisation?

Please select only one item

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

14 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

Section 5: Reflection

Why are we changing?

Reflection has become an increasingly important part of CPD schemes for many healthcare professionals as a mechanism for embedding good practice and improving patient care. In our consultation in 2018, we made it clear that we would be enhancing our requirements for registrants to reflect on their practice and ensure this was a core part of the CPD scheme from January 2022.

We have listened to stakeholders and overall there is support for further embedding reflective practice. Furthermore, our evaluation of the 2016-18 CPD cycle shows that most registrants have undertaken more than necessary:

- 82% of dispensing opticians already complete peer review voluntarily
- 72% of optometrists do more than the minimum (i.e. more than one peer review in a three-year cycle).

However, we have also listened to concerns from some registrants, via our 2018 consultation, about perceived barriers to reflection, including:

- a lack of clarity around the concept and benefits of reflective practice;
- a fear of being open and honest about where mistakes have been made or where things could have been done better;
- current reflective practice is perceived as a box-ticking exercise; and
- a lack of guidance and support to enable registrants to reflect effectively.

Many registrants will already be reflecting on their practice very successfully and we want to support registrants to continue to reflect on their practice. However, for some registrants who may need further support, we will issue new GOC guidance to help them to reflect on their practice effectively.

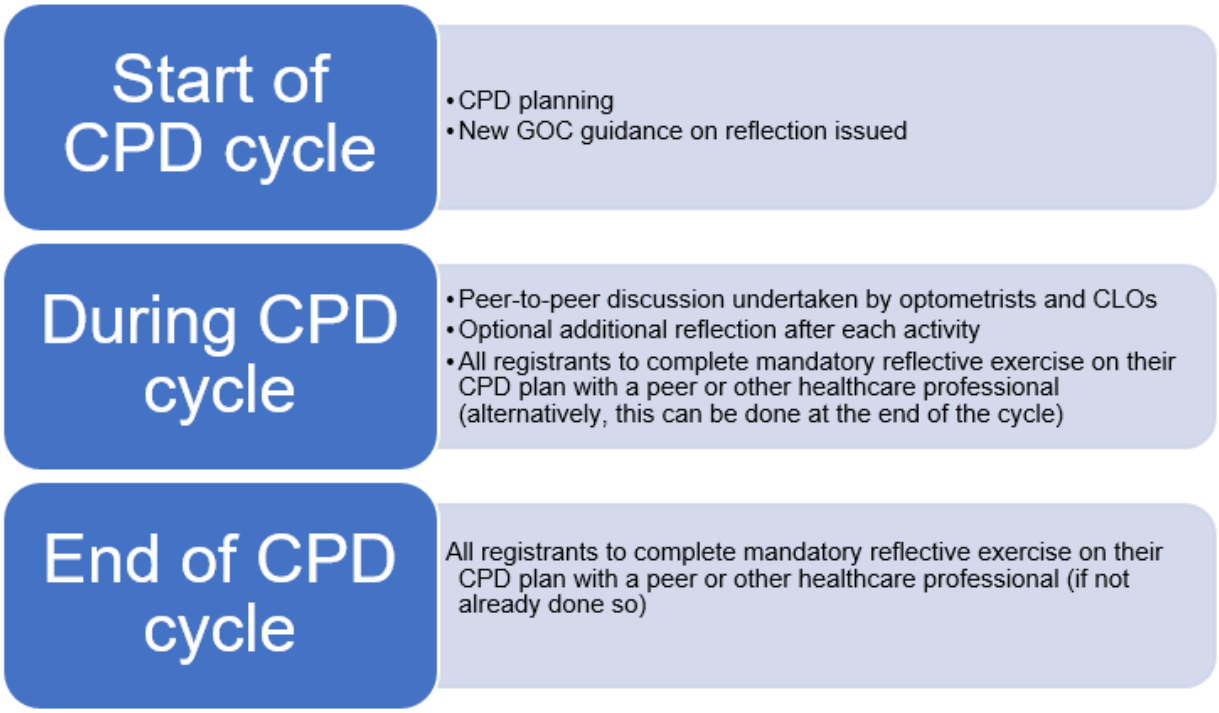
What's staying the same?

- The requirement for all registrants to plan their CPD at the start of the cycle
- The requirement for optometrists and CLOs to complete at least one peer-to-peer discussion in a three-year cycle, and to reflect upon it
- The option to complete a short written reflection after any CPD activity

What are we changing?

- More flexibility in terms of documenting planning and reflection – registrants will either be able to use the GOC CPD Plan template (similar to the current personal development plan (PDP)), or a similar document if one is provided by their employer, contracting organisation (such as NHS Education for Scotland (NES) or Health Education England (HEE)) or professional association
- A new requirement for all registrants to carry out and document a reflective exercise based on the content of their CPD plan either during or at the end of the cycle

A diagram setting out the elements of reflection expected at various points in the cycle is set out below.



New requirement for all registrants to undertake a reflective exercise either during or at the end of the CPD cycle

As part of our new CPD scheme in 2022, we will be introducing a mandatory requirement for registrants to undertake a reflective exercise with a peer about their CPD plan and broader professional development either during, or at the end of, the three-year CPD cycle. This will require legislative change to achieve, which we are currently pursuing.

This new requirement is important because registrants will be given more control over what CPD they do. To balance this out, we need to have assurance that registrants are reflecting on their practice and have tailored their CPD to their own learning and development needs.

- **When can I do this exercise?**
  - During the cycle (at least one year in) or at the end of the cycle
- **What will it consist of?**
  - Discussion with peer and written reflection in CPD Plan (or other plan document as stated above)
- **Who counts as a peer?**
  - Another optometrist or dispensing optician
  - Your employer
  - Another statutorially regulated healthcare professional, such as an ophthalmologist, orthoptist, nurse, physiotherapist, pharmacist etc.
  - Not a relative, close friend or an employee
- **Can I have the discussion remotely?**
  - Yes, you can undertake it either in person, via video call or telephone
- **What must I reflect on?**
  - Your CPD plan, CDP activity and reflection on activity to date (if undertaking the exercise during the cycle) or the CPD cycle as a whole (if undertaking at the end)
  - Other information about your professional practice, for example, from line manager/employer feedback, patient satisfaction data, clinical audit (where available)
- **How will the GOC know I have completed the exercise?**

- You will be asked to self-declare that you have completed your CPD Plan / other planning document and also self-declare you have completed the discussion. Your peer must sign your written reflection to confirm the peer-reflection has been undertaken. The GOC will randomly audit a selection to ensure compliance

- **How will this exercise help me to plan my CPD for the next cycle?**
  - If you are using the GOC Plan, the written reflection will be displayed to you at the start of the next cycle to assist you in setting new goals

15 What impact, if any, will introducing a mandatory requirement for reflection have on:

	Very positive impact	Positive impact	No impact	Negative impact	Very negative impact	Don't know
Optometrists *Please select only one item*	○	○	○	○	○	○
Dispensing opticians *Please select only one item*	○	○	○	○	○	○
Employers *Please select only one item*	○	○	○	○	○	○
Professional associations *Please select only one item*	○	○	○	○	○	○

16 Please use the box below to explain your answers above if required, thinking about what potential improvements or barriers this change could create.

Section 6: CPD approvals and audit

Why are we changing?

As part of our review, we are looking at ways in which we can improve the current process for approving CPD activities. The current system, and our underpinning legislation, requires us to approve all applications for CET activities in advance of the activity being delivered to registrants (referred to as 'up-front approvals'). This system operates using the MyCET online administrative system where providers have to submit an online application that is considered by one of a panel of approvers. Providers must pay an annual fee of £45. Registrants are also able to apply for registrant-led peer reviews but do not have to be registered as a provider or pay a fee.

However, up-front approval is costly and time-consuming both for the GOC and the provider. Whilst this was necessary during the first two enhanced CET cycles to establish the scheme and ensure there was sufficient quality provision, this has now been achieved and it is felt that a lighter touch approach is now required, whilst still assuring the quality of future CPD. A shift to approving and auditing CPD providers rather than approving everything they do seems a more proportionate approach at this stage.

What are we changing?

We will implement the following model:

- We will continue to register CPD providers for the purposes of approved CPD
- We will require all CPD providers to demonstrate that they understand the requirements of CPD delivery and are capable of delivering to a high standard by approving up front the first ten submissions from a new CPD provider. Further CPD sessions from that provider will not need to be approved in advance of delivery, but will still need to be recorded so that points can be appropriately allocated to attendees
- We will introduce a provider audit scheme whereby auditing will be completed each year as follows:
    - Benchmark the standards we expect of CPD providers, which set out our expectations and what might lead to suspension
    - Paper based audit of providers to consider whether there are any 'at risk', taking account of registrant feedback and complaints – completed annually
    - Targeted auditing of providers considered 'at risk'
    - Audit of providers in general to ensure that 10% are audited each year

17 What impact, if any, will this new CPD approval system have on you/your organisation?

Please select only one item

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

18 Please use the box below to explain your answer above if required, thinking about what potential improvements or barriers this particular change could create.

Further information

19 Can we publish your response?

(Required)

Please select only one item

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

Equality, Diversity and Inclusion

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 'Continue' at the bottom of this page if you don't want to). 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** *<https://www.optical.org/en/about_us/equality-and-diversity.cfm>* of our website.

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

20 Gender

Please select only one item

◯ Female ◯ Male ◯ Prefer not to say

21 Age

Please select only one item

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

22 Sexual orientation

Please select only one item

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

23 Disability

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

24 Gender identity

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

Please select only one item

◯ Yes ◯ No ◯ Prefer not to say

25 Pregnancy/maternity

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

Please select only one item

◯ Yes ◯ No ◯ Prefer not to say

26 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

27 Marital status

Please select only one item

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

28 Carer responsibilities

Do you perform the role of a carer?

Please select only one item

◯ Yes ◯ No ◯ Prefer not to say

29 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 discussion 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. Times shown are based on 60-minute online focus group

BEFORE GROUP START TIME

- Participants asked to join 5/10 minutes early and wait in waiting room to allow the group to start on time
- All participants asked to review the joining instructions
- All participants will have been asked to take part in the online consultation via Citizen Space

Introduction (5 mins)

- Moderator introduction
- Background to the research:
    - GOC is currently running a consultation on its proposals to introduce changes to the Continuing Education and Training scheme, designed to make it more flexible, less prescriptive, and giving registrants greater freedom to undertake learning and development that is more relevant to their scope of practice.
    - 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 CET will affect you and your professional career. 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.***

- 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 session will last for no more than an hour 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?

Change of name (5 mins)

From 1 January 2022, Continuing Education and Training will be known as 'Continuing Professional Development' or 'CPD'. The GOC have decided to do this based on previous consultation and feedback, in order to reflect other changes being made to the scheme that promote lifelong learning and development, and to be more in line with other healthcare professions.

- What was your initial reaction to this change?
- What impact, if any, do you think changing the name to CPD will have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?

If required to stimulate discussion - So far the consultation results show us that most people think that the change of name will have no impact (57%) or a positive impact (39%) on them or their organisation.

Freeing up the scheme and CPD domains (15-20 mins)

From 1 January 2022, the standards of competence for education which underpin the current CET scheme will be replaced with the Standards of Practice for Optometrists and Dispensing Opticians. The GOC think that this change will allow the scheme to be more flexible to help encourage and facilitate genuine learning and development throughout a registrant's professional life, as the standards cover the wider set of professional skills and responsibilities. It is hoped that this will give a greater focus to professional development, rather than just maintaining current levels of skill and knowledge.

Moderator to display diagram showing what is changing and what is staying the same – slide 1.

- What was your initial reaction to replacing the standards of competence for education with the Standards of Practice for Optometrists and Dispensing Opticians?
- What impact, if any, do you think this change will have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
    - Is it realistic? Is it achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how this may benefit registrants and/or the profession?

If required to stimulate discussion - So far the consultation results show us that there is a split between those who think replacing the standards of competence for education with the Standards of Practice for Optometrists and Dispensing Opticians will have no impact (36%) and those who think it will have a positive impact (40%). Only a small proportion see that there will be a negative impact.

Registrants will need to complete all 36 points within this new framework during a CPD cycle. The Standards of Practice have been divided into four main domains within the new CPD scheme, with registrants required to do at least one piece of CPD in each of the four main domains

Moderator to display table showing CPD domains – slide 2.

- What was your initial reaction to this change?
- What impact, if any, do you think that requiring registrants to undertake CPD in these domains will have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
    - Is it realistic? Is it achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how this may benefit registrants and/or the profession?

If required to stimulate discussion - Again, so far the consultation results show us that the majority of people think the introduction of CPD domains will have a positive impact (51%), with a large proportion stating that it will have no impact (33%). Only a small proportion see that there will be a negative impact.

Non-approved CPD (10 mins)

From January 2022, the GOC will allow registrants to undertake CPD that has not been formally approved as long as it meets certain requirements.

Moderator to display requirements on the screen – slide 3.

- What was your initial reaction to this change?
- What impact, if any, do you think allowing registrants to use non-approved CPD to count as points towards their CPD have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
    - Is it realistic? Is it achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how this may benefit registrants and/or the profession?

If required to stimulate discussion - So far, the online consultation results show that the majority of respondents think this change will have a positive impact (67%). 21% think it will have no impact.

Reflection (15 mins)

Part of the changes to the scheme will mean that greater importance is given to reflection, something which many registrants already undertake successfully. In addition to extra guidance and support with reflection, from January 2022, the GOC will introduce the requirement that all registrants will need to undertake a reflective exercise about their CPD plan and broader professional development either during or at the end of the CPD cycle.

Moderator to display a summary of the new process on the screen – slide 4 (also have Q&As to hand in consultation document)

- What was your initial reaction to this change?
- What impact, if any, do you think this new requirements for reflection?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
    - Is it realistic? Is it achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how this may benefit registrants and/or the profession?

If required to stimulate discussion - Moderator to display current consultation survey results – slide 5
The consultation results to date show that opinion towards this change is mixed, with some people seeing a positive impact, but also significant proportions seeing a negative impact, particularly for optometrists.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?

Summary and close (5 mins)

Based on everything we have discussed today:

- Overall, how do you feel about the proposed changes?

- What impact do you think the changes overall will have on:
    - You
    - Your colleagues
    - Your workplace
    - Your employer
    - The optical sector

- Is there anything else that the GOC needs to consider when implementing these changes that we have not already discussed?

Moderator to:

- ***Thank everyone for their time and input***
- ***Direct those who have not already done so to complete the consultation online***
- ***Ensure everyone has completed to online consent form***
- ***Explain how incentives will be administered***
- ***Thank & close***

Appendix C – Stakeholder in-depth 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. Times shown are based on 30-minute interview.

Before the interview, all stakeholders will have been asked to take part in the online consultation via Citizen Space.

Introduction (5 mins)

- Moderator introduction
- Background to the research:
    - GOC is currently running a consultation on its proposals to introduce changes to the Continuing Education and Training scheme, designed to make it more flexible, less prescriptive, and giving registrants greater freedom to undertake learning and development that is more relevant to their scope of practice.
    - 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 12 online focus groups with GOC registrants, 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 professional development across the sector. 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:
    - Everything said during this interview 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 interview within the report – ***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 30 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

Moderator to ask stakeholder whether there are any particular areas they want to discuss to establish the focus of the interview from the following:

- ***Change of name***
- ***Freeing up the scheme***
- ***CPD domains***
- ***Non-approved CPD***
- ***CPD approvals and audit***
- ***Reflection (likely to only be relevant to businesses and regional organisations)***

More time will then be spent on those areas. If they have no preference, all areas will be covered.

Change of name

From 1 January 2022, Continuing Education and Training will be known as 'Continuing Professional Development' or 'CPD'. The GOC have decided to do this based on previous consultation and feedback, in order to reflect other changes being made to the scheme that promote lifelong learning and development, and to be more in line with other healthcare professions.

- What was your initial reaction to this change?
- What impact, if any, do you think changing the name to CPD will have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What impact, if any, do you think changing the name to CPD will have on your organisation?

Moderator to display current consultation survey results
So far the consultation results show us that the majority of people think that the change of name will have no impact on them or their organisation, with a smaller proportion thinking it will have a positive impact.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

Freeing up the scheme

From 1 January 2022, the standards of competence for education which underpin the current CET scheme will be replaced with the Standards of Practice for Optometrists and Dispensing Opticians. The GOC think that this change will allow the scheme to be more flexible to help encourage and facilitate genuine learning and development throughout a registrant's professional life, as the standards cover the wider set of professional skills and responsibilities. It is hoped that this will give a greater focus to professional development, rather than just maintaining current levels of skill and knowledge.

Moderator to display diagram showing how this change will work.

- What was your initial reaction to this change?
- What impact, if any, do you think replacing the standards of competence for education with the Standards of Practice for Optometrists and Dispensing Opticians will have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
    - Is it realistic? Is it achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how this may benefit registrants and/or the profession?
- What impact, if any, do you think this will have on your organisation?

Moderator to display current consultation survey results.
So far the consultation results show us that there is a split between those who think this change will have no impact and those who think it will have a positive impact. Only a small proportion see that there will be a negative impact.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

CPD domains (10 mins)

Another change from January 2022 will be that the 19 Standards of Practice will replace the standards of competence for education, and registrants will need to complete all 36 points with CPD based on this new framework. The Standards of Practice will fall into four main domains within the new CPD scheme, with registrants required to do at least one piece of CPD in each of the four main domains

Moderator to display diagram showing how this change will work.

- What was your initial reaction to this change?
- What impact, if any, do you think that requiring registrants to undertake CPD in these domains will have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
    - Is it realistic? Is it achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how this may benefit registrants and/or the profession?
- What impact, if any, do you think this will have on your organisation?

Moderator to display current consultation survey results
Again, so far the consultation results show us that there is a split between those who think this change will have no impact and those who think it will have a positive impact. Only a small proportion see that there will be a negative impact.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

Non-approved CPD (10 mins)

From January 2022, the GOC will allow registrants to undertake CPD that has not been formally approved as long as it meets certain requirements.

Moderator to display requirements and points available etc. on the screen.

- What was your initial reaction to this change?
- What impact, if any, do you think allowing registrants to use non-approved CPD to count as points towards their CPD have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
    - Is it realistic? Is it achievable?
    - Can you foresee any problems? Barriers?
    - Can you think of how this may benefit registrants and/or the profession?
- What impact, if any, do you think this will have on your organisation?

Moderator to display current consultation survey results
So far, the online consultation results show that the majority of respondents think this change will have a positive impact.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

CPD approvals and audit

As part of the changes to CET, the GOC plans to change the way that CPD activities are approved and audited. This change will be a shift to approving and auditing the CPD providers rather than approving everything they do, in order to make the process more efficient and less time consuming.

- What was your initial reaction to this change?
- What impact, if any, do you think introducing a mandatory requirement for reflection for all registrants have?
    - What are the potential positive impacts?
    - What are the potential negative impacts?
- What do you think to the new requirements that will be in place?
    - Can you foresee any problems? Barriers?
    - Can you think of how this may benefit registrants and/or the profession?
- What impact, if any, do you think this will have on your organisation?

Moderator to display current consultation survey results
So far, a large proportion of people think that this will have a positive impact. However, a large proportion also said that think this change will have no impact on them or their organisation.

- What do you think to this result?
- Is it what you expected?
- Can you explain it?
- Does this result have any implications for your organisation?

Reflection *(may be more relevant for businesses and regional organisations that have their own reflective practice mechanisms)*

Part of the changes to the scheme will mean that greater importance is given to reflection, something which many registrants already undertake successfully. In addition to extra guidance and support with reflection, from January 2022, all registrants will be required to undertake a reflective exercise about their CPD plan and broader professional development either during or at the end of the CPD cycle.

Moderator to display a summary of the new process on the screen.

- What was your initial reaction to this change?
- What impact would this have on your organisation and/or its members/employees?
- What potential barriers are there to registrants engaging with a reflective exercise?
    - How can the GOC help registrants get past these barriers?

Moderator to display current consultation survey results (including split by optoms/DOs).
The consultation results to date show that opinion towards this change is mixed, with some people seeing a positive impact for certain roles, but also negative impact for others.

- What do you think to this result?
- Is it what you expected?

- Can you explain it?
- Does this result have any implications for your organisation?

Summary and close

Based on everything we have discussed today:

- Overall, how do you/your organisation feel about the proposed changes?

- What impact do you think the changes overall will have on your organisation?

- What do you think the biggest impact of the changes will be?
    - Biggest positive impact
    - Biggest negative impact

- Is there anything else that the GOC needs to consider when implementing these changes that we have not already discussed?

Explain next steps.
Thank and close.

PUBLIC
C43(20)

COUNCIL

Education Strategic Review

Meeting: 11 November 2020 **Status:** For noting

Lead responsibility: Leonie Milliner (Director of Education)
Paper Author(s): Leonie Milliner (Director of Education) Simran Bhogal (Acting ESR Project Manager) Ben Pearson (Policy and Project Support Officer)
Council Lead(s): Josie Forte

Purpose

1. To update Council on progress and associated workstreams to modernise our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician (Education Strategic Review).

Recommendations

2. Council is asked to:
   - consider the outcomes from consultation, commissioned research and impact assessments and Expert Advisory Groups (EAGs) progress in synthesising feedback; and
   - discuss key proposals and provide advice to the executive and EAGs on direction and changes needed to implement the proposals in light of feedback.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: World class regulatory practice. This work is included in our 2020/21 Business Plan.

Background

4. The Education Strategic Review (ESR) was launched in March 2016 as a key priority within our former 2017-2020 Strategic Plan.

5. In our 2020-2025 'Fit for the future' strategy we said we intend to build on this work to redefine our education requirements for new registrants for the next decade and beyond, an enormously important and complex piece of work that will enable us to maintain public protection as the roles of registrants evolve.

6. In July 2019 Council gave steers on the key elements of the new system. This included the introduction of a new integrated model of optical education, combining academic study with professional and clinical experience into a single approved qualification (which is led by a single point of accountability/SPA); and with the

formation of two Expert Advisory Groups (EAGs), draft new Outcomes for Registration, Standards for Approved Qualifications and an updated quality assurance process; with the aim of ensuring that the skills and abilities of our registrants remain up to date and responsive to the needs of the healthcare system.

7. At its meeting on 13 May 2020 Council discussed the first versions of the proposed Outcomes for Registration, Standards for Approved Qualifications and Quality Assurance and Enhancement Method (the ESR deliverables). In particular, views from Council were sought on the development of the Outcomes for Registration by the two EAGs, including the use of Miller's Pyramid of Clinical Competence, continuing engagement with stakeholders to complete drafting of ESR deliverables and co-commission RQF-levels research, and transitional arrangements. Council's input helped shape the development of the ESR deliverables by our two EAGs prior to the Registrar approving the deliverables and draft impact assessment for public consultation.

8. In July 2020 we launched a 12-week public consultation seeking views on our proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician, specifically;

- 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 **draft impact assessment**, which describes our assessment of the impact of our proposals to update our requirements for GOC approved qualifications.

9. Together, and if approved, the first three of these documents will replace our Quality Assurance Handbooks for optometry (2015) and ophthalmic dispensing (2011), mitigating the risk that our current requirements (including the list of required core-competences, the numerical requirements for students' practical experiences, education policies and guidance contained within our Quality Assurance Handbooks) become out of date. In particular, that the list of required core-competences and numerical requirements for students' practical experiences no longer reflect contemporary optical practice or meet patient or service-user needs in the rapid transformation of hospital eye care services, or reflect modern methods for statutory healthcare regulators in setting education and training benchmarks for qualification approval for entry into a profession.

10. The consultation closed on 19 October 2020. For further information on the consultation and rationale for this work, please see the accompanying documentation on the GOC consultation hub https://consultation.optical.org/esr/education-and-training-requirements-for-goc-approv/.

11. Alongside the consultation survey, we also commissioned a research partner, Enventure Research, to undertake qualitative work with stakeholders and to assist with data analysis and write-up. We received 187 unique responses to the survey from a variety of stakeholders, including providers of approved qualifications individual registrants, students, patients and service users, businesses, professional associations/representative bodies and national commissioners, and held focus groups and interviews with stakeholders from across the sector and all nations of the UK. Further detail about the breakdown of responses can be found in the report at Annex 1.

12. We will seek further feedback on our proposals and assessment of impact from the Advisory Panel (which includes members of the Education Committee and Standards Committee in accordance with the requirements of the Opticians Act) in December 2020.

Analysis

13. 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.

14. Commissioned research and impact analysis, feedback from our work with our EAGs and information obtained as part of broader stakeholder engagement has shaped the development of our proposals. In addition, in April 2020 we commissioned the Quality Assurance Agency (QAA) to map our emerging proposals to the education and training requirements for statutory registration of three other regulators: GMC, SRA and HCPC, identifying gaps and supporting the EAG in their drafting of the outcomes, standards and quality assurance method.

15. The EAGs for optometry and ophthalmic dispensing met on 2 November to begin synthesising the outcomes from the consultation, commissioned research and impact assessments and to consider proposed changes to the ESR deliverables as well as the overall direction of the ESR, including concerns around timeliness, funding, assessment, SPAs and level of detail within the documentation. The EAGs meet next on 23 November to continue the drafting and fine-tuning of the deliverables ready for Council's consideration on 10 December 2020.

16. Alongside our public consultation we commissioned four additional packages of work to further inform the fine-tuning of our proposals post-consultation by our two EAGs:

- **RQF Level research** Together with the College of Optometrists (CoO), the Association of British Dispensing Opticians (ABDO), the Opticians Academic Schools Council (OASC) and the Optometry Schools Council (OSC), and following a competitive tender process, we co-commissioned the QAA to gather evidence and make recommendations regarding the most appropriate Regulated Qualifications Framework (RQF) level (and equivalent) for our approved qualifications for optometry and ophthalmic dispensing. This project aims to give us the information we need to specify within our proposed Standards for Approved Qualifications a required minimum RQF level for qualifications we approve, and given the significance of this decision, it is important that the decision is informed by best available evidence. The RQF project board has met three times, and at its meeting on 6 November 2020 considered the QAA's early draft recommendations, included in annex two.

- **Verification of Outcomes for Registration** We have commissioned the University of Manchester to verify the Outcomes for Registration. The purpose of the verification is to test the veracity of the outcomes and the allocation of level (Miller's pyramid) through use of the Delphi method. The Delphi method involves gathering a consensus of expert opinion and has been applied to the development of competency frameworks and curricula for optometric and medical subspecialties (Clancy et al. 2009; Hay et al. 2007; Myint et al. 2010; Stewart et al. 1999). It involves a series of rounds to gather opinion anonymously. The advantage of the Delphi technique is that participants can express views without being influenced by others, most particularly to facilitate consensus on borderline outcomes. The EAGs on 2 November 2020 received a verbal update on University of Manchester's findings from the first round, where it was reported that consensus had been achieved on the majority of outcomes (75%). The final report is expected mid-November.

- **Financial Impact Assessment** Our draft impact assessment published as part of our ESR consultation gave some consideration of financial impacts of our proposals, in particular the financial impact for future providers of GOC approved qualifications (a mix of Further (FE) and Higher Education (HE) providers and private membership-based organisations) across the UK; on students and placement providers/ employers. Our draft impact assessment draws upon the outcome of our funding roundtable held on 13 March 2020 and its subsequent report 'Further and Higher Education Funding of Optometrists and Dispensing Opticians' published on our website. As part of our public protection role, we commissioned Hugh Jones Consulting to examine the financial impact of our proposals. This impact assessment had a particular focus on assessing the financial impact of the proposed integration of professional and clinical experience within the approved qualification for both professions in each of the

UK home nations for providers of approved qualifications, placement providers and students. It also focused on the impact of COVID-19 on providers' ability to prepare and invest in developing new programmes to meet our proposed standards and outcomes. Hugh Jones brings a substantial knowledge of higher and further education funding and regulation across the devolved nations, as well as of healthcare education. His report is attached at annex three.

- **Equality Impact Assessment** We also commissioned Fraser Consulting to undertake an EDI assessment of the impact of our proposals with reference to each of the protected characteristics as defined by the Equality Act (2010) across each of the four nations. This assessment focused particularly on EDI impacts (positive and negative) on students and future providers of GOC approved qualifications using qualitative and quantitative data analysis. Clare Fraser is an experienced equality and diversity consultant with a range of clients across the public and private sectors, and her report is attached at annex four.

17. We have also been active in the media, raising the profile of the ESR and the opportunity to provide views through our consultation:
    - **RNIB radio interview** with GOC's Director of Education, Leonie Milliner, broadcast multiple times on RNIB radio during early September.
    - **AOP members webinar** (15 September) with GOC Director of Education, Leonie Milliner and the ESR Project Team, which as listened to by approx. 200 AOP members.
    - **GOC registrants Q&A session**, (9 September and 9 October), again with GOC's Director of Education, Leonie Milliner
    - **OPG webinar** (15 October) with GOC Director of Education, Leonie Milliner and the ESR Project Team.
    - **Optometry Scotland & Scottish stakeholders seminar** (14 October) with GOC Director of Education, Leonie Milliner and the ESR Project Team.
    - **Preparation of copy** for articles in the professional press, including Acuity magazine
    - **Reach** to third sector, public and patient bodies through email and direct contact.

18. Response to our proposals was mixed. Whilst headline numerical feedback on the three key issues (overall impact of the outcomes, standards and integration) was negative, numerical and qualitative responses to each standard and associated criteria was positive, as was feedback in broad terms regarding the outcomes, notwithstanding commentary around a lack of detail implicit in an outcome-orientated approach. In addition, response to the proposed Quality Assurance and Enhancement Method was positive and respondents agreed on balance that the current Quality Assurance Handbooks ought to be replaced with the proposed outcomes, standards and Quality Assurance and Enhancement Method, although timescales were seen as unrealistic. Some stakeholders were extremely generous in providing detailed and extended commentary on specific criterion within the standards and/or outcomes and suggested many amendments to the wording of the

deliverables, which the EAGs are now considering. The qualitative research provides further commentary regarding the impact of our proposals on employers, commissioners, patients, students and providers of GOC approved qualifications.

19. We have reflected on the feedback provided by stakeholders, consultation responses and from our commissioned research and impact assessment and identified areas where we seek Council's advice in order to address concerns and queries raised, to ensure that the qualifications we approve in the future are fit for purpose and transitional arrangements are realistic.

Time for providers of existing GOC-approved qualifications to adapt

20. The three-tranche implementation programme: early adopters/ tranche 1 (for admission from Sept 2022); tranche 2 (for admission from Sept 2023) and tranche 3 (for admission from Sept 2024) agreed by Council in November 2019 prior to the pandemic could not have anticipated the broadscale disruption caused to education providers and tightening of the resource context we have witnessed.

21. The financial impact assessment recommends an adaptation period of at least 23 months between GOC approval of the deliverables and students first being admitted to a programme as the minimum time needed for providers to prepare their integrated programmes, seek internal approval (validation) and GOC approval, and meet the normal UCAS listing and admissions cycle; although the assessment does acknowledge that it is possible for keen providers to prepare and list courses with UCAS more quickly.

22. A minimum 23-month adaptation period between GOC approval of the deliverables and students being admitted to a programme will give greater certainty for providers, reduce risk of provider volatility and give time for the sector to organise itself to respond to issues of funding and placement viability. A planned 23-month adaptation period between GOC approval of the deliverables and students first being admitted to a programme would not preclude either existing or new providers who wish to be early adopters applying for qualification approval from the date given in the consultation (1 March 2021), when it is proposed that the current QA handbooks will cease to be operational. An additional option is a longer adaptation period for more vulnerable providers identified in the financial impact assessment, particularly DO providers in the FE sector.

Approval Date

23. Prior to public consultation we were working towards a Council approval date of 10 December 2020, giving time for providers to choose whether to act fast to become an early adopter in tranche 1, working towards admitting students to new, integrated programmes from Sept 2022; or to choose to join tranche 2 or 3; a slightly slower pace for providers working towards admitting students to new, integrated

programmes from Sept 2023 or Sept 2024. Retaining a Council approval date of 10 December 2020 will permit us to:

a. confirm 1 March 2021 as the date the current QA handbooks will cease to be operational. Any applications for new qualification approval after this date (from existing or new providers) will need to evidence they can meet the ESR deliverables (early adopters/ tranche 1).
b. confirm a 23-month adaptation period for tranche 2 providers of GOC approved qualifications (tranche 2)
c. confirm a 36-month adaptation period for tranche 3 providers of GOC approved qualifications (tranche 3)
d. consider a longer adaptation period (36-months plus) for vulnerable providers.

24. A key risk here is that the EAGs fail to complete the post-consultation fine-tuning of the ESR deliverables, particularly the additional work required to develop the clinical practice section of the outcomes and incorporate feedback from the Delphi/verification and co-commissioned RQF levels research, necessary for an approval date of 10 December 2020.

25. The impact of delaying the approval date by between 3 to 12 months (to between Feb 2012 to Dec 2021, or beyond) is twofold. First, with a 23-month adaptation period, we push the early adopter programme back by 12 months, so that an early adopter in tranche 1 will instead be working towards admitting students to new, integrated programmes from Sept 2023 (or possibly 2024). Second, given tranche 2 and 3 providers will then be admitting students to their new programmes from Sept 2025 or Sept 2026; and with 'steady sate' not reached until 2029 or 2030, the need for the continuance of the current Schemes for Registration operated by ABDO and the College of Optometrists for extended 'trailing' students who might exit existing GOC-approved qualifications well into the next decade; the public and patient protection consequence of delay is clear.

<u>Outcomes, including clinical practice</u>

26. Consultation identified that the clinical practice outcomes require strengthening without losing its outcomes-orientated focus using Miller's triangle, with greater differentiation between clinical practice outcomes for dispensing opticians and optometrists, although some respondents argued that each profession should have two sequential sets of outcomes (and associated standards) leading to entry to the register. The EAGs have been asked to lead at pace further development of the Outcomes for Registration, with a focus on strengthening the clinical practice outcomes for dispensing opticians and optometrists, drawing on recommendations from Delphi research and detailed drafting amendments suggested through consultation.

27. The alternative option, to develop for each profession a two-stage knowledge and competence set of outcomes (and associated standards) for GOC approved-qualifications leading to entry to the register, will require significant revisions to the standards and outcomes to the extent that we will need to restart the drafting process, and there is no guarantee that proposals for a two-step process for each profession will be less burdensome, or less costly to students, providers or employers, offer greater protection for the public or increased resilience in the sector than the current proposed approach. Nor is such an approach in-step with the 2017 'concepts and principles' or later 2018-19 consultations, or with approaches taken by the majority of healthcare regulators.

Integration of 48 weeks professional and clinical experience within the approved qualification

28. Consultation responses reported negative impact regarding the time needed to prepare integrated programmes and the resourcing required to ensure placement viability, particularly within the hospital eye service, and if providers decide to offer shorter periods of experience earlier in the programme, with issues of service delivery benefit, employer navigability and ability of providers to deliver financially viable qualifications (particularly for DOs in FE settings).

29. Those that reported a negative impact did so because they thought change was unnecessary (19%) or because of issues to do with finance and resourcing (16%). However, drilling down into the responses to Standard 3 (Assessment and Curriculum Design), which describes the proposed requirements for integrated professional and clinical experience and its organisation and assessment, demonstrates that 43% of respondents thought the criteria in this standard would have a positive impact, as compared to the 25% who said it would have a negative impact, although 25% said they did not know what the impact would be.

30. Action to mitigate the effects of poor navigability, service delivery benefit and placement viability can in part be resolved by the intention, in the co-produced sector-led indicative document, to provide guidance to providers on the potential 'mix'; distribution and geography of periods of professional and clinical experience within the integrated qualification to aid navigability and reduce workforce supply pressures. Proposed action to mitigate financial impacts are outlined in the next section.

Financial impact

31. Our published report 'Further and Higher Education Funding of Optometrists and Dispensing Opticians' (March 2020) and draft impact assessment (July 2020) highlighted three key technical risks in relation to the integration of 48 weeks professional and clinical experience within the approved qualification:

a. classification by OfS (or equivalent) of the integrated 48 weeks as a 'sandwich year' (thereby attracting a lower tuition fee (in England, £1,850) rather than 'learning in practice' which is eligible for full tuition fee support, up to the maximum of £9,250 in England (or devolved nation equivalent);

b. OfS (or equivalent) funding regulations preventing a student in receipt of student tuition fee/ maintenance loans receiving a salary during their 48 weeks professional and clinical experience within the approved qualification; and

c. eligibility for optical practices operating under a GOS contract to receive payments (for 6 or 12 months) to support the supervision of students during their 48 weeks professional and clinical experience within an approved qualification, other than the College of Optometrist's Scheme for Registration or Manchester University's MSci in Optometry currently listed with PCSE (and devolved nation equivalent).

32. As part of our public protection role, we commissioned Hugh Jones Consulting to analyse financial impact, focused primarily around estimated costs and current/additional sources of income to support the integration of the proposed 48 weeks' professional and clinical experience within the approved qualification for optometry and dispensing optics.

33. The financial impact assessment illustrated that few providers, including private providers, had undertaken (or were prepared to share) detailed forward financial forecasting and were relying on broad income/expenditure assumptions to support assessment of impact, particularly assessment of additional anticipated expenditure in the proposed integration of the 48 weeks' professional and clinical experience within the approved qualification for optometry and dispensing optics.

34. The financial impact assessment demonstrates the three key technical risks identified from earlier research and listed in paragraph 27 are resolvable. First, the financial impact assessment demonstrates that the integrated 48 weeks may be classed as 'learning in practice' and therefore eligible for full tuition fee support, up to the maximum of £9,250 in England (or devolved nation equivalent). Second, that OfS (or equivalent) funding regulations do not prevent a student in receipt of student tuition fee/ maintenance loans receiving a salary during their 48 weeks professional and clinical experience within the approved qualification; and third, that with sector leadership, eligibility for optical practices operating under a GOS contract can include payments (for 6 or 12 months) to support the supervision of students during their 48 weeks professional and clinical experience within an approved qualification, as with Manchester University's MSci in Optometry listed with PCSE.

35. A repeated concern cited in the consultation is the financial viability of providers in offering an approved qualification with an integrated component. Optics is an attractive proposition to potential students, and even with the 'demographic dip'

optometry continues to recruit well. The financial impact assessment demonstrates that even after all the additional, estimated costs, including estimated costs of quality assurance, placement management and visits, supervision, student support and costs of any related assessments which may take place in practice, providers of approved qualifications will have an additional resource available to them of £100 (worst case/Scotland) and £4,500 (best case/England) per student for the 48 weeks professional and clinical experience (howsoever organised). This additional resource may be used as providers wish; for enhanced support in practice, more varied clinical experience or extra assessment arrangements that providers might wish to deliver (notwithstanding the high margin of error in these expenditure estimates, given the lack of evidential data on which to base assumptions). In crude terms, the concept of integration is at worst cost neutral, and at best, financially advantageous for providers in optometry and dispensing optics (with the exception of dispensing optics at diploma level in an FE environment), depending on the expenditure decisions a provider chooses to make.

36. The financial impact assessment also illustrates the positive effect of proposals for students, albeit through a greater debt burden (a broader political issue to do with the funding of healthcare/higher education) and suggested mitigating actions, to which our response is:
    a. to support the sector in applying leadership to encourage investment and strategic support for experiential learning and learning in practice from relevant national commissioners consistent across the four nations and in line with other healthcare professions;
    b. one aim of the GOC-funded proposed knowledge hub/ information exchange is to assist providers to streamline/ reduce overheads and achieve economies of scale and/or share costs to reduce any income- expenditure shortfall; for example, one stakeholder has suggested that providers could usefully work together to develop a standard form of placement learning agreement for use in the integrated periods of professional and clinical experience;
    c. we anticipate the co-produced sector-led indicative document will provide guidance to providers of GOC-approved qualifications on potential ‘mix,’ distribution and geography of periods professional and clinical experience within the integrated qualification to aid navigability, articulate service delivery benefit, and reduce workforce supply pressures.
    d. we will continue to explore with OSC, OASC, CoO & ABDO financial and other impacts and mechanisms to mitigate these impacts.

<u>Single Point of Accountability</u>

37. Some consultation responses, primarily from dispensing opticians and their representative body, reported a negative impact regarding the single point of accountability (SPA) concept, which is not necessarily reflected in positive support expressed for the relevant criteria within Standard 4, for example, the need for SPA’s to be legally incorporated, be responsible for the award of the approved qualification

and be able to describe its corporate form. The proposal to integrate professional and clinical experience within the approved qualification and the related decision to draft and consult upon a single set of descriptors (outcomes and standards) for qualification approval, for which a provider (or a combination of providers) is responsible for awarding (as an SPA) are mutually interdependent concepts. Criteria S4.1-S4.5 describe our proposed expectations for a SPA; that it is responsible for the award of the approved qualification; it must be legally incorporated; it must be able to describe its governance and lines of accountability: have named person as primary point of contact and if a consortia, a clear relationship between its constituent parts. These are standard requirements for any provider of an approved qualifications within the healthcare regulatory sector, and as demonstrated in responses to our consultation, are not unduly onerous, with many providers stating that they already meet these requirements. The most reasonable approach is to use the adaptation period to support the sector in organising itself to meet the criteria in Standard 4 and to lengthen the adaptation period for providers most adversely effected, as identified in the financial impact assessment.

38. A counter-option, to reconsider the approach and explore the impact of developing a two-step approach for each profession with two sets of knowledge and competence-based outcomes (and associated standards) is not without risk. It will require wholesale revision of the proposed standards and outcomes to the extent that we will need to restart the drafting process afresh, and there is no guarantee that proposals for a two-step process for each profession will be less burdensome, or less costly to students, providers or employers, offer greater protection for the public or increased resilience in the sector. The previous ESR consultation (March 2019) and subsequent GOC response (August 2019) discussed the evidence informing an assessment of impact of moving from a two-stage education and training process to one with an overarching set of standards that covers the entire route to registration with a single provider ('one accountable provider') responsible for delivery, and it was this assessment of impact which informed the steers agreed by Council in May 2019, which included the steer for a *'single point of accountability for any route to registration – ensuring an integrated approach – leading to a 'registrable qualification.'*

<u>Assessment/ Common Assessment Framework</u>

39. A repeated call in consultation, particularly from dispensing opticians, was for a common framework, common final assessment or independent examiner to ensure consistency between providers. The view of the Expert Advisory Groups, when this matter was discussed at the EAGs on 2 November 2020 was that:

    a. a common assessment framework and proposed requirements for assessment and its quality control has been incorporated with Standard Three (Assessment and Curriculum Design), which the EAGs were reasonably comfortable with, and had received a positive overall response (43%) in relation to impact in the

consultation (compared to 25% who said Standard Three would have a negative impact.)

b. a separate common assessment framework, to sit alongside the outcomes and standards, if one was to be developed, might not give the assurance respondents might expect from such a framework of the validity, reliability, currency and authenticity of provider's measurement of a student's achievement of the outcomes;

c. calls for a common final assessment or common assessment framework are frequently confused with the concept of a national examination, or a mis-understanding that the College's Scheme of Registration or ABDO's exams are a form of a national examination; and

d. GOC approved qualifications awarded by providers in the higher education sector are regulated by the OfS (and devolved nation equivalent) and GOC approved qualifications awarded by providers who are Awarding Organisations are regulated by Ofqual (and devolved nation equivalent). Both regulatory systems deploy sophisticated oversight including internal and extremal examiners, internal and external verifiers and examination boards to assure standards and the integrity of assessment are maintained, and the view of the EAGs is that it is not the role of the GOC to duplicate these powers.

Case for change

40. There was broad agreement in this consultation (as in previous ESR consultations) that the GOC Quality Assurance handbooks, numerical competence requirements and related policies that comprise GOC's requirements for qualification approval require updating; and should be replaced by the ESR deliverables (Standards, Outcomes and Quality Assurance and Enhancement Method), subject to resolution of stakeholder concerns, in order that qualifications we approve remain fit for purpose and meet future patient and service user needs.

41. Options here are:

a. Do nothing; in which case the current QA Handbooks (2011/2015) remain in place for next 5+ years.
b. Start afresh, in which case the current QA Handbooks (2011/2015) remain place for at least the next 5+ years whilst GOC drafts and consults upon new requirements to replace QA handbooks for approval.
c. Approve the ESR deliverables in December 2020 and in the adaptation period support the sector in organising itself, including resourcing, to meet the outcomes and standards; or

d. Delay approval for up to 12 months (to Dec 2021) to give further time for the sector to organise itself to support providers in their development of integrated programmes.

Contact Lens Opticians and Therapeutic/ Independent Prescribing Qualifications

42. A further strand of the Education Strategic Review is to update our requirements for post-registration GOC approved qualifications. We had intended to commence work on refreshing our 2008 Quality Assurance Handbook for Specialist Registration in Therapeutic Prescribing and 2007 Quality Assurance Handbook for Contact Lens Opticians in March 2020, however this work was delayed due to the Covid-19 pandemic. We have now relaunched the Expert Advisory Groups (EAGs) for Independent Prescribing (IP) and Contact Lens Opticians (CLO) in October 2020 (the first meetings were 1 & 2 October 2020 via MS Teams). The terms of reference and project plan were approved by our Senior Management Team (SMT) in August 2019 and we intend to issue a press release announcing recommencement of this work following the EAGs' next meetings on 12 and 13 November 2020.

43. The intention is to replicate (at pace) the drafting, research and consultation process undertaken for the pre-registration qualifications for dispensing opticians and optometrists, with leadership from two dedicated Expert Advisory Groups (EAGs) for CLO and IP.

44. The current requirements for CLO and TP/IP qualifications were published in 2007 and 2008 and are at risk of being no longer fit for purpose. In addition, there are reports from stakeholders, commissioners and providers of workforce supply issues and hospital placement availability, especially for Independent Prescribers (IPs). This strand of ESR activity will have three deliverables:

- **Outcomes and Standards for Approved Qualifications for Contact Lens Opticians** (CLO) which will describe the knowledge, skill and behaviours a dispensing optician must have at the point they register as a Contact Lens Optician and the expected context for the delivery and assessment of the outcomes leading to an award of an approved CLO qualification.
- **Outcomes and Standards for Approved Qualifications for Independent Prescribers** (IP) which will describe the knowledge, skill and behaviours an optometrist must have at the point they register as an additional supply, supplementary and/or independent prescriber and the expected context for the delivery and assessment of the outcomes leading to an award of an approved IP qualification.
- **A Quality Assurance and Enhancement Method** for post-registration qualifications.

45. We expect to consult on the draft deliverables in spring 2021 and conclude this work in September 2021. The key changes anticipated in the drafting of the three deliverables are to:
    - integrate the knowledge and competence elements of the award into a single, unified approved qualification (which must either be a regulated qualification or an academic award);
    - update the outcomes for each qualification, using Miller's Pyramid to describe the level of each outcome, and test the accuracy and appropriateness of each of the outcomes and its ascribed level through a verification method (Delphi);
    - agree at which RQF level each qualification type sits;
    - establish the entry criteria, teaching and assessment requirements and volume/ scope of clinical experience for each qualification, within the standards; and
    - update the quality assurance and enhancement method for each qualification.

Finance

42. Part of the agreed ESR budget include costs for consultation support, EAGs and research/ impact assessment projects listed above, which were awarded following a procurement process undertaken by experienced staff members in line with GOC policy. Currently the project is on track against all defined cost tolerances.

Risks

43. Primary risks to timely delivery of the project are as follows:

    a. a small project team (3FTE) means that unexpected absences impact upon delivery and timescales. This is mitigated by increased support from the Director of Education and Head of Education, and regular management team meetings, so that any gaps in resourcing are clear and can be more easily plugged;

    b. significant, negative stakeholder feedback resulting in delays in agreeing and implementing our proposals to meet the project plan agreed by Council in 2019. This is mitigated by regular stakeholder liaison by the Director of Education and ESR project team so that any issues can be quickly identified.

44. These risks, and less impactful secondary risks, are all documented on the project risk register which is reviewed regularly.

Equality Impacts

45. An Equality Impact Assessment (EIA) and a Financial Impact Assessment (FIA) has been externally commissioned and are attached to this paper.

46. As is good practice, we included questions about impact in our public consultation. We will consider the final consultation report from our research partner, Enventure, alongside our externally commissioned impact assessments, before finalising our

reassessment of impact so that insights from both qualitative and qualitative consultation data collection can also be taken into consideration.

Devolved nations

47. Implications for the devolved nations have been included as part of the brief for the externally commissioned impact assessments, and optometric leads (or their representatives) are engaged as members of our EAG and/or roundtables.

Communications

External communications

48. We will continue to offer all stakeholder organisations the opportunity for a bilateral conversation with the GOC's Director of Education.

Next steps

49. Following discussion at this meeting, Council's advice will be considered by EAGs at their meeting on 23 November 2020.

Attachments

Annex one: Consultation report from Enventure Research
Annex two: QAA report: draft recommendations for RQF level for GOC approved qualifications ***(this will follow as a late paper on Monday 9 November 2020)***
Annex three: Hugh Jones Consulting: Financial Impact Assessment
Annex four: Fraser Consulting: Equality Impact Assessment

Expert Advisory Group - Optometry

Name	Organisation	Sector
Leonie Milliner	Chair GOC/Director of Education	Chair
Prof. Gunter Loffler	Glasgow Caledonian University	Education
Prof. John Siderov	Huddersfield University	Education
Dr Nik Sheen	Cardiff University/HEIW/WOPEC	Education/NHS Wales, CET provider
Prof. Hilary Thompsett	Formerly of Kingston University	SW Education/EdCom
William Holmes	Manchester University/Optometry Schools Council/Optical Confederation/AOP Council/COO Council	Education
Dr Rebekah Stevens	University of West England	Education
Sally Gosling	College of Optometrists	Professional body, CET provider
Dr Nav Gupta	IP optometrists	Education visitor panel – OO member
Jennifer Chaston	Patient	Patient
Sarah Canning	Moorfields Eye Hospital	NHS – Head of Optometry
Dr Imran Jawaid	Queens Medical Centre, Nottingham	NHS ophthalmologist and research scientist (previously optometrist), CET provider, EdCom
Claire Slade	Boots Director of Professional Services	Employer
Josie Forte	Specsavers/FODO/GOC	Companies Committee/ employer/Council lead, CET provider
Prof. Kathryn Saunders	Ulster University	Education
Markham May		Education/EVP
Richard Edwards	Optical Consumer Complaints Service (OCCS)	

Expert Advisory Group - Dispensing Opticians

Name	Organisation	Sector
Leonie Milliner	Chair GOC/Director of Education	Chair
Dean Dunning	Bradford College	Education/practising DO
Simon Butterfield	ABDO College	Education
Jay Dermott	CANDI college	Education
Dr Julie Hughes	Anglia Ruskin University	Education/EVP

Alicia Thompson	ABDO Exams	Education/professional body/EdCom, CET provider
Miranda Richardson	ABDO Exams	Education/professional body
Sarah Joyce	ASDA Superintendent Optometrist	Employer
Gill Robinson	Specsavers Director of Professional Training and Development	Employer/DO trailblazer group apprenticeships, CET provider
Jay Varia	Moorfields Hospital, Principal Optometrist/UCL Institute of Ophthalmology	NHS/practising optometrist/ honorary lecturer
Eloise Stone		ARU Third Year Ophthalmic Dispensing Student
Sally Powell		Education visitor panel lay Chair
Kathy Start	Nursing education	EdCom lay member
Paula Baines	CLO (former Vision Express CLO)	Standards Committee/EVP CLO member
Glenn Tomison	FODO/GOC/Manchester University	Standards Committee/DO/Council member GOC

RQF Project Board

Name	Organisation
Leonie Milliner	Chair GOC/Director of Education
William Holmes	Manchester University/Optometry Schools Council/Optical Confederation/AOP Council/COO Council
Nicole Fitzgerald	GOC Press Officer
Simran Bhogal	GOC Acting Project Manager
Alex Webster	ABDO
Miranda Richardson	ABDO
Sally Gosling	College of Optometrists
Jay Dermott	OASC/CANDI college
Alison Felce	Quality Assurance Agency
Simon Bullock	Quality Assurance Agency

Education and training requirements for GOC approved qualifications consultation 2020

Final report

General Optical Council

October 2020

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Executive Summary

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

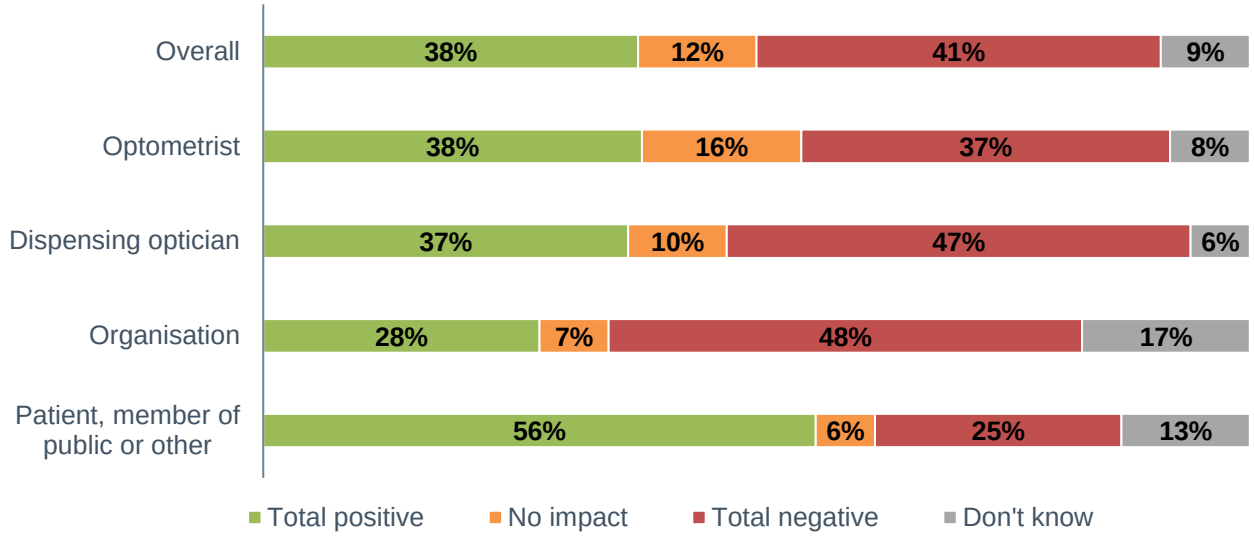
The 'Outcomes for Registration' will be supplemented by a GOC commissioned sector-led co-produced indicative document which will provide greater detail for each profession to support providers as they develop new qualifications or adapt existing ones to meet the outcomes. This document was not available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

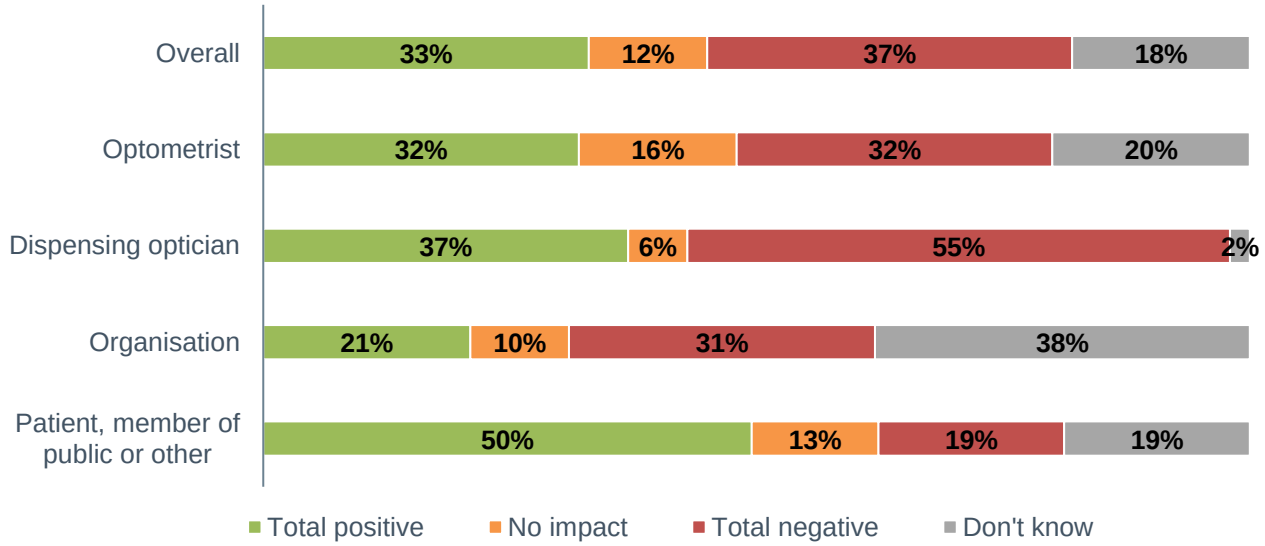


4.1.3 Respondents were also asked what they thought the impact the 'Outcomes for Registration' would have on the expected knowledge, skill and behaviour of future dispensing opticians.

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%).

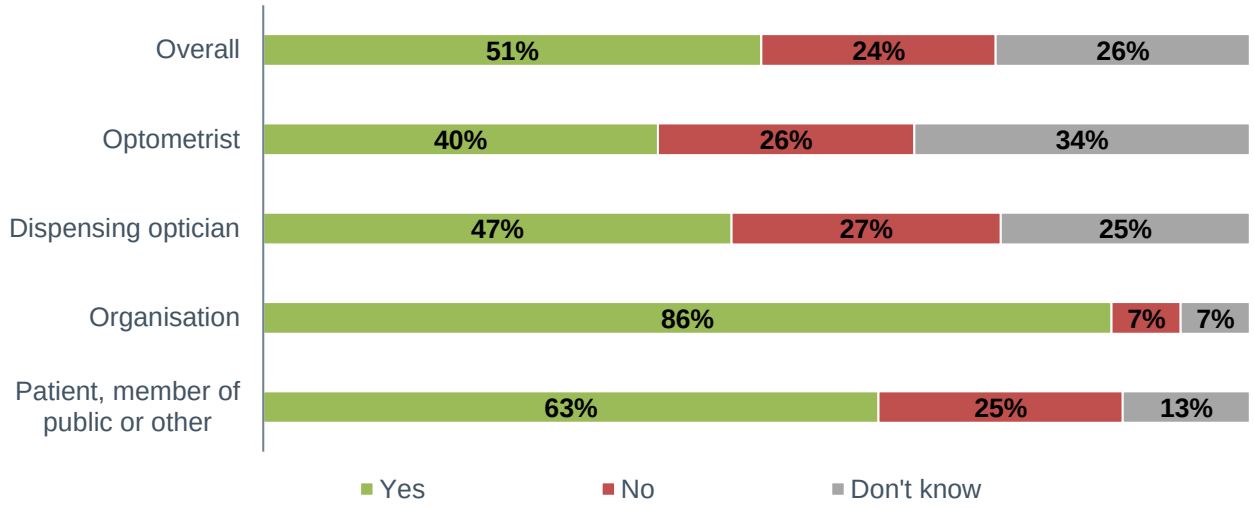
Figure 6 – What impact, if any, will introducing the proposed 'Outcomes for Registration' have on the expected knowledge, skill and behaviour of future dispensing opticians?
Base: All respondents (187), Optometrists (91), Dispensing opticians (51), Organisations (29), Patients, members of the public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

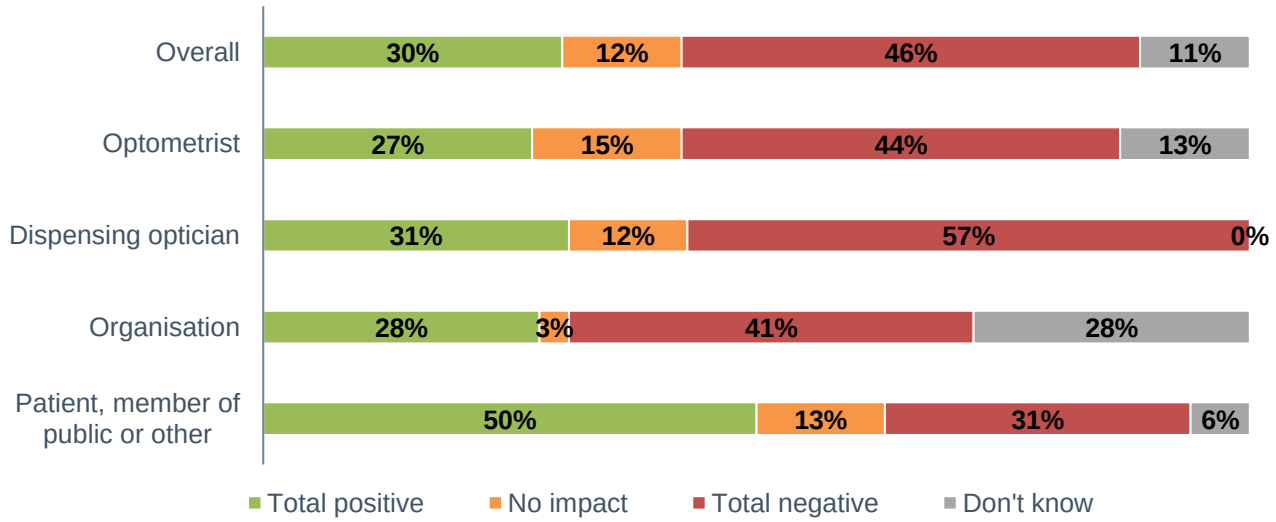
The 'Standards for Approved Qualifications' also include a proposal to integrate what is currently known as pre-registration training within the approved qualification.

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.

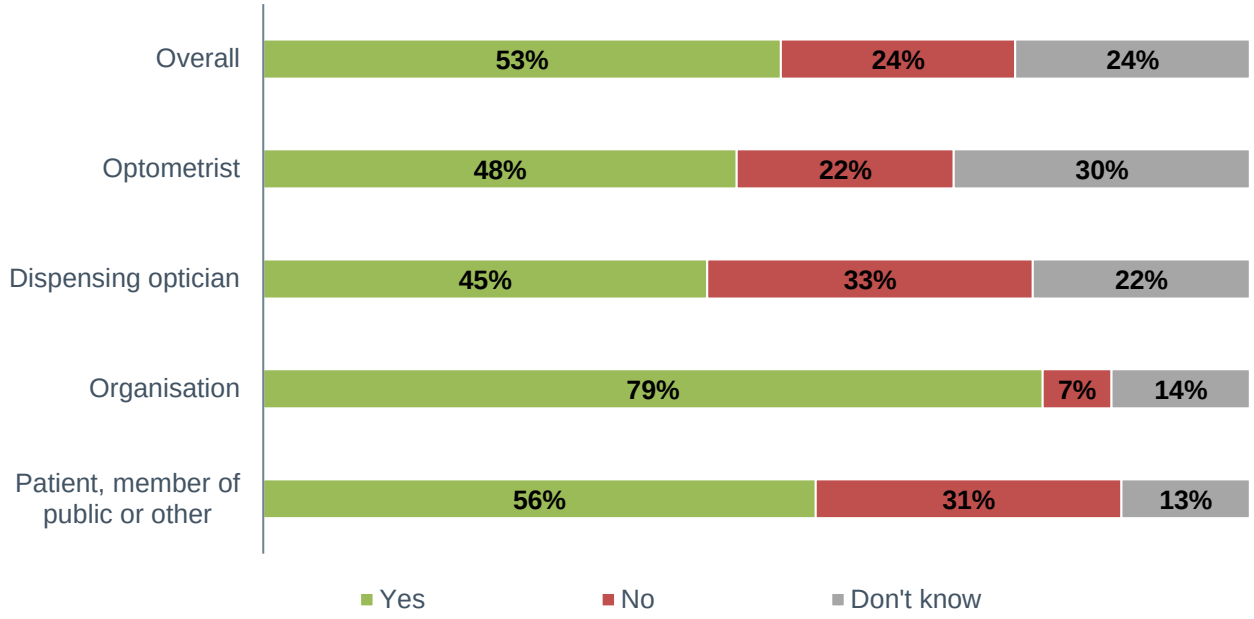
5.1.2 ***Figure 9*** shows that almost half of respondents (46%) felt that the 'Standards for Approved Qualifications' would have an overall negative impact on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians, a larger proportion than felt it would have a positive 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)

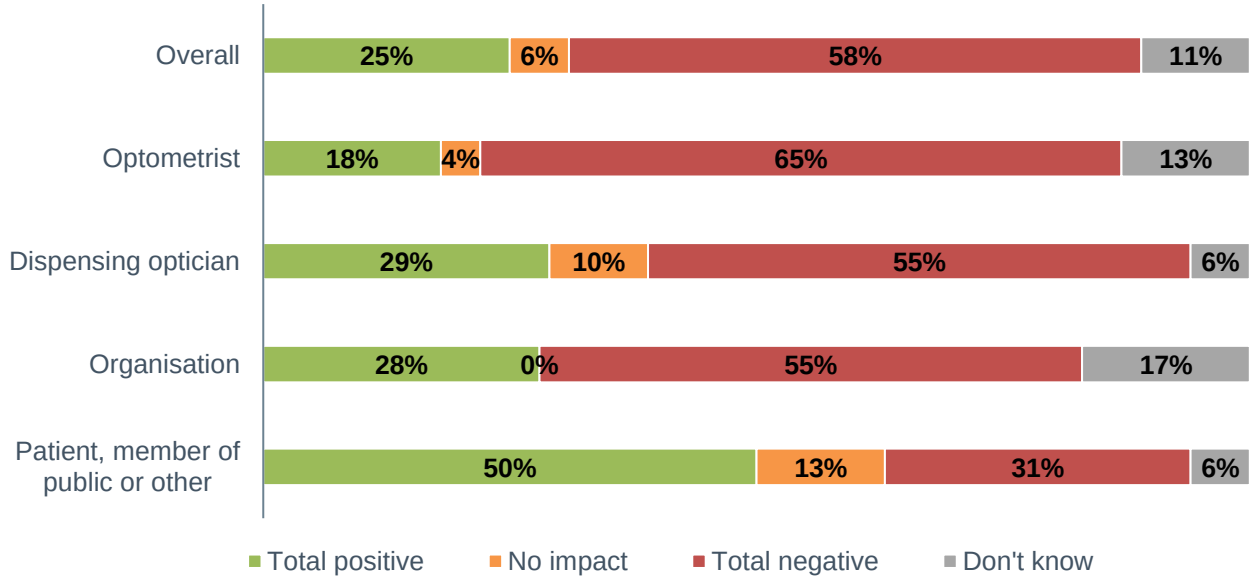
Explanation	Number	%
Document lacks detail – too vague/open to interpretation	26	25%
Needs common framework/common final assessment/independent examiner to ensure consistency	25	24%
Concern about resources/funding/financial impact	21	20%
Standards will be inconsistent/vary too much	20	19%
Standards will 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

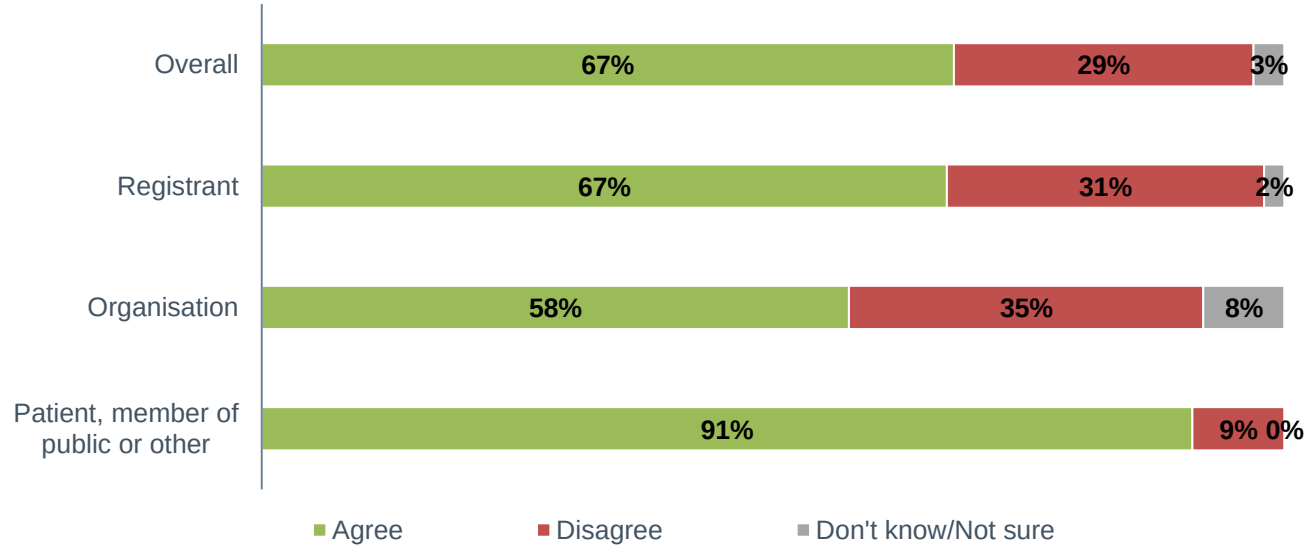
5.1.10 Standard 1 states: *'Approved qualifications must be delivered in a context which ensures public and patient safety' and includes four criteria which must be met if qualification is to be approved by us.'*

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)

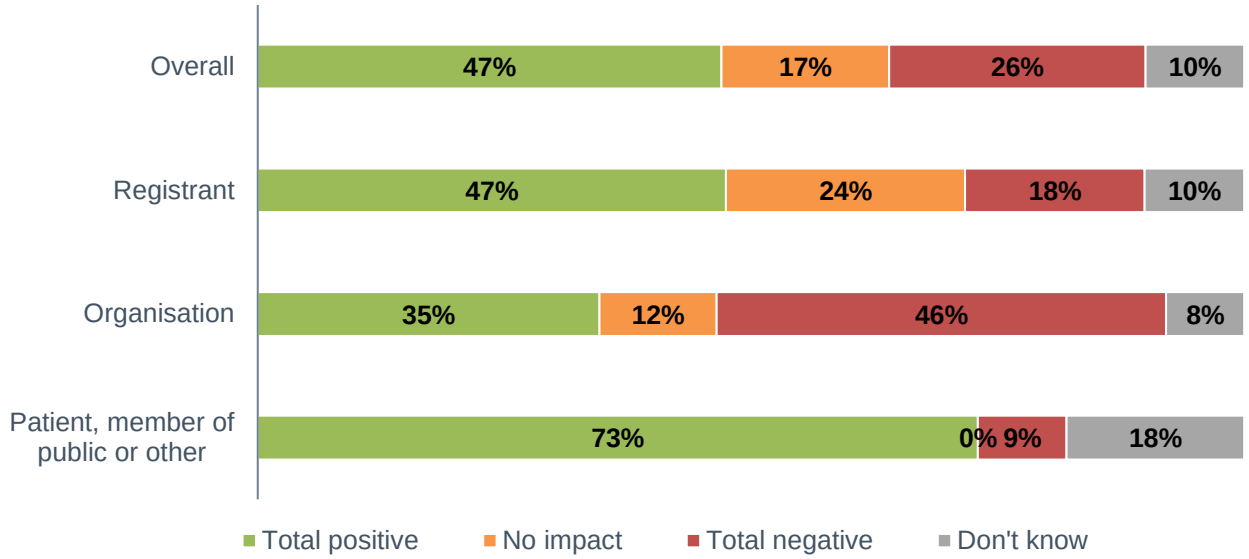


5.1.14 Within standard 1, criterion S1.2 states: *'Concerns about a student's fitness to train must be investigated and where necessary, action taken and reported to GOC. (The GOC acceptance criteria and related guidance in Annex A should be used as a guide as to when a fitness to train matter should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

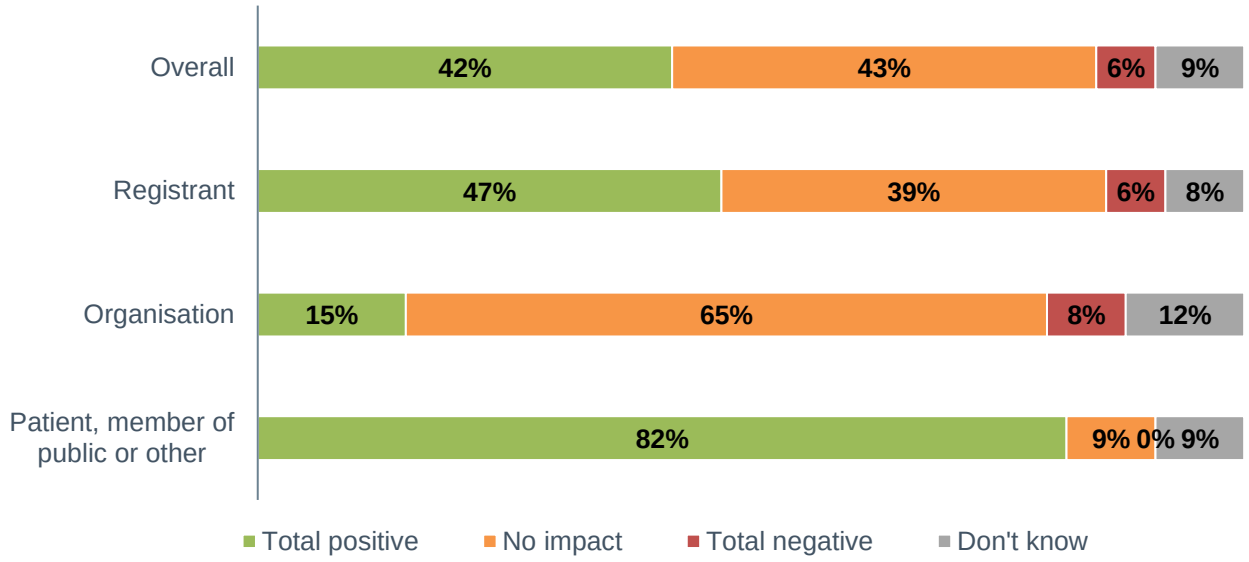
Explanation	Number	%
Timeframe too short - unrealistic/currently inappropriate	2	3%
Other	6	10%

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.

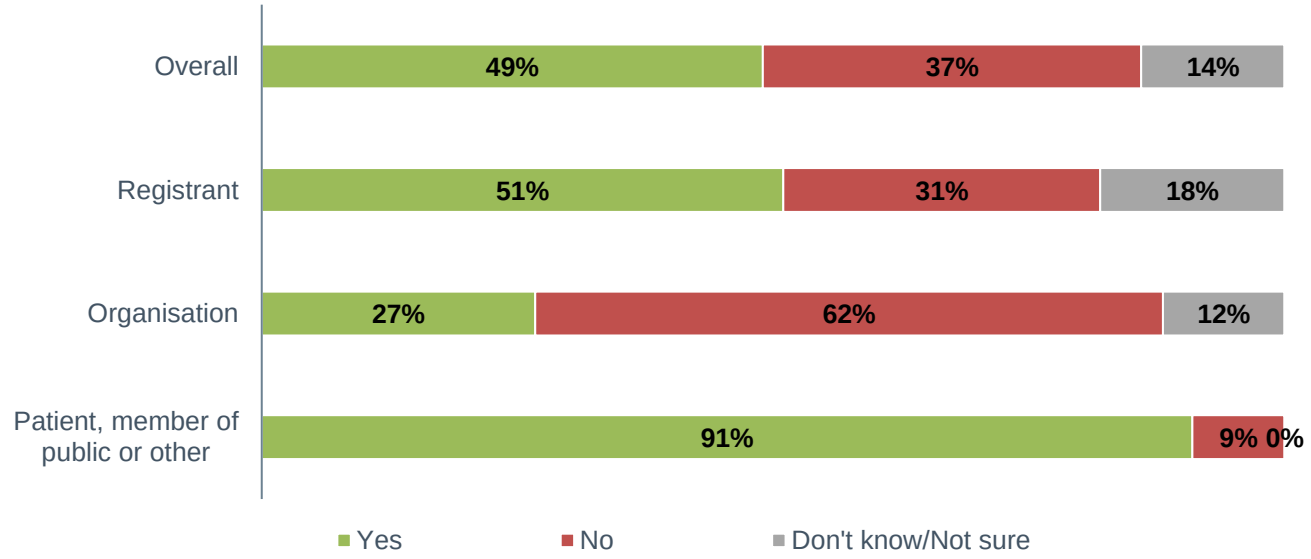
Figure 18 – Please explain your response
Base: Respondents who provided an answer (59)

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.

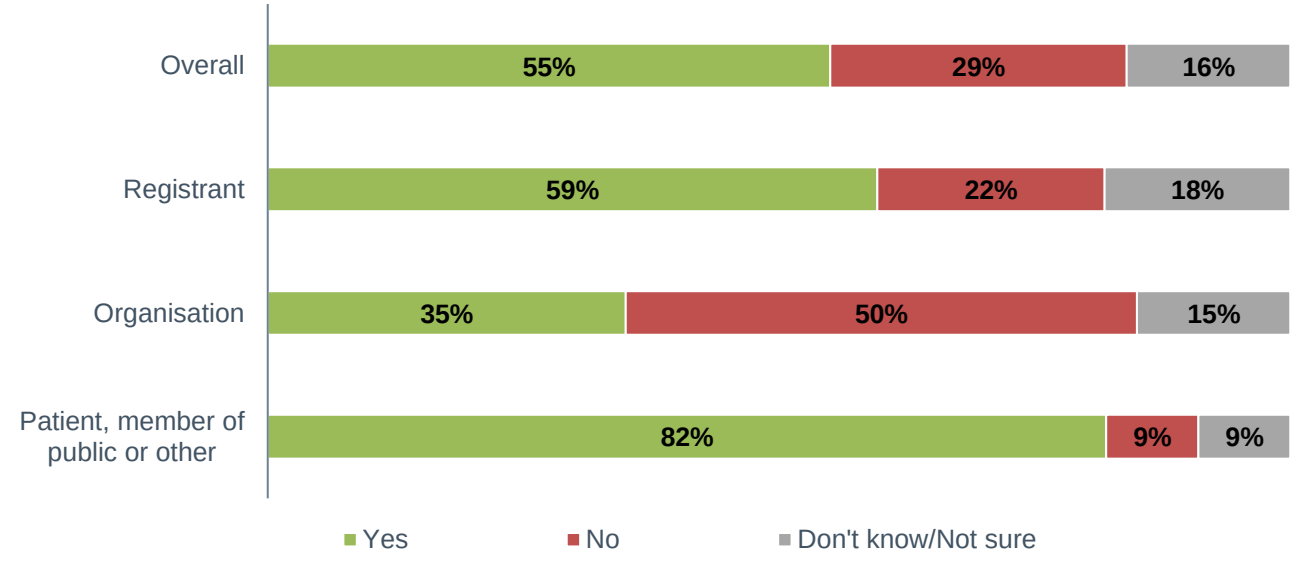
5.1.27 As shown in ***Figure 20***, 50% agreed with the criterion, with some mentioning it was an improvement that and there were no barriers they could foresee. A further 32% said it was an essential requirement for registrants to be able to communicate in a public facing role and 29% felt there would 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

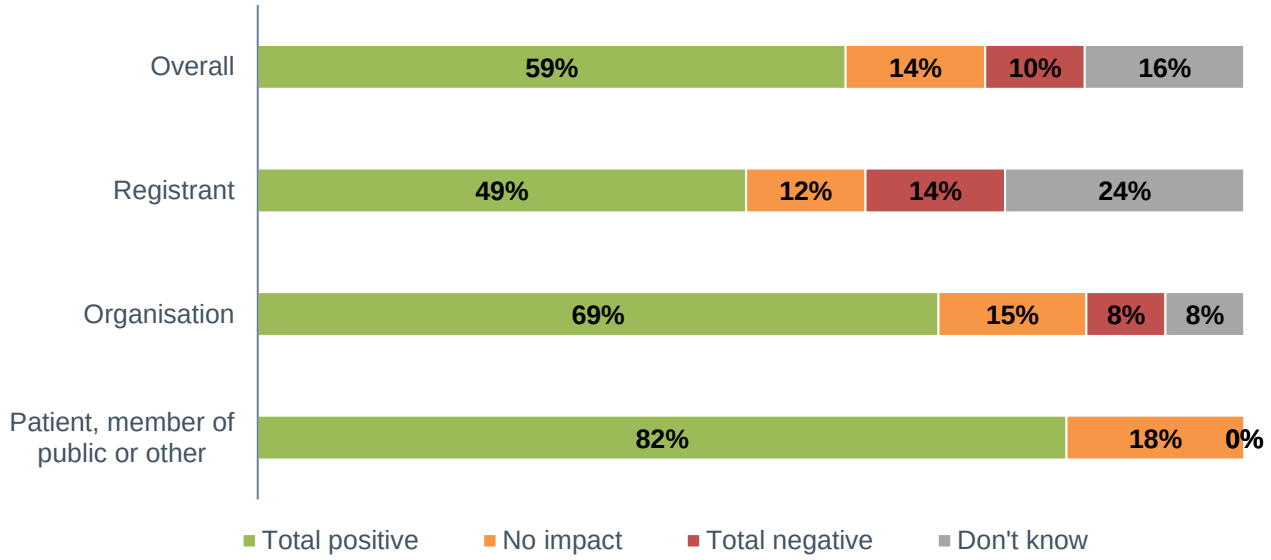
5.1.29 Standard 3 states: *'The approved qualification must be supported by an integrated curriculum and assessment strategy that ensures students who are awarded the approved qualification meet all the outcomes at the required level (Miller's triangle; knows, knows how, show how & does).'*

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.

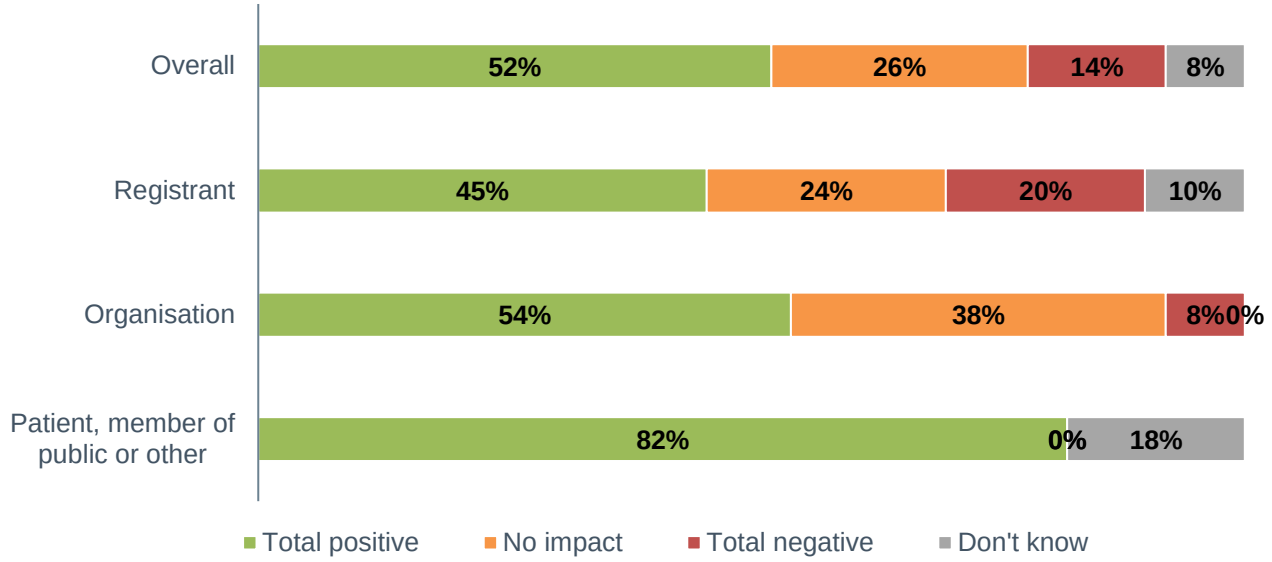
Figure 23 – Please explain your response
Base: Respondents who provided an answer (50)

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).*

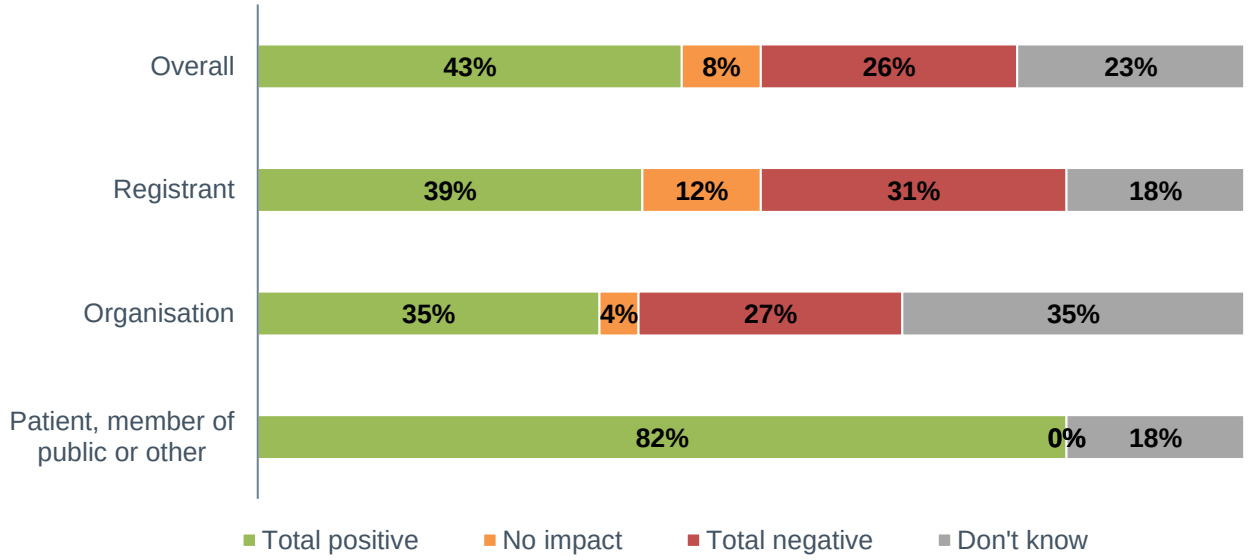
- *All assessment (including lowest pass) criteria must be explicit including an appropriate and tested standard-setting process and at the level necessary for safe and effective practice (criterion S3.7).*

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:

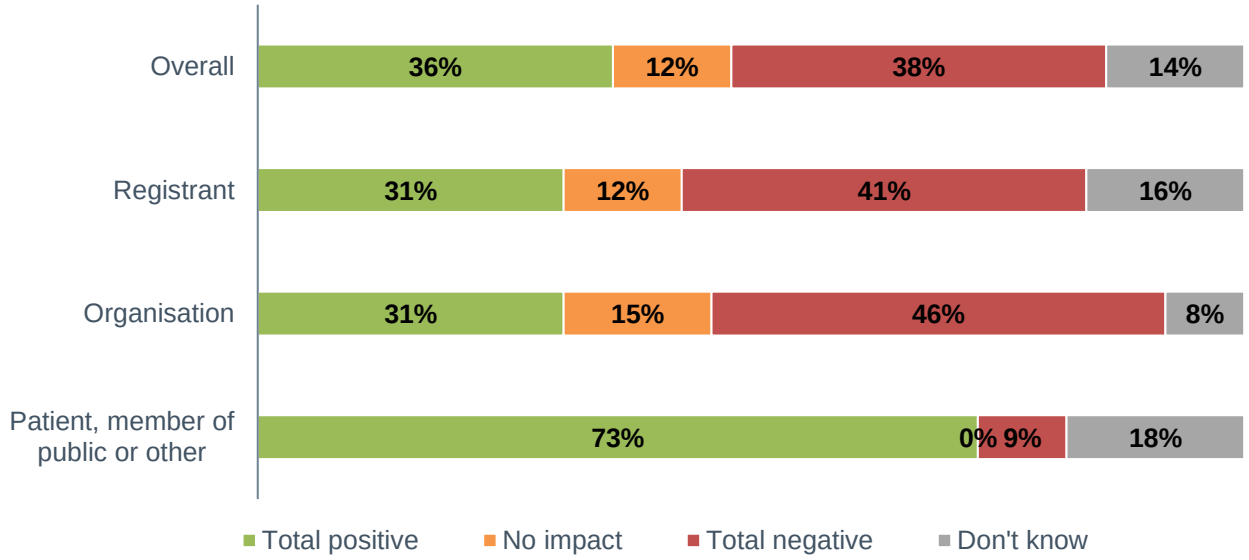
'Standard 4 uses the term 'Single Point of Accountability (or SPA for short) to describe a provider of a GOC approved qualification. The criteria within standard 4 (criterion S4.1- S4.5) specify that a SPA must be:

- *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.'

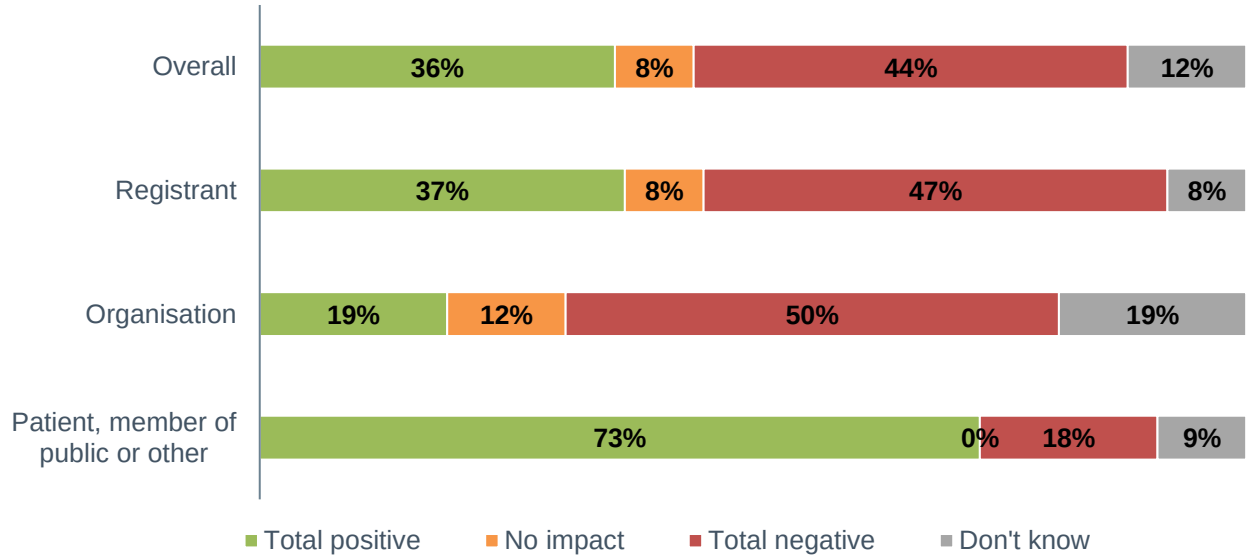
5.1.47 Respondents who completed Section Three were asked what impact they thought the criteria that support standard 5 would have for providers of approved qualifications and their students.

5.1.48 As shown in

5.1.49 ***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)



5.1.50 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.*

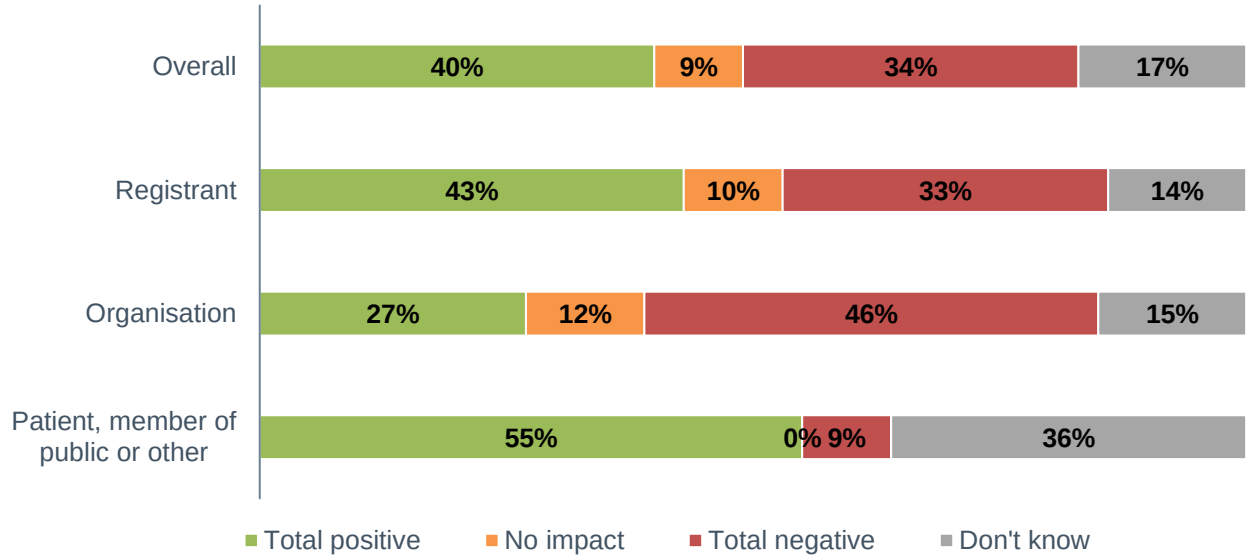
Fourth, we will work with each provider of existing GOC approved qualifications to agree a timescale for the migration/recruitment of students into new approved qualifications and when recruitment of new students to currently approved qualifications for dispensing opticians or optometry will cease. The 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.

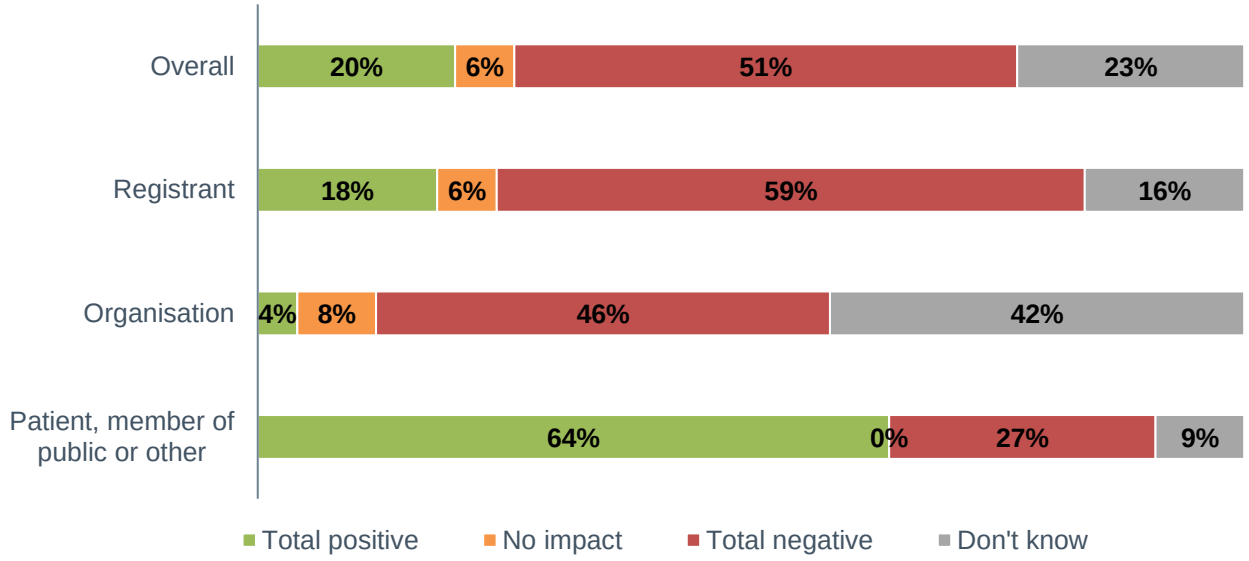
Figure 33 – Please explain your response
Base: Respondents who provided an answer (54)

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

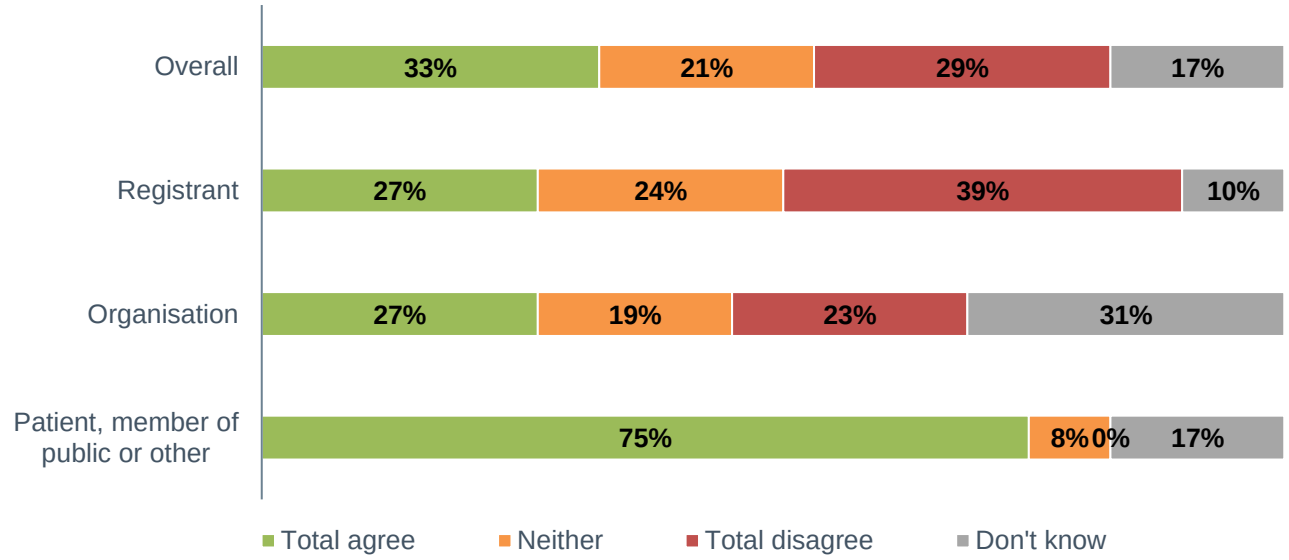
The GOC is proposing that the 'Outcomes for Registration', the 'Standards for Approved Qualifications' and the 'Quality Assurance and Enhancement Method' replace the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the required list of core competencies, the 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

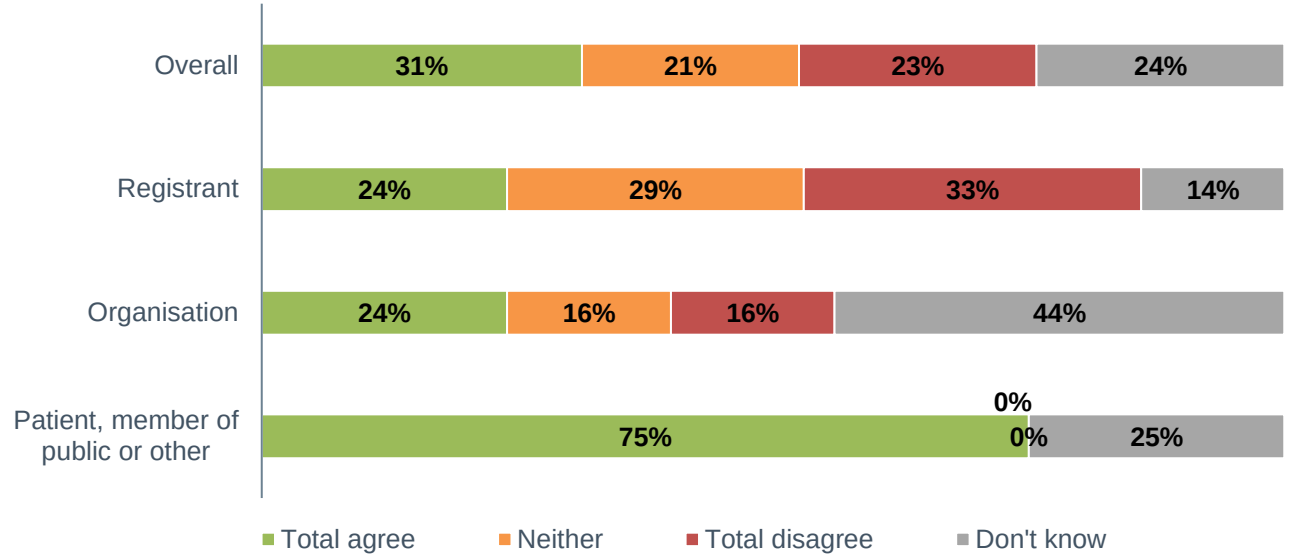
that they needed to see the final versions of the documents before being able to make an informed decision (29%). This was followed by 24% who expressed their support for or their agreement with the changes overall. A further 15% said they would support the proposed documents if they were refined or 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

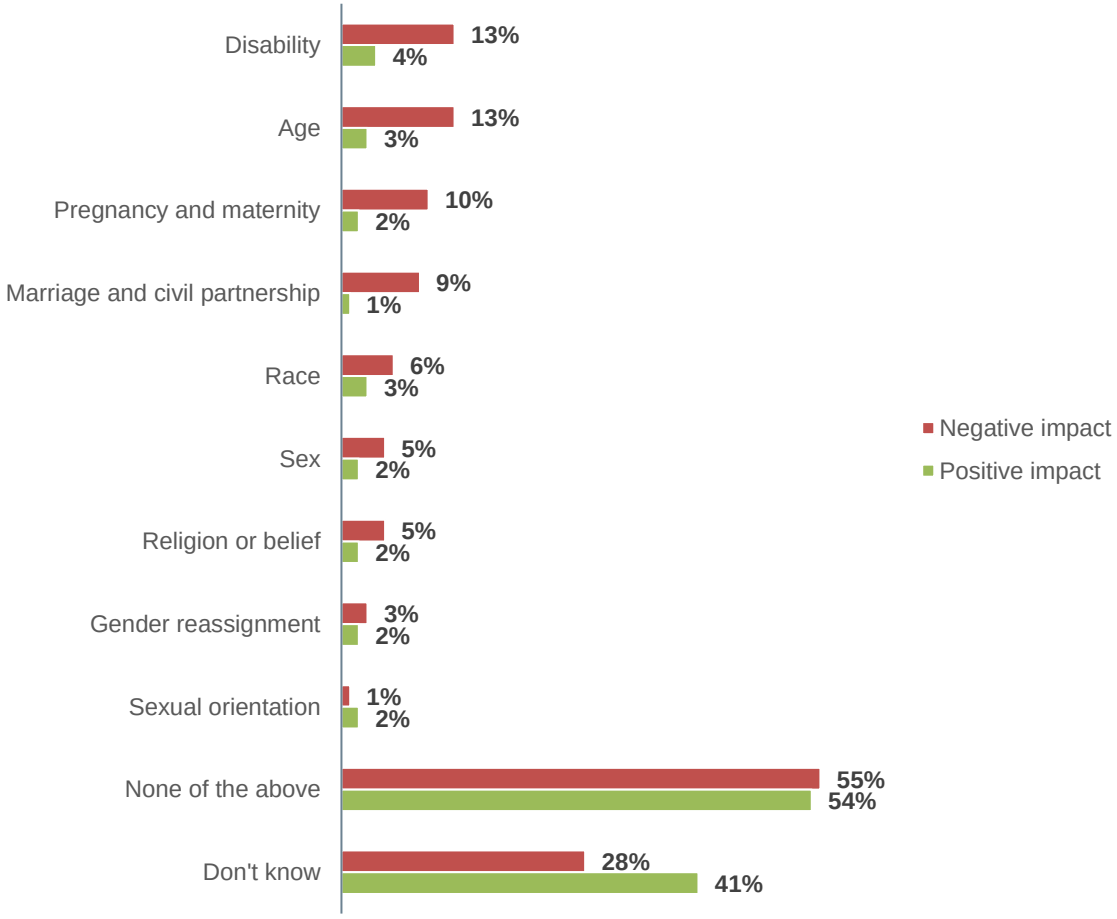
8.1 Consultation survey response

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.

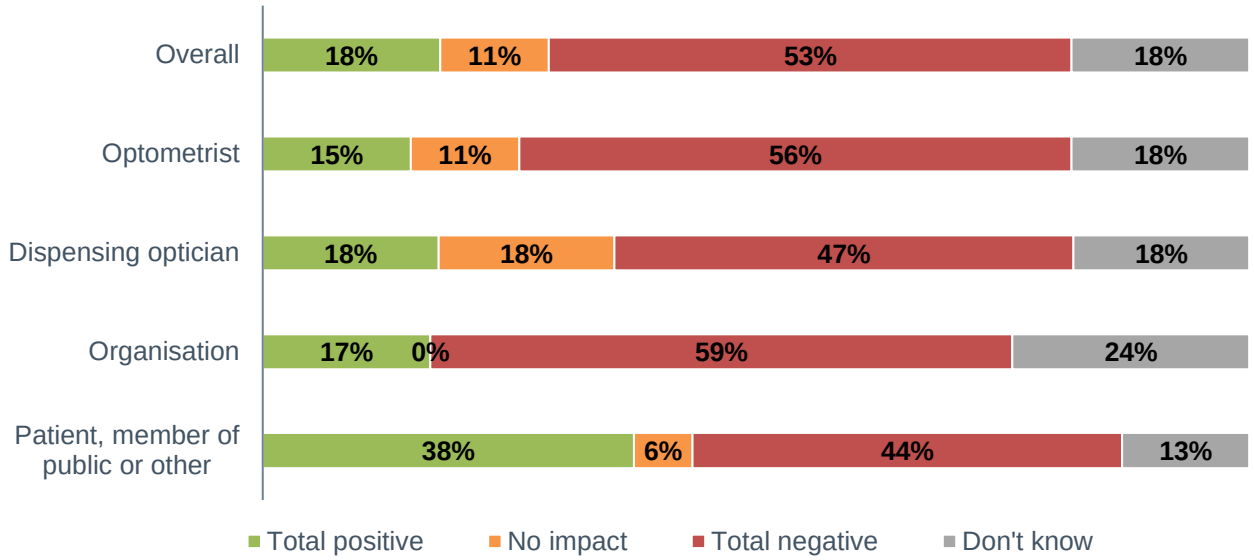
Figure 41 – Description of impact on individuals or groups
Base: Respondents who provided an answer (69)

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' – the Officer and Aircrew Selection Centre (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' – the Officer and Aircrew Selection Centre (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.

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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.

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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'.

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.

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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.'

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 practise of assessment and to guide GOC educational panel visitors in 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? – '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.

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'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.

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'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.*

General Optical Council, Education Strategic Review

Financial Impact Assessment

October 2020

Prepared by Hugh Jones Consulting

This impact assessment has been carried out drawing on publicly available data relating to funding streams, and by discussion with stakeholders across the optometric and ophthalmic dispensing education sectors. I am grateful to those who willingly gave their time and expertise. An outline of the range of discussion I held is set out in an Appendix.

Contents

Executive Summary

Introduction

This financial impact assessment has been prepared for the General Optical Council (GOC) to identify and to assess the financial impacts of its proposals to update the education and training requirements for optometrists and dispensing opticians, aiming to increase the quality and safety of optometry and ophthalmic dispending for patients.

In my discussion, there was universal recognition of the need for change and the many positive aspects of the proposals, and it is important to be clear that this impact assessment necessarily focuses on potential costs and problems.

Optometry education

The financial impact of the Education Strategic Review's current deliverables on optometry education has uncertainties relating to the willingness of practices to provide settings for professional and clinical experience where there is less commercial benefit. It will also bring increased costs to providers relating to the organisation and management of practice-based professional and clinical experience; and to the assessment of professional and clinical experience.

- After all additional, estimated costs, including estimated costs of quality assurance, placement management and visits, support and assessment relating to the integration of 48 weeks professional and clinical experience within the approved qualification have been met, I estimate that university departments of optometry will have, for the 48 weeks professional and clinical experience, between £4,500 and £100 of additional resource per student for this period to invest in any extra activity, such as additional teaching or enhanced support or assessment arrangements.
- Through a combination of student loans and salary, I estimate that students will receive between £5,000 and £27,000 to cover living costs for the extra years' study implied by the proposal to integrate 48 weeks professional and clinical experience within the approved qualification.
- I estimate that it will cost practices £1,500 per student to host the student's professional and clinical experience, although assessment fees structure may change, potentially off-setting some of this cost.
- There is a trade-off between universities and practices: improving the financial position for one exacerbates it for the other.
- If, in order to meet the new standards, universities would need to spend more than the income they receive, some providers may well stop providing optometry education.

Ophthalmic Dispensing education

The financial impact of the Education Strategic Review's current deliverables on ophthalmic dispensing education is less, because its structure already follows closely the structure implicit in ESR. There will be additional costs (between £10k and £25k per provider in one-

off costs; and between £500 and £1,500 per student recurrent) involved in transitioning to the new standards; however, diploma level ophthalmic dispensing programmes, which are already very marginal financially, are unlikely to be viable in the future. Degree level ophthalmic dispensing programmes are more robust.

Risks

I identify financial risks relating to timing and Covid19; to the professional bodies; to hospital optometric services; and to perturbations in a market system.

Mitigations

I identify mitigations: the speed of adoption of any new standards; clarifying routes to continuation of GOS payments for supervision; the need to engage with the sector on implementation; and the need to engage with the NHS about future funding.

Recommendations

I make four recommendations:

- Consider a longer implementation/adaption period to recognise the impact of Covid19 and the financial impacts of the proposals.
- Identify sure routes for the continuation of GOS payments for the supervision of optometry students undertaking practice-based learning.
- Engage with the sector in ongoing discussions about implementation.
- Engage as a sector with national healthcare funders, and in particular with Health Education England, to discuss how ophthalmic education could be better supported financially.

Introduction

1. This financial impact assessment has been prepared for the General Optical Council (GOC) to identify and to assess the financial impacts of its proposals to update the education and training requirements for optometrists and dispensing opticians:

    - Outcomes for Registration

    - Standards for Approved Qualifications

    - Quality Assurance and Enhancement Method

2. The analysis focuses on the significant financial impacts – both positive and negative – of the GOC's proposals, including the proposal to integrate pre-registration training within the approved qualification leading to entry to the GOC register for both optometrists and dispensing opticians; and the requirement that a Single Point of Accountability (SPA) is responsible for the award of the approved qualification.

3. The report is informed by consideration of the ESR proposals; by discussion with sector stakeholders including professional bodies and providers; and by my experience of the higher and professional education sectors (over thirty years' experience, including working closely with a university department of optometry on quality assurance and approval matters, and on partnership development with further education; and substantial experience of practice-based health education.)

4. For clarity, my initial analysis assumes that we are in normal times. But these are not normal times, and this cannot be ignored. I therefore also present a section on risks which draws out the financial issues which arise because of these extraordinary times, as well as other issues. My analysis looks first at optometry education, and then at ophthalmic dispensing education, before looking at risks and setting out some possible mitigations.

5. It is also important to be clear that this impact assessment necessarily focuses on costs and problems. The context is, of course, the development of a changed approach to standards and outcomes which aims to increase the quality and safety of optometry and ophthalmic dispending for patients. In my discussion, there was universal recognition of the need for change and the many positive aspects of the proposals.

Optometry Education

6. I consider the financial impacts of integration from three perspectives: providers of GOC approved qualifications, students, and optical practices/ employers. For each section I set out a summary table of financial impacts, where possible placing a value or a range of values against each impact, and then I set out an explanation and discussion of each factor.

Providers of GOC Approved Qualifications: Optometry

Factor	England	Scotland	Wales	Northern Ireland	Notes
Tuition fee income	£9,250	£0 to £9,250 [Mean: £2,850]	£9,000	£4,395 to £9,250	See paras 7 to 10
Funding council grant income	£1,458	£4,887	£768	£3,098	See paras 11 to 14
Contribution to overheads	(£4,250)	(£2,935)	(£3,900)	(£3,000)	See para 16
Organisation and management of professional and clinical experience	(£1,500)	(£1,500)	(£1,500)	(£1,500)	See para 22

Payment to providers of professional and clinical experience	£0 to (£1,800)	£0 to (£1,800)	£0 to (£1,800)	£0 to (£1,800)	See paras 23 to 30
Assessment of professional and clinical experience	(£500 to £1,000)	(£500 to £1,000)	(£500 to £1,000)	(£500 to £1,000)	See paras 41 to 47
Net benefit/cost: this is the additional resource available per student/ per 48 weeks integrated professional experience after all costs	£4,458 to £2,158	£2,402 to £102	£3,868 to £1,568	£2,493 to £193	Best case/ worst case

Tuition fee income

7. All UK providers of GOC Approved Qualifications in optometry (apart from the College of Optometrists' Scheme for Registration) are in the university sector. In the UK, higher education policy and its funding is devolved to governments in Scotland, Wales and Northern Ireland, and aspects of funding policy for higher education differ considerably across the four UK nations.

8. In England and in Wales the principal source of income for universities for first degree programmes is students' tuition fee income. A year's tuition fee for home full-time programmes per student in England is up to a maximum of £9,250; it is £9,000 in Wales. (In England the Augar Review has recommended a reduction in fee levels, but government has not yet responded.)

9. Student tuition fee income is lower for universities in Scotland and in Northern Ireland. In Scotland, students from Scotland pay no fee for first degree programmes; universities in Scotland may charge an annual fee of £9,250 for students from the rest of the UK. [In the table above I have calculated the mean actual tuition fee per student in 2018-19 as a proxy for fee income.] In Northern Ireland, students from Northern Ireland pay an annual tuition fee of £4,395 for first degree programmes; universities in Northern Ireland may charge an annual fee up to a maximum of £9,250 for students from the rest of the UK.

10. Students may be in paid employment whilst studying, and *ipso facto* universities may charge tuition fees for periods of time where students are registered and are in paid employment. A question that arises is whether, in relation to the integration of 48 weeks of professional and clinical experience, the full tuition fee, or the fee for a sandwich year out, applies. If a programme year is regarded as a sandwich year out, then the tuition fee is considerably lower. I set out in the Technical Appendix at the end of this paper the rules relating to sandwich years out. In short, it is possible that a university *could* organise its curriculum such that a students' professional and clinical experience counted as a sandwich year out, but it is not necessary to do so. I

am assuming, therefore, that the full tuition fee level, as set out above, will apply for all universities, for each year of study.

Grant income

11. In each nation, in addition to student tuition fee income, universities may also receive grant income from the home-nation higher-education funding body (In England, the Office for Students; in Scotland, the Scottish Funding Council; in Wales, the Higher Education Funding Council for Wales; and in Northern Ireland, the Department for the Economy). In England grant income is targeted at higher cost subjects (such as medicine or performing arts) in five funding groups (A, B, C1 & C2, D) and some specific initiatives such as widening participation. In Wales grant funding is allocated per credit unit, with priority given funding to part-time education and some element for higher cost subjects, as well as for some specific initiatives such as widening participation. In Scotland the grant income is instead of home student fees, or tops up the reduced student tuition fee income received from students from the rest of the UK; and in Northern Ireland the grant income or tops up the reduced student tuition fee income received from students from Northern Ireland).

12. These are very different funding methods, and it is hard to find a good approximation which his comparable across nations. In the table above I have used the Price Group B price for England. For Wales, Scotland and Northern Ireland, which have more complex funding formulae, I have used the per student teaching grant for the specific university.

13. The majority (75% - 2,100 out of 2,781) of optometry students in the UK study at English universities. In England, the Office for Students uses teaching grants to recognise the higher cost of teaching some subjects. Subjects are allocated to one of five price groups; optometry is within Price Group B – "laboratory-based science, engineering and technology subjects and preregistration courses in midwifery and certain other allied health professions." This is a process carried over from its predecessor, the Higher Education Funding Council for England; the Office for Students intends to review its funding mechanism in 2021 or 2022.

14. There are no caps on the recruitment of international students. In nearly all cases, tuition fees payable by international students subsidize other activities of the university, including teaching UK students. (The necessity of this can be seen by the per student funding in the table at the start of this section.)

Overall income to providers

15. Universities are large organisations and tuition fee and grant income must cover more than simply the direct costs of teaching. A proportion of the tuition fee and grant income will be used to support cross-university activities and infrastructure. In

my experience, this varies between providers; 40% is a typical contribution rate. As part of my work I have sought specific detail from universities about the overhead rate they face. The only answer I received quoted a contribution rate of 50%.

16. In calculating the cost of this contribution rate to optometry departments I have assumed 40% as the contribution rate, based upon my experience, rather than the 50% I have been quoted, which seems like it may be an outlier. I have calculated this as a proportion of the tuition fee plus grant income for each nation, and rounded the answer. In the case of Scotland and Northern Ireland I have assumed the tuition fee is that payable by the student from the home nation, reflecting the actual student populations at the universities in question.

17. This means that departments of optometry will on average have the following additional income per student to cover the costs of the professional and clinical practice within the programme:

England:	£9,250 + £1,458 – £4,250	= £6,458
Scotland:	£2,850 + £4,887 – £2,935	= £4,402
Wales:	£9,000 + £768 – £3,900	= £5,868
Northern Ireland:	£4,395 + £3,098 – £3,000	= £4,493

Professional and clinical experience costs

18. The 'Standards for Approved Qualifications' propose to integrate 48 weeks/1600 hours of professional and clinical experience within the approved qualification. If providers of approved qualifications in optometry, assuming they are universities, become responsible for managing and quality-controlling students' professional and clinical experience, there are some specific direct and indirect financial impacts. Direct impacts relate to the resource needed to identify, manage and quality assure placements at which students will gain their professional and clinical experience. There is also a potential need – discussed below – to pay the providers of the placements.

19. Indirect costs relate to the risks which may be borne by universities in *guaranteeing* placements as part of their contract with students. Currently, in the non-integrated routes to registration, it is up to students to find jobs after graduation, which will enable them to complete their training. Moving the requirement for professional and clinical experience to within the degree programme means that the University has a responsibility to enable students to gain this professional and clinical experience.

20. Comparable situations exist in teacher education and in clinical subjects such as medicine and dentistry, in which universities are responsible for finding placements. The comparison with teacher education and medicine is useful. In teacher education, universities work to build partnerships with schools to provide regular placements.

This makes it easier for the university to bear the risk of admitting a student without knowing, at the point of admission, where their placements will be. Universities also pay schools for providing placements. In the case of medicine, the university bears the responsibility for finding placements, but payment is via NHS funds, and partnerships are regulated and well established, giving certainty that placements will be available.

21. In my experience, the direct cost per student of identifying and supporting significant placements in a university programme is roughly £1,500 per student. This covers the costs of staff whose role is to source placements; to manage the allocation of students to placements; to manage relationships with placement providers; and to deal with any practical and logistical issues relating to individual placements. This figure derives from my experience in reviewing placement management in education at a number of different UK universities, and refers to an annualised cost of a system which provides students with three different placements over the course of an academic year. (It may be that this cost could be reduced in the case of a university which operated a single central team for managing placements, but this is done in very few universities.)

22. Each provider will design differently the professional and clinical experience elements of an optometry degree. My working assumption is that they will comprise a mixture of shorter and longer periods of in-practice experience, supported by learning and assessment methods which vary depending on the stage of a programme. I propose to use – based on the experience of teacher education – a figure of **£1,500 per student**, across the length of their programme, to cover the costs of obtaining and managing placements at which student will gain their professional and clinical experience.

Professional and clinical experience costs – payments to optical practices

23. A second direct cost relates to payments to optical practices or other providers of clinical and professional experience. It is not a given that optical practices or other providers of clinical and professional experience will require payment, but I consider it to be likely.

24. My reasoning is that at present the costs to a practice of supervising a pre-registration student are covered by the GOS pre-registration supervision grant and by the commercial income that the trainees generate through their practice. (These costs are the salary; the College of Optometrists' fee for the Scheme for Registration; the costs of supervising a trainee; and the costs of the mandatory short hospital placement.) My conversations suggest that these roughly balance out – the important element for practices is that the placement does not represent a net cost; but nor do they expect it to make a profit. Within the pre-registration year, at first trainees are less commercially productive; they become more so as the experience and skills progress, and over the year the costs and benefits balance out.

25. Under the new proposals, students will gain their professional and clinical experience throughout their training. It follows that unless the professional and clinical experience in a university's programme enables exactly the same amount of commercial work, the balance of costs and benefits will tilt towards the cost.

26. It would make sense, for example, to ensure that one 26-week block of the 48-week professional and clinical experience requirement was structured to enable the payment of GOS six-month supervision grant. This would likely be towards the end of the programme, when a student was more experienced and capable. This would support the engagement of practices as it would have similar commercial possibilities to the current pre-registration year. The other 22 weeks would be likely to be shorter blocks spread over the earlier programme years, and would have less scope for commercial gain as students would be less capable and blocks shorter. They would represent a cost: both real in the time taken to supervise and engage with the student; and opportunity in the lost commercial possibilities.

27. Unless practices are compensated for the costs of the non-commercially productive placements, the economic pressure on them may well result in placements not being offered. This is not to argue that practices do not see the importance, and other benefits, of hosting students; but commercial realities may become overwhelming.

28. Some universities which currently have semi-integrated pre-registration years within their programmes are considering payments to placement providers. The amount considered is up to £4,000 (this relates to the single long placement). It recognises the difficulties they face finding and securing placements, and the costs incurred by practices because of the need to work in partnership with a university, which is not otherwise a feature of pre-registration years.

29. The amount of payment necessary will clearly be a commercial negotiation and will need to reflect the change to costs incurred. In the table above I have suggested a range – going from no payment to £1,800, acknowledging the uncertainty here. (£1,800 represents 22/48ths of the £4,000 suggested in paragraph 28 above).

30. For these reasons I believe it likely that there will be some payments to practices which host students undertaking professional and clinical experience – particularly for earlier placements, or shorter placements, where the student is less commercially active. The less the new arrangements look like the current arrangements, the greater the need for payments is likely to be.

General Ophthalmic Services (GOS) Payments

31. A further complication occurs with the payments currently made to practices under the General Ophthalmic Services (GOS) contract to cover the cost of supervision of

pre-registration training[1]. Almost all optical practices offer services under the GOS contract and are therefore eligible to apply for the pre-registration supervisors' grant. Payments are made direct to optical practices that meet qualifying criteria.

32. Two accommodations will need to be made by providers to enable GOS payments to continue to be made. The first is that – in line with S4.10 of the proposed Standards for Approved Qualifications – universities will need to ensure that supervisors of students undertaking professional and clinical experience are supported and trained. The second is that universities will need to ensure that their qualification is recognised by the NHS as qualifying for GOS supervision payments. In England this is Primary Care Support England (PCSE); there are variations of approach in Scotland, Wales and Northern Ireland.

33. These two approaches would ensure that the supervision was clearly linked to an approved qualification, which should enable GOS payments to be made to make a contribution to the costs of practice-based training. The current fee in England paid to practices for pre-registration supervision is £3,692, and there are small variations to this number in Scotland, Wales and Northern Ireland. If this is not paid, I would expect it to be *added* to the level of fees which universities will need to pay practices. However, it is clearly beneficial to design programmes and quality management arrangements to ensure that it can and will be paid: as in the case of sandwich-year fees set out above, it is a risk to be avoided.

Indirect costs: the commitment made to students

34. An indirect cost arises because of the nature of the student contract and the regulation which applies, especially in England. English universities are required by the Office for Students to comply with Competition and Markets Authority guidance on terms and conditions. (This is Condition C1: "The provider must demonstrate that in developing and implementing its policies, procedures and terms and conditions it has given due regard to relevant guidance about how to comply with consumer protection law.")

35. In simple terms, this means a university must be clear about what it will deliver, and it must then do so. If, having secured GOC approval for a programme which leads to eligibility to register and practise, a university then says that graduates will be eligible to register and practise, then it must enable this. If in turn its GOC approval depends upon students undertaking professional and clinical experience in practice settings external to the university, then the university has made a guarantee to any

[1] Whilst the GOS contract is governed by secondary legislation (Statutory 2008 No. 1185 The General Ophthalmic Services Contracts Regulations 2008), the pre-registration supervisor's grant is included in the regulations not by name but as 'Additional Services', nor is it explicitly mentioned in the General Ophthalmic Services Contracts model contact published by NHS England, although the level of grant is included in the annual DHSC letter 'General Ophthalmic Services: NHS Sight Test Fee, NHS Optica Voucher Values, Payments For Continuing Education And Training And Pre-Registration Supervisors Grant.'

student they enrol that they will be able to access that experience. And yet this is outside of the university's absolute control. This represents a risk to a university, which may be liable for compensation to students in the event that they cannot provide the professional and clinical experience to *all* students.

36. The problem is avoided entirely if programmes are structured to require applicants to be employed within a practice as a condition of acceptance – this is how semi-integrated programmes currently work. However, this approach would require radically different approaches to optometry education for most providers; and for some it would likely be a barrier to continued provision of optometry education. (For instance, the larger research-focused universities do not as a matter of policy offer many undergraduate programmes which are not aimed at full-time school-leaver students: this is tied in with league tables and so on.)

37. The nature of the promise made to students will mean that universities become more cautious. Universities have become sensitive to compliance with the conditions for registration set by the Office for Students in England, and have put in place a strong infrastructure to give university leaders the confidence that the promises will be fulfilled and the university's registration with the Office for Students will not be imperilled. If universities have a concern that fulfilling the offer to students may be problematic, it will cause them concern.

Quality Assurance costs

38. There are costs relating to the management of the quality of placement learning (inspection visits; contractual relationships with providers) and costs relating to the development and approval of new programmes.

39. The former is unlikely to be substantial, and for the purposes of modelling can be wrapped up in the £1,500 per student professional and clinical experience placement administration cost identified above. In detail, the costs involved are the time of academic staff in visiting practices to check that the facilities and the arrangements for student learning are appropriate, and for agreeing the learning contract for each individual student. These are the actions expected by the Quality Assurance Agency for Higher Education in its advice and guidance on work-based learning. It is worth noting that much of this work will be done by academic staff within an optometry department, rather than a specific administrative team focused on sourcing and managing placements for professional and clinical experience.

40. The development and approval of a new programme is not cost free. It requires staff time within optometry schools to design curricula and develop learning materials, particular where some of that learning is off-site. It requires the time of university staff to approve programmes. This is necessarily a cyclical process – programmes tend to be revamped periodically (my estimate is every decade or so, a substantial revision is undertaken). In thinking about the costs of implementing the ESR

proposals it is probably best not to regard these as additional costs, but to look at the timing of the costs. I will therefore come back to this within the *Risks* section.

Assessment of Professional and Clinical Experience

41. Currently pre-registration optometrists (or their employers) pay a fee of £3,870 to the College of Optometrists for enrolment and assessment on the Scheme for Registration. Whilst the College of Optometrists will have other costs which are in part paid for from this fee, including a contribution to overheads, some of it will relate to the direct costs of managing the assessment.

42. Universities will have discretion about which of the Outcomes for Registration (if any) will be taught and assessed within the periods of professional and clinical experience within the integrated qualifications. My discussion with academics involved confirm that it is likely that some of the Outcomes for Registration will include teaching and assessment related to the periods of professional and clinical experience. There will therefore be costs involved in assessing these. Universities will innovate in this area, which makes it hard to identify a single figure to represent costs.

43. My discussions suggest that the cost per student of a single objective-structured clinical examination (OSCE), such as that which forms part of the current assessment for the Scheme for Registration, varies between £600 and £1,000. The variation relates to the scale of the operation and the complexity of the assessments. This is the cost of venues, assessment staff, patients, administration and any equipment necessary.

44. An assessment diet for professional and clinical experience is also likely to include some direct observation of a student in the practice environment. This need not simply be a checklist of competencies; it may well, for instance, include a discussion with the student and with practice-based staff reflecting on how they are working, or some sort of review of a professional portfolio compiled by a student.

45. If we assume three half-day visits over the course of a learner's professional and clinical experience, then for a cohort of thirty students this is about 0.25FTE of an academic job. The cost of this per student is therefore, taking into account 25% on costs on salary and the salary range in current optometry academic job vacancies, about £450 per student.

46. There are thus three reasonable data points to use when estimating the assessment costs that universities will face in respect of the professional and clinical experience:

- The College of Optometrists' fee for the Scheme for Registration - £3,870 per student
- The estimated cost of operating an OSCE - £600 to £1,000 per student

- The estimated cost of visiting and assessing students in practices - £450 per student

47. In my calculation of the financial impact I have estimated a range of costs of **£500 to £1,000 per student** for the assessment of the student's professional and clinical experience. Given the scope for innovation and the uncertainty on some of the estimates, this is at the lower end of the estimated costs discussed above.

Net financial impact on providers

48. I have made estimates of a number of costs in the discussion above. It is worth noting, in this context, that actual costs, and meaningful forecasts of actual costs, are difficult to obtain within universities. Few, if any, universities are able to provide a robust financial estimate of the costs of delivering specific individual programmes: costing tends to be at overall subject or department level, which includes several programmes and other activities. Similarly, financial forecasting is typically done at a university level, and is driven by assumptions which serve the University's overall purpose, but are not sufficiently granular to use as robust forecast data at an individual programme level. This means that estimation of costs based on experience is the most appropriate approach, and the one I have adopted here.

49. Based on the above analysis I have estimated the financial impact of the ESR proposals on universities. The calculation is summarised in the table at the start of this section. In my view: After all the additional, estimated costs relating to the integration of 48 weeks professional and clinical experience within the approved qualification, including estimated additional costs of quality assurance, placement management, support and assessment have been met, I estimate that university departments of optometry will have, for the 48 weeks professional and clinical experience, between £4,500 and £100 per student for this period to cover any additional costs of teaching providers might choose to deliver, such as additional teaching or enhanced support or assessment arrangements this is the additional amount available per student/ per 48 weeks integrated professional experience after costs

- In the best-case scenario, an English university department of optometry will have £4,458 per student per 48 weeks integrated professional experience for any additional costs of teaching, after meeting all the additional costs of the ESR proposals.
- In the worst-case scenario, an English university department of optometry will have £2,158 per student per 48 weeks integrated professional experience for any additional costs of teaching, after meeting all the additional costs of the ESR proposals.
- In the best-case scenario, a Scottish university department of optometry will have £2,402 per student per 48 weeks integrated professional experience for any

additional costs of teaching, after meeting all the additional costs of the ESR proposals.

- In the worst-case scenario, a Scottish university department of optometry will have £102 per student per 48 weeks integrated professional experience for any additional costs of teaching, after meeting all the additional costs of the ESR proposals.
- In the best-case scenario, a Welsh university department of optometry will have £3,868 per student per 48 weeks integrated professional experience for any additional costs of teaching, after meeting all the additional costs of the ESR proposals.
- In the worst-case scenario, a Welsh university department of optometry will have £1,568 per student per 48 weeks integrated professional experience for any additional costs of teaching, after meeting all the additional costs of the ESR proposals.
- In the best-case scenario, a Northern Irish university department of optometry will have £2,493 per student per 48 weeks integrated professional experience for any additional costs of teaching, after meeting all the additional costs of the ESR proposals.
- In the worst-case scenario, a Northern Irish university department of optometry will have £193 per student per 48 weeks integrated professional experience for any additional costs of teaching, after meeting all the additional costs of the ESR proposals.

50. In tabular form:

	Per student resource available after all costs of ESR	
For universities in:	**Best case**	**Worst case**
England	£4,458	£2,158
Scotland	£2,402	£102
Wales	£3,868	£1,568
Northern Ireland	£2,493	£193

51. The best-case numbers give departments of optometry some limited scope for spend to deliver additional teaching. The worst-case numbers are problematic particularly for universities in Scotland and Northern Ireland.

52. For the reasons I have set out in paragraphs 23 to 30 above, I think it is likely that some payments to practices which are involved in the delivery of the professional and clinical experience elements of the programmes will be necessary. The worst-case scenarios are therefore somewhat more likely than the best-case scenarios.

53. Hospital placements have different considerations. I outline these in paragraphs 78 and 117 to 119 below.

Students of GOC Approved Qualifications: Optometry

Factor	Impact	Notes
Employment income	£0 to £17,000	Depending on structure of programme
SLC Living cost loan	£5,981 to £12,010	Depending on familial income
SLC Tuition fee loan	£0 to £9,250	Balances tuition fee
Tuition fees	£0 to (£9,250)	Balances tuition fee loan
Costs of professional and clinical experience	£0 to (£1,500)	Assumed
Net benefit/cost	£27,510 to £4,481	Best case/worst case

54. The financial impact on optometry students is fourfold: income from employment; income from the Student Loans Company; tuition fees; and placement costs.

Employment

55. Currently students on pre-registration years are in paid employment. There is no rule meaning that they cannot be paid whilst undertaking a university programme: it will be a commercial decision about whether they are in practice paid or not, and how much.

56. There are clear benefits to a practice in paying students who are undertaking professional and clinical experience with them: they are able to direct them; they are clearly identifiable as part of the practice team, and will count as staff for insurance purposes, and so on. If they are on a contract of employment, then minimum wage legislation also applies. Similar to internships, there will also be pressures to recognise the contribution students make to the practice's income. It is possible that practices may seek to pay students less in total than currently, recognising that they are likely to spend more time learning, and that they will be at an earlier stage of their studies. (Paragraph 26 above illustrates the reasoning here.)

57. If a practice chose not to pay students, it would have less control over the student's activities; and there would be an opportunity cost in having a non-commercially-productive student.

58. My view is that practices are likely to continue to pay students, albeit at a lower total amount than at present because of the shorter time they will be commercially capable. Note that this is independent of current commercial concerns, which I discuss below in the section on *Risks*.

Student loans

59. UK university students would be eligible to borrow from the Student Loans Company for living costs during the periods of professional and clinical experience, as they would be for other years of their programme.

Tuition fees

60. Where students had to pay tuition fees, they would be liable for tuition fees for the additional time spent registered with the university, as for any other year. UK students would be able to borrow from the Student Loans Company to fund this: it would not be an up-front cash cost.

Professional and Clinical Experience costs

61. Depending on how universities structure their programme and manage the relationships with practices, students may find that they have additional costs relating to time spent learning away from university, within a practice context. For many students this will be trivial – a question of travelling to different part of the city in which they live – but for some, and particularly where the practice is based in a smaller town, it may be significant. In the latter case it may be transport costs for a daily commute, requiring a car if public transport is not available; it might also be temporary accommodation, which would be expensive for short periods of learning.

62. Universities would need to ensure that any implications for equality, diversity and inclusivity linked to placement allocations were managed: it is likely therefore that universities would wish to provide grants/hardship funds in cases of genuine financial difficulty, or make arrangements for those with specific needs (for example childcare). There are, however, too many uncertainties to enable realistic modelling of this position.

Overall cost/benefit

63. Salary payments and student loans means that in cash terms the average student is likely to be better off during their additional year under ESR than they are at present. Against this will be additional costs – travel and accommodation – which for some students may be more than the net gain.

64. Loans from the Student Loans Company for living costs and tuition fees are debt, but not like a bank loan or a credit card. Graduates repay loans at a fixed rate only above a certain salary threshold, and repayments stop after a certain number of years, regardless of whether the loan has been repaid or not. In practice this means that a graduate who does very well, financially, in their subsequent career, may find that they eventually pay their full loan back; but this will not be true for all graduates.

65. In the best-case scenario – where students are employed and are able to access the maximum SLC loans, and do not face significant additional costs of travelling to the location of professional and clinical experience, they will be substantially better off, in cash terms and during their studies, by **up to £27,510**.

66. In the worst-case scenario, where students are not employed, can access only the minimum SLC loan, and face additional costs, they will have **£4,481** to cover the other costs of the additional year.

67. For the reasons discussed in paragraphs 55 to 58 above, I think it is likely that students will be in paid employment for some of their professional and clinical experience, and so the worst case scenario is unlikely to arise. Overall, the financial impact of the ESR proposals on students will be minimal.

Practices providing professional and clinical experience for GOC Approved Qualifications: Optometry

Factor	Impact	Notes
Salary	£0 to (£21,275)	£17k plus 25% on costs
Commercial income	£0 to £21,275	Balances employment costs
Costs of professional and clinical experience	(£1,500)	Assumed; depends on programme structure
Net benefit/cost	(£1,500)	

68. The financial impact of the ESR deliverables on practices relates to salary costs; commercial income; and costs incurred by the practice in hosting students undertaking professional and clinical experience. Some of the points relating to the costs incurred by practices are similar to those that apply to universities, in ensuring that students are able to access appropriate professional and clinical experience as part of their programme. The points made in paragraphs 23 to 30 above are also relevant, therefore, to the discussion below.

Salary and commercial income

69. As noted above, I believe it is likely that practices will continue to find it beneficial to pay students for work they do whilst undertaken professional and clinical experience. The commercial income generated by a student in this time – through eye tests and the subsequent sale of spectacles – is likely to be lower than current pre-registration students, because of the anticipated greater demands of learning, and the likely short periods of professional and clinical experience in the later years of a students' programme.

70. In a community practice hosting a student's professional and clinical experience is necessarily a commercial proposition, and any decrease in commercial income will be reflected in lower salary costs (and/or in a requirement for payment by

universities). Similarly, higher salary would need to be accompanied by greater commercial income, which is unlikely given greater demands on students' time.

Costs of providing Professional and Clinical Experience

71. I have noted above that the professional and clinical experience elements of a degree programme are likely to involve greater university input than the supervision of current pre-registration years. This will bring some costs to practices, relating to the time spent with university staff *in situ* and the opportunity cost of not earning as much commercial income from a chair occupied by a student undertaking professional and clinical experience.

72. Similarly, the costs of engaging with university quality assurance and placement management (discussed in paragraph 39 above) will be real.

73. It is hard to put a specific figure on this: it is an activity which has not yet happened. I estimate that the cost for universities relating to the organisation and management of professional and clinical experience, and staff engagement with practices, would be approximately £1,500. Practices would experience a different set of costs – staff time in engaging with universities, staff time in participating in the training of students, and opportunity costs. I estimate that the cost for a practice will be **£1,500** per student.

Net impact

74. The commercial environment for community optometry practices is challenging. It is my assumption that practices will need placements to be cost neutral, taking into account salary and commercial income, opportunity costs, costs incurred in offering placements, and any payments from universities.

75. It is also the case that many practices use the pre-reg student placements as a recruitment tool for post-graduation. It is therefore within their interest to host good quality placements to attract good graduates to form part of their fully-qualified workforce. This is another reason why businesses will want to host placements.

76. I estimate that taking into account salary and commercial income and the costs incurred in hosting professional and clinical experience, practices would spend **£1,500 per student**.

77. This may be a small enough figure for practices to bear, given the benefits of engaging with trainees during their studies. Undoubtedly the economics will work differently for different practices. Larger, more commercial practices will find it easier to absorb these costs. Larger and busier practices will also have a greater need to plan for recruiting staff. Conversely, smaller practices may find the costs – both cash and opportunity costs – too great to bear without some form of subsidy; they

will also be less concerned, because of their scale, in securing a regular supply of newly qualified optometrists.

78. There is also the consideration that practices may no longer need to pay the examination and registration fees for the College of Optometrists' Scheme for Registration. Currently this is paid directly by some students; in other cases employers will fund this. As not all practices currently bear this cost, I have not included it in the calculation of financial impact; but for some practices it will represent a saving on current expenditure, which could offset some or all of the additional costs.

Hospital placements

79. A small proportion of pre-registration placements take place in a hospital setting. The current cost of providing a pre-registration placement with adequate clinical supervision for the full year has been estimated at about £10,000 per student (the rough cost of two clinician sessions per week), net of salary. There is less possibility of commercial income to offset this cost: it is reasonable to assume therefore that professional and clinical experience in a hospital setting will need to be subsidized by universities.

Overall impact: GOC approved optometry education

80. The ESR proposals will potentially have a negative financial impact on some providers and practices, but not on students.

81. If providers do not have the resources that they need to deliver the programmes, some will consider ceasing to provide optometry education. I think it is a possibility that, as things stand, some of the current providers will exit the market. This judgement is informed not only by this analysis but by knowledge of the overall pressure universities are currently facing because of Covid19.

82. If practices perceive the costs of providing opportunities for professional and clinical education as being too great, compared to the benefits, some may cease to offer those opportunities.

Ophthalmic Dispensing Education

83. The change implied by the ESR proposals with respect to ophthalmic dispensing education is smaller: students are already undertaking practice-based learning within their programme, and the dominant model is one of students in full-time employment within the optical profession studying part-time (and often by distance learning) with an education provider (an FE college, a private college, or a university). In the main the financial impact will therefore be that involved in the development of new programmes which meet the new standards.

84. In practice training for ophthalmic dispensing is based in England, at three FE colleges and two universities, and in Scotland, at one university. This discussion therefore focuses on the financial impact using only the English and Scottish funding methods.

85. One factor which will have a financial impact is the notion of the Single Point of Accountability (SPA). This will place a new responsibility on the organisation which is the SPA to have managerial oversight and quality assurance of other organisations which contribute to the programme overall.

86. There are two obvious approaches for current education providers (colleges and universities), in my view:

    a. Current providers seek to deliver and assess all elements of the standards

    b. Current providers act as the SPA and contract with another body (eg ABDO) for the assessment of the professional and clinical experience

87. Both of the approaches set out in paragraphs 85.a and 85.b above have financial impacts on colleges and universities.

88. Either of the approaches suggested in paragraph 85 above will bring transitional costs: either of developing approaches to assessing the professional and clinical experience elements of the programme, or developing approaches to quality assuring the assessment by another organisation.

89. There are no precise calculations for the costs which might be incurred by a provider; this analysis therefore contains my estimates, and in the discussion I will show the bases on which I have made the estimates.

Costs for a provider which wished to develop its own assessment of Professional and clinical experience

90. A provider which wished to develop its own approach to assessing the professional and clinical experience (i.e. the scenario is paragraph 85.a above) would need to devote time to the development process and to the ongoing assessment process. If we assume that the development process would take six months of a teacher's time, this equates to about £25,000 direct costs, (including salary on costs) plus some allowance for overheads (IT, office space etc). This would be in addition to the time spent in developing a new programme.

91. There would be costs involved in assessing students' professional and clinical experience. It will, of course, be a matter for each provider to decide how to do this. It may be that assessment can be wrapped up entirely within the assessment scheme for the programme overall, in which case additional costs will be minimal. It is also possible that there will be specific elements of assessment which are

introduced only because of the need to address professional and clinical experience. It is most reasonable, therefore, to apply possible range of financial impacts. The estimates for optometry provide a useful reference point; a range from £0 to £500 additional cost per student would be possible.

92. There would be set up costs associated with the approval of the new programme by the GOC, but these would in any case be paid on a cyclical basis.

93. I estimate therefore that the additional cost for a provider to develop its own approach to delivering and assessing the professional and clinical experience components of what would in any case be a new programme are about **£25,000**. There may also be additional assessment costs of up to **£500** per student, depending upon the assessment practices chosen by the college or university.

Costs for a provider which wished to contract out its assessment of professional and clinical experience

94. A provider which wished to contract out its assessment of professional and clinical experience (i.e. the scenario in paragraph 85.b above) would need to develop an approach to assuring itself of the capabilities of a partner organisation; agreeing with the partner organisation their role in the overall programme and assessment structure; and monitoring performance on an ongoing basis.

95. Assuring itself of the capabilities of the partner organisation would require some thought about the process and criteria, and some kind of sign-off process. If the provider had gone through a process to gain Ofqual accreditation, much of the necessary academic work would have been done: there is no need to make this stage unduly onerous from the academic/pedagogic point of view. There would be costs in developing criteria, in due diligence and in contracting, but these would be small – a few days of a member of staff's time; perhaps a relatively small legal fee. An assumption of £5,000 of cost should cover these: mostly this will be staff time.

96. The partner organisation would need to be involved in the development of the new programme. The costs would relate to time in meetings and discussions about the curriculum. These would again be in time and in minor expenses. Again, an assumption of about £5,000 should cover what would mostly be staff time. There are clearly development costs associated with a new programme, but these would be incurred in any case, and to ensure comparability with the analysis in paragraph 89 above I am not raising them here.

97. There would be ongoing costs in managing the partnership and monitoring performance. In practice this would be the cost of staff time in attending at assessment activities of the partner, and in particular assessment panels, and in seeking, scrutinising and reporting on data relating to assessment performance of

students. These activities would replace, or only marginally increase, already existing activity, relating to programme assessment and reporting.

98. The partner organisation would also need payment. As the contract would be directly with the university rather than individually with the student, the university would need to meet the costs of this. The approach to assessment will be determined by the provider's academic decisions, and the pricing would be a commercial agreement between the provider and the partner organisation. It is difficult to find a suitable anchor – the assessments and are likely to be too different to the current ABDO examinations to use their fee as a sensible benchmark. A fee range between £500 and £1,500 might be a reasonable estimation.

99. I estimate therefore that the additional costs to the provider of engaging with an external partner organisation to provide the assessment of students professional and clinical experience are about **£10,000**, mostly represented by staff time; a payment per student to the provider, which I estimate as being in the range of **£500** to **£1,500**; and some small ongoing costs for assessment and monitoring.

Impact on Diploma-level providers

100. The challenge for delivering ophthalmic dispensing education at diploma level is resourcing. The income supporting ophthalmic dispensing education in Further Education colleges in England – which is where all providers at this level are based – comes entirely from course fees, which are currently about £3,500 per year. (There is very little public funding for this type of programme within FE colleges - funding from the Education and Skills Funding Agency focuses on education for 16-19-year olds).

101. The programmes run on tight margins: conversations with one provider showed that in recent years staffing had been reduced and the scope for discretionary activity was minimal. The amount available to spend on delivering the programmes was about half of the fee income. This means that the capacity to spend time or resources on significant changes to programmes is stretched.

102. An approach which sought to contract out the assessment of students' professional and clinical experience is likely to carry more ongoing costs, in my estimation, than a model in which assessment was developed and run in-house. More pertinently, the development of a new programme to meet the changed requirements may in any case be one step too far for diploma level provision: it is financially very marginal, and the effect of the change may be to drive diploma level provision from the market.

Impact on foundation degree-level, or bachelor's degree-level provision

103. Universities in England which are offering ophthalmic dispensing programmes which lead to a Foundation Degree or Bachelor's degree are able to charge higher fees than for diploma level provision. (This applies also to colleges offering provision validated by or franchised from universities.) Fees vary between providers, from about £6,000 per year to about £9,000 per year. As with universities, a proportion of this will cover organisational overheads, but it is clear that the resource available for degree level programmes is much greater than that available for diploma level provision.

104. Universities in Scotland which are offering ophthalmic dispensing programmes which lead to a Bachelor's degree are funded directly by the Scottish Funding Council in respect of Scottish Students, and by tuition fees in the case of students from the rest of the UK. In line with the discussions above (see paragraph 9 above) this gives universities about £7,500 per year. A proportion of this will cover organisational overheads, but it is clear that the resource available for degree level programmes is much greater than that available for diploma level provision.

105. The financial impact of the ESR proposals is therefore less significant for these programme levels: with greater resource, there is greater capacity to develop new curricula, and engage with partners in delivering and ongoing monitoring.

106. As with diploma-level programmes, the in-house assessment model is likely to be more economical than contracting the assessment out to a partner organisation.

Overall conclusions – Ophthalmic Dispensing education

107. The financial impact of the ESR proposals on ophthalmic dispensing education is less significant than on optometric education. This reflects the fact that the structure of ophthalmic dispensing – which already integrates professional and clinical experience in an employment setting with education – matches more closely the expectations of the ESR proposals.

108. The introduction of a Single Point of Accountability will have some financial impacts. I estimate these to be about £25k if a provider chooses to set up their own approach to assessment of professional and clinical experience, with a further cost per student of up to £500 to cover the costs of assessment; and about £10k plus between £500 and £1,500 per student assessment costs if a provider chooses to work in partnership with a partner which assesses professional and clinical experience.

109. Diploma level ophthalmic dispensing education operates on a more marginal basis, financially, than degree level ophthalmic dispensing education. It may be that providers of diploma level programmes choose either to change provision to degree level approaches to bring in additional income, or leave provision entirely.

Risks

Covid19 and the timing of the proposals

110. The Coronavirus pandemic creates a significant financial risk to the sector. Education providers have had to implement safety measures – at significant cost – in order to deliver programmes; members of staff have been working harder than ever to adjust programmes for online delivery and to teach in smaller groups and with greater preparation time. Simultaneously, many universities, anticipating reductions in income because of the public health restrictions on travel and particularly international travel, have begun to implement significant savings programmes, with reductions in staff numbers. Many universities are currently financially challenged.

111. There have also been reported impacts on community practices, with redundancies for some trainees on pre-registration years. At the time of collating the data to inform this analysis (October 2020) universities which operate semi-integrated programmes reported difficulties in securing placements, due to the impact of Covid19 on practices in the spring/summer. The changes to how patients are seen in opticians' practices mean that the scope for supervision of students at the moment is limited (because of the time limits for consultations, and the physical constrains of small spaces and social distancing rules.) Some practices will not currently be commercially viable.

112. Even without Coronavirus, there are reasonable concerns about timing. The cycle for university admissions is 23 months long. Marketing materials for students who will start their studies in September 2022 are being finalised in November 2020 – this is because of the UCAS process and the need to have materials ready for this. It is possible to bring programme late to market, but in any event, a university wishing to admit students for the 2022/23 academic year will have to have the programmes approved by summer 2021.

113. If the details of the ESR proposals are not confirmed until November 2020, this gives only seven months for a new programme to be developed and approved. This is too short a timescale, especially with constrained resources, for good development work. A longer lead time from an approval in November 2020 will enable universities to plan better their development work, and minimise the costs of transition. An implementation plan which sees all optometry and ophthalmic dispensing programmes following the new manual by 2024/25 runs the risk, in some universities, of the provision being seen as too expensive.

Professional bodies

114. The ESR proposals will remove the distinct role of the College of Optometrists and the ABDO as awarding bodies prior to registration. This will have a financial impact upon those organisations.

115. I have been pleased to engage with these providers as part of this process, to understand some of the issues which they anticipate. I have not been able to see detailed information relating to the financial projections of the College of Optometrists and the ABDO, which would help me to better understand the likely impact on these providers.

116. As discussed above, there are approaches – such as securing Ofqual recognition for their activities – which would enable them to enter partnership with universities and colleges. ABDO is already recognised by Ofqual; for the College of Optometrists it would require investment. This would enable universities and colleges to meet their obligations as the single point of accountability.

117. It is beyond the scope of this review to undertake a detailed analysis of the costs for the College of Optometrists to gain Ofqual recognition. Broadly, there would be costs incurred in developing an application, which would be staff time internal to the organisation; there would be fees for an accreditation process; and there would be ongoing registration fees, which are often related to student numbers. The staff time required for similar exercises in universities (for example, preparations for a review by the Quality Assurance Agency for Higher Education) have been costed at about £50k; this might be a reasonable proxy for the costs needed to develop the application internally within the College of Optometrists, but I would caveat this estimate by saying that I am not especially confident about it. The Ofqual website - https://www.gov.uk/guidance/apply-to-have-your-qualifications-regulated – contains more detail of process.

Hospital optometric services

118. A consequence of the proposals is likely to be that hospitals offer placements to a smaller number of providers.

119. In my discussion I was told that hospitals use the pre-registration year as a means to identify and develop optometrists who may wish to develop a career in hospital optometry. It is also, to some extent, a self-selecting mechanism for students who wish to specialise in this way. At the moment every graduate can consider and apply for hospital training posts. If professional and clinical experience is integrated into degree programmes, unless hospitals have relationships with every university department, the field of potential trainees will be reduced. (There is, of course, a huge difference between the mandatory short placement in a hospital setting which is currently required, and the year-long immersion which comes through the pre-registration year.)

120. This risk could be mitigated by developing a national system – such as the Oriel platform – for allocating longer periods for hospital-based professional and clinical experience.

Perturbations in a market system

121. More generally, the current system for training optometrists and dispensing opticians is heavily dependent upon commercial activity: that is, it requires practices to employ trainees as an integral part of the process (typically post-graduation for optometrists and throughout a programme for dispensing opticians.) Markets adjust to changes in supply and demand, but are also sensitive to significant perturbations. There is a risk that the changes, if undertaken too quickly, will have unanticipated consequences for individual providers, practices and students.

Mitigations

122. There are a number of mitigations which could be adopted.

Consider the speed of adoption

123. A longer implementation/adaption period would enable providers and practices to adjust to post-Covid ways of working and market realities. It would also enable later adopters of new standards to learn from the experience of early adopters.

Address GOS payments

124. Seek clarity from the relevant NHS health education funders in each of four UK nations that GOS supervision payments may continue to be made following the ESR proposals, and identify what steps universities and practices need to take to ensure this continuity. The GOC is well placed to do this and share information with education providers.

Seek to develop a sector discussion about implementation

125. Implementation of the ESR proposals will inevitably throw up some surprises. An ongoing sector-wide conversation about what lessons are being learnt, and how education providers, practices, and sector bodies can work together to manage a smooth transition, will be beneficial to all. This could include consideration of a UK-wide approach to payments to providers for histing students' professional and clinical experience. The GOC is well-placed to facilitate such a conversation.

Engage as a sector with NHS funding

126. In the longer run, there would be huge benefits in the sector engaging with the NHS to come to a better agreement about how training in optical healthcare disciplines is organised and funded. This is not a short process, and requires the engagement of all sector bodies – regulator, professional bodies, training and education providers, community and hospital practices, and individual practitioners. In the shorter term, there would be considerable benefits in discussing with the national health funders, and especially Health Education England, how funding for ophthalmic education

could be developed to support improvements in education, standard and patient safety.

Summary

127. The ESR proposals are likely, if implemented as they stand:

a. To bring additional costs to universities, colleges and practices.

b. To prompt some providers, of optometry training and ophthalmic dispensing training, to question the ongoing viability of programmes.

c. To make the provision of professional and clinical experience at some community practices less economically viable, unless universities provide payment.

d. To create unsustainable demands on education and placement providers if implemented in the timescales envisaged.

128. There are approaches I have outlined which could help mitigate these risks:

a. Consideration of a longer implementation/adaption period after GOC's approval of its new requirements to give universities, colleges and professional associations time to prepare, to recognise the impact of Covid19 and the financial impacts of the proposals.

b. To gain clarity about the means whereby GOS payments can continue to be made for the supervision of optometry students undertaking practice-based learning.

c. To seek to facilitate a sector-wide conversation about implementation, to ensure that lessons are learnt and good practice is shared, and that there is a smooth transition.

d. Engage with national healthcare funders, and in particular with Health Education England, to discuss how ophthalmic education is supported financially.

Hugh Jones

28 October 2020

Technical Appendix

Sandwich year out?

If the professional and clinical practice element of the programme is organised as a sandwich year out the fee a university may charge students is considerably lower, at £1,850 in England; similarly reduced in the other nations. Whether the year counts as full-time or sandwich year out depends upon the way the programme is organised: by splitting practice learning across more than one academic year the programme may be considered as full-time, and universities can charge the higher fee level. This approach will be absolutely necessary if the proposals are to be implemented.

The HE data rues are set out in the HESES guidance, Annex H (https://www.officeforstudents.org.uk/media/e073e136-90ae-4508-abb3-1ccf95224991/ofs201932-heses19-guidance-for-providers_update-nov2019.pdf)

"Sandwich year out

A year of instance is counted as a 'sandwich year out' if it includes a period of work-based experience and meets the following criteria:

a. The course falls within the definition of a 'sandwich course' in Regulation 2(10) of the Education (Student Support) Regulations 2011 (Statutory Instrument 2011 No. 1986) as amended, or the year of instance is an Erasmus+ year abroad spent working.

b. It is a year of instance that fulfils one of the following:

> i. Any periods of full-time study within the year of instance are in aggregate less than 10 weeks.
>
> ii. In respect of that year of instance and any previous years of instance, the aggregate of any one or more periods of attendance which are not periods of full-time study (disregarding intervening vacations) exceeds 30 weeks.

c. A reduced fee is chargeable for the course for the year, compared with what would be chargeable if the student were studying full-time in the year. Students spending a full year abroad working, including under the Erasmus+ scheme, should be returned as sandwich year out. This includes students under the British Council's Language Assistants scheme."

The relevant excerpt from the Tuition Fee regulations is:

"(10) In these Regulations—

> (a) a course is a "sandwich course" if—
>
> > (i) it is not a course for the initial training of teachers or an academic year of a designated course that is an Erasmus year.
> >
> > (ii) it consists of alternate periods of full-time study in an institution and periods of work experience; and

(iii) taking the course as a whole, the student attends or undertakes the periods of full-time study for an average of not less than 18 weeks in each year;

(b) in calculating the student's periods of full-time study for the purposes of sub-paragraph (a), the course is to be treated as beginning with the first period of full-time study and ending with the last such period; and

(c) for the purposes of sub-paragraph (a), where periods of full-time study and work experience alternate within any week of the course, the days of full-time study are aggregated with each other and with any weeks of full-time study in determining the number of weeks of full-time study in each year."

GOS contract

The relevant legislation is Statutory Instrument 'The General Ophthalmic Services Contracts Regulations 2008' which apply to England, and similar regulations which are made covering Scotland, Wales and Northern Ireland.

Payments for pre-registration supervision, and payments for Continuing Education and Training, count as Additional Services. A provider is only able to contract for additional services if they also provide mandatory services – essentially, sight tests.

Many universities run ophthalmic clinics and may be eligible to claim GOS contracts (although from my discussion few do so.) But not all universities have in-house eye clinics.

Appendix: sources of evidence

In addition to material published by sector funders and government agencies, and my direct experience of university management within the UK, my analysis has been informed by conversations with stakeholders within the sector as follows:

- Three heads of UK university optometry departments
- One programme lead at an FE college
- One Hospital Ophthalmology consultant
- Senior staff at the Association of British Dispensing Opticians
- A senior member of staff at the College of Optometrists
- Senior staff at the Association of Optometrists
- Senior staff at the Higher Education Funding Council for Wales
- Senior staff within the Education team of the General Optical Council

Fraser Consulting

Education Strategic Review

Equality, Diversity and Inclusion Impact Assessment

General Optical Council

Fraser Consulting

October 2020

Contents

1 Executive Summary

Purpose

1.1 This Equality, Diversity and Inclusion (EDI) Assessment of the General Optical Council's (GOC) proposals stemming from its Educational Strategic Review (ESR) has been produced to:

- meet the GOC's statutory obligations with reference to the Section 149 of Equality Act 2010 and Section 75 the Northern Ireland Act 1998
- develop recommendations to support GOC in considering proposals stemming from its ESR and in embedding EDI in the implementation of the ESR

Key Findings

1.2 Protected groups are more likely to face barriers to healthcare, with affordable and adequate transport and caring responsibilities being reported as a significant issue. Factors linked to socio-economic status are related to health outcomes, and there is a considerable cross over between equality and socio-economic issues. A localised approach should reduce the NHS backlog, strengthen how the optical profession responds post pandemic, and free up central NHS resources. This should result in particular benefit for protected groups.

1.3 The GOC's commitment to advancing equality and preventing discrimination is prominent throughout the draft Outcomes for Registration. The focus on patient centered care anticipates the diverse needs and preferences of protected groups. There is strong evidence of taking steps to meet the needs of protected groups. The requirement to demonstrate lifelong learning which incorporates patient feedback should amplify the voices of marginalised groups. Equality, Inclusion and Human Rights are placed at the highest level of Miller's Pyramid, which should support the advancement of equality and complement GOC's strategic commitments.

1.4 The proposed Standards for Approved Qualifications align with externally recognised good practice. There is a clear focus on transparency and fairness which should support the elimination of discrimination. EDI is interwoven throughout the Standards, and the critical importance of EDI is effectively signaled to providers. The use of a range of teaching and learning methods should support the diverse needs of students. The use of a systematic approach to collecting and using equality data will support measuring progress in meeting equality legislation.

1.5 The proposed Quality Assurance and Enhancement Method provides greater emphasis on the views of patients, employers, students and other stakeholders which will encourage greater participation by protected groups in decision making. Meeting the equality duties is also demonstrated in the systematic approach to evidence which providers will be required to supply including equality data and description of EDI strategies.

1.6 There is strong evidence that the GOC has anticipated its obligations to pay due regard to S149 of the Equality Act 2010 and S75 of the Northern Ireland Act in the development of the ESR. There is effective mainstreaming of equality in the organisational strategy, and leadership commitment in actively supporting a culture that acknowledges the value of EDI. Extensive consultation has taken place with diverse stakeholders and the GOC has confirmed that the iterative nature of the development of the ESR will continue to draw upon the

diverse views of students, employers, patients, service users, partners and other stakeholders.

Summary Recommendations:

AREA	RECOMMENDATION
Equality Data	Review wording of Disability in Registrant Equality Questionnaire
Outcomes for Registration	Provide guidance on best practice in Equality, Diversity and Inclusion
	Promote signposting to protected groups to relevant support services
	Build upon communication techniques to facilitate understanding
	Enhance understanding of protected group demographics within population data
Standards for Registration	Providers to signpost students to funding assistance and student support Specify that providers should have resources dedicated to pastoral care Oblige providers to have work-based learning policies which include practice in equality and health and safety. Advise private sector providers on expectations regarding advancing equality Specify, where feasible, selectors should include range of staff Add 'wellbeing' to S5.5 (Effective Support for Students) Investigate further the student and registrant Fitness to Practice data
Quality Assurance and Enhancement	Supply providers with equality data presentation example
	Plan EDI Thematic and Sample-Based Reviews
	Submissions for approval to include detail on adherence with equality legislation
	Support the EDI competencies of Education Visitors

2. Introduction

Aims

2.1 The purpose of the ESR is 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 to meet patient needs.

2.2 The ESR is necessitated by the evolving optical sector and the changes to the services that registrants are expected to deliver.

Scope of Legal Obligations

2.3 Full details of the GOC's statutory obligations with regards to equality are set out in the Annex.

In summary, in the exercise of its public functions the GOC is obliged to pay due regard to Section 149 of the Equality Act 2010 in respect of advancing equality, eliminating discrimination and promoting good relations.

GOC has a specific duty to assess equality with regards to its functions in Wales and Scotland. While there is no specific duty to assess equality impact in England, the process is accepted as best practice.

Northern Ireland is subject to devolved arrangements as per Section 75 of the Northern Ireland Act 1998, whereby public authorities must promote equality of opportunity and publish equality impact assessments.

Purpose

2.4 This Equality, Diversity and Inclusion (EDI) Assessment has been produced to:

- meet the GOC's statutory obligations with reference to the Section 149 of Equality Act 2010 and Section 75 the Northern Ireland Act 1998
- Develop recommendations to support GOC in considering proposals stemming from its ESR and in embedding EDI in the implementation of the ESR

Protected Characteristics

2.5 There are 8 relevant protected characteristics in the Equality Act 2010, namely:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

2.6 Marriage and Civil Partnership as a protected characteristic applies only to employment and is not a relevant characteristic in terms of S149 of the Equality Act 2010.

2.7 The Northern Irish legislation includes additional protected groups, specifically political opinions and persons with dependents.

3 Equality Evidence

Technical Note

3.1 Higher Education (HE) data has been produced from the Higher Education Statistics Agency (HESA) for Academic Year 2018-2019. Where available, the analysis refers to data for Principal Subject: Ophthalmic (Category B5, which includes Optometry and Ophthalmic Dispensing).

HE institutions are obliged to provide data for the following protected groups:

- Age
- Disability
- Gender
- Race

HE Institutions are not obliged to provide data referring to:

- Sexual Orientation
- Dependents/Carers
- Gender Reassignment
- Religion or Belief
- Political Opinion
- Marriage or Civil Partnership
- Pregnancy or Maternity.

Supplementary sources of evidence from Advance HE on these protected groups have been included where possible.

Four Nation Composition

3.2 Table 1 shows the proportion of UK students studying Ophthalmology. 8.35% of total enrolments are by students who are not ordinarily resident in the UK.

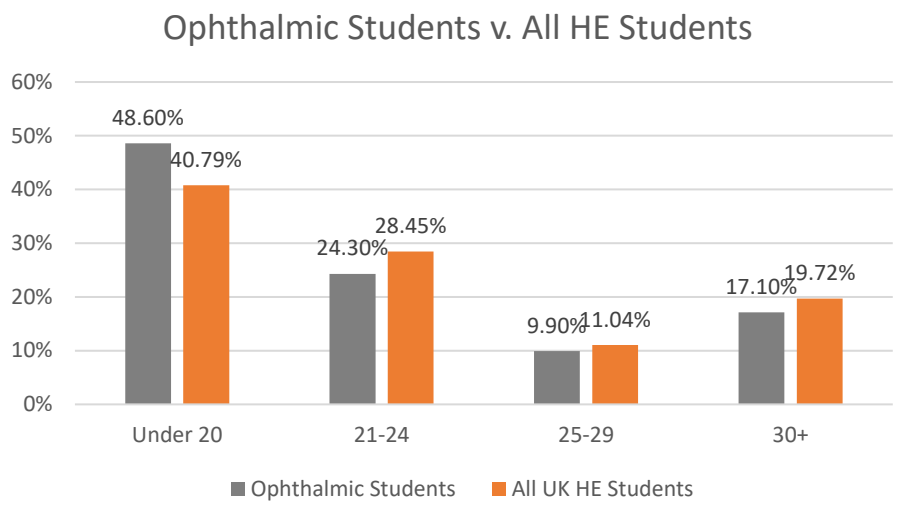
Table 1: HE Student Enrolments by Ophthalmics as Principal Subject and Domicile

Nation	England	%	Wales	%	Scotland	%	NI	%	Other EU	%	Non EU	%
Number	3245	74.26%	255	5.84%	400	9.15%	105	2.40%	100	2.29%	265	6.06%

Age

3.3 Figure 1 shows a younger profile for Ophthalmic Students, where there are approximately 8% more students aged under 20 than the overall indicator.

Figure 1:



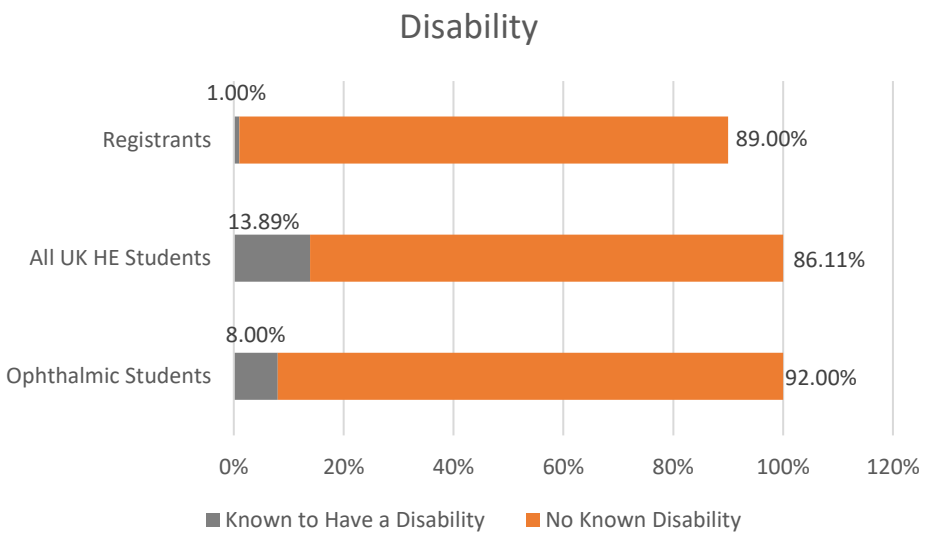
Disability

3.4 In Figure 2, the lowest rate for disclosure of disability is found with registrants. In the UK, it is estimated that approximately 10% of the working age population have a disability.

3.5 10% of registrants have chosen "Prefer Not to Say" with regards to whether they have a disability. HESA does not publish data on "Prefer Not to Say".

3.6 HESA uses a different definition of disability, wider than the definition used in the GOC monitoring form. It is recommended that the GOC consider reviewing its definition and providing more information about types of conditions which are included as a disability.

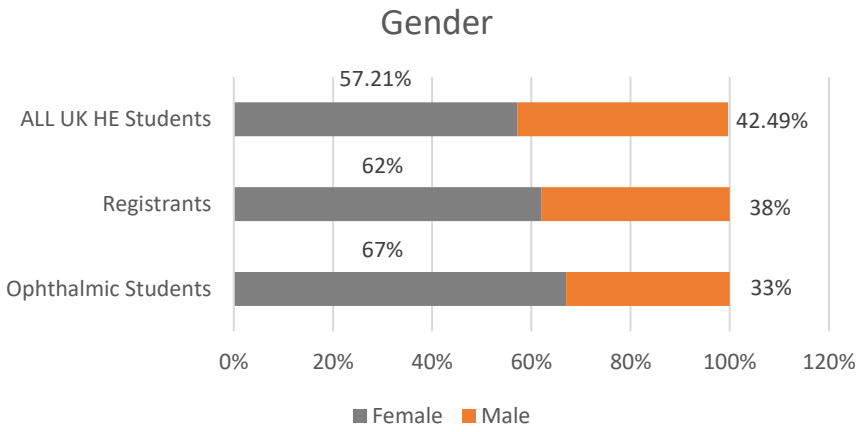
Figure 2:



Gender

3.7 The registrant and Ophthalmic student gender profile has a more marked gender imbalance than the All UK HE Students profile.

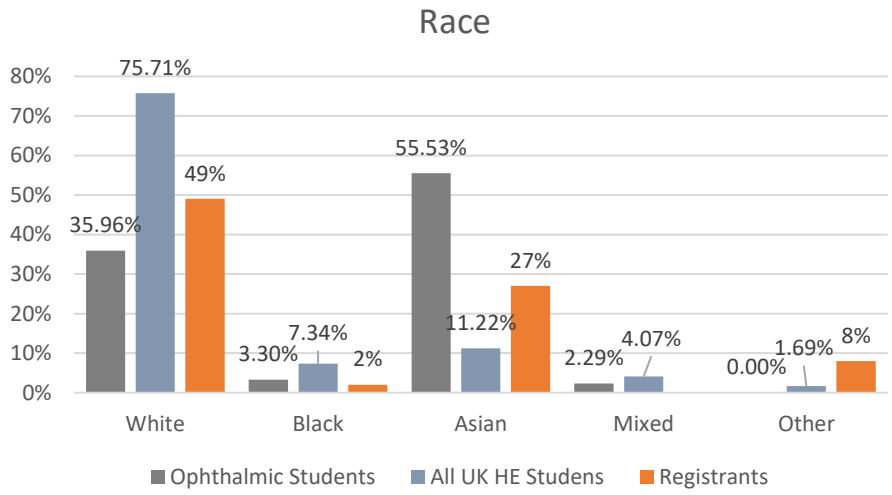
Figure 3



Race

3.8 There is a significantly higher rate of diversity with regards to Ophthalmic students and registrants compared to the UK HE indicators (and the overall race demographics in the UK). The proportion of Asian Ophthalmic students is 44.31 percentage points higher than the UK HE Student indicator, and approximately twice as high as the profession.

Figure 4

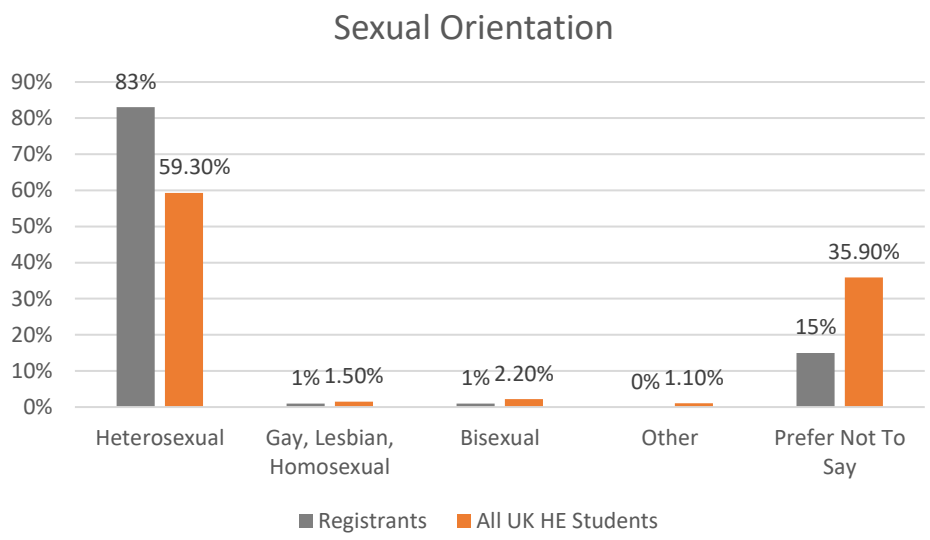


Sexual Orientation

3.9 No data is available regarding the sexual orientation of Ophthalmic students, and there is no national data available as the question is not asked currently in the UK Census.

Figure 5 shows that the proportion of Lesbian, Gay and Bisexual registrants broadly matches the HE indicators. Registrants are more likely to provide information about this characteristic compared with UK HE students.

Figure 5



Dependents/Carers

3.10 There is no data for England, Scotland and Wales as not all HE institutions request this information, and carer status can change during attendance.

While this protected characteristic applies only to Northern Ireland, the GOC ask all registrants for this information. Reliable data is not currently available due to variability in the registrant response rate.

In Northern Ireland, 9.81% of students have dependents.

Gender Reassignment

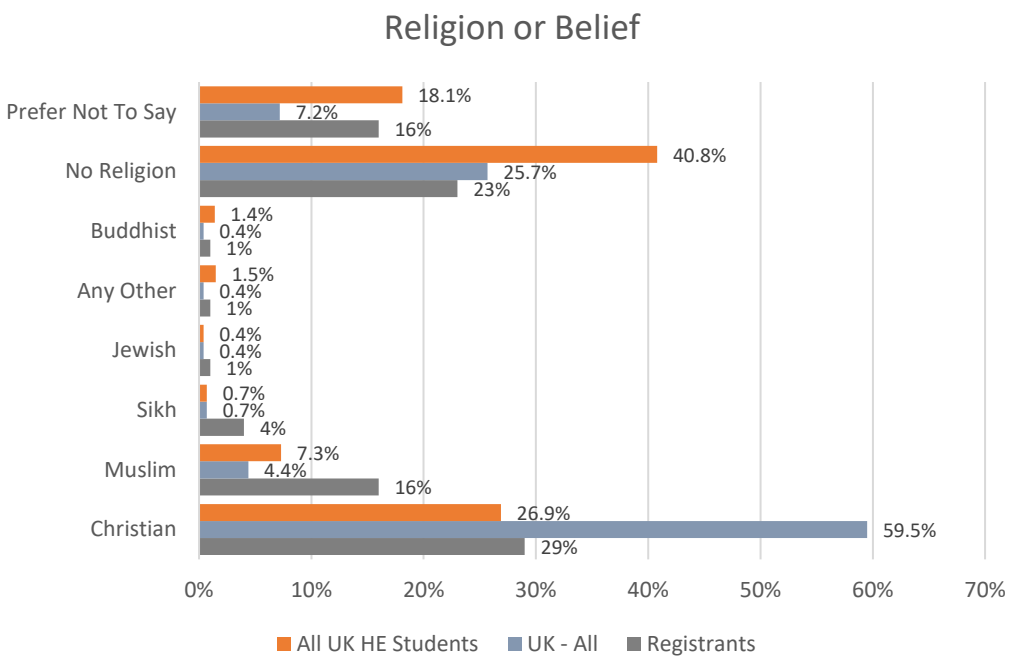
3.11 2.1% of UK HE Students have declared that their gender is different to the gender which was assigned to them at birth. There is no published data about this characteristic with reference to HE Ophthalmic Students.

The GOC ask registrants to provide information about gender reassignment. Reliable data is not currently available due to variability in the registrant response rate.

Religion or Belief

3.12 Figure 6 shows greater diversity of religion or beliefs with regards to registrants compared with the HE indicators and the overall UK demographics. Significantly, there is a higher rate of muslim registrants (approximately three times the estimated proportion in the UK).

Figure 6



Political Opinion

3.13 Consideration of this characteristic only applies in Northern Ireland, where it is included with religion or belief. 47.4% of NI domiciled students are Catholic, 30.2% Protestant and 22.3% are not affiliated with either background. More detailed data on this category is not centrally published and HE institutions in Norther Ireland are not obliged to provide this information to HESA.

Marriage or Civil Partnership

3.14 The Equality Act 2010 states that this characteristic is not relevant in terms of S149 of the Equality Act. While some HE institutions request data on this category, the data is not published centrally.

3.15 Marriage and Civil Partnership is relevant in terms of Section 19 of the Equality Act, which includes discrimination on this ground as unlawful. GOC ask registrants for this information. The most recently published data shows that 47% of registrants are married.

Pregnancy or Maternity

3.16 Data about this characteristic is not collected by HE providers or central government. In 2019, 2.17% of women gave birth. The average age of women having their first child is 28.8. 7% of registrants declared that they were pregnant or had recently had maternity leave.

Fitness to Practice Data

3.17 In the Academic Year18/19, the last published data shows there were 59 complaints regarding students' Fitness to Practice. Data on gender and age was available for all complaints. A range of records were available for other protected characteristics. For example, with religion and belief, there were 32 blank/prefer not to say entries. Given this

range, caution should be taken in interpretation. Disclosures that were less than 10 have not been included.

3.19 The higher proportion of complaints made against male students is similar to the registrant Fitness to Practice data. The number of complaints against registrant students aged 35-44 is disproportionate to the HE indicators. It is challenging to make meaningful analysis with regards to race and religion or belief given that data was not provided by the students in 50% of instances.

Table 2: Student Fitness to Practice Complaints

Protected Characteristic	As Percentage of Total Records
Male	64.4%
Female	35.6%
Age 20-24	44.1%
Age 35-44	45.8%
BAME	35.6%
Muslim	27.1%

4. Meeting the Statutory Duties in the Development of the ESR

4.1 This assessment finds strong evidence that the GOC has anticipated its obligations to pay due regard to S149 of the Equality Act and S75 of the Northern Ireland Act 1998 and has embedded good practice in EDI. In particular:

Mainstreaming Equality

4.2 Mainstreaming equality is defined by the Equality and Human Rights Commission as "integrating equality into the day to day workings of an authority". In other words, equality should be a component of everything an authority does, as opposed to an "add-on".

4.3 The GOC have effectively mainstreamed equality in the ESR, which is a focal point of the GOC's Fit for the Future Strategic Plan 2020-2025. This plan dovetails EDI in the delivery of each of the three strategic objectives which demonstrates the systematic integration of equality into operations.

4.4 Further evidence of the mainstreaming of equality is demonstrated in internal processes and publications such as an annual Equality Data Report, a Gender Pay Gap Report, an EDI strategy and equality impact assessments. Mainstreaming equality is also evident in the four staff networks which support and amplify the voices of ethnic minorities, women, LGBT staff and staff with a disability. Each network is sponsored by a member of the Senior Management Team which demonstrates leadership commitment in actively supporting a culture that acknowledges the value of equality, diversity and inclusion.

Consultation

4.5 Extensive consultation has taken place with diverse stakeholders and the GOC has confirmed that the iterative nature of the development of the ESR will continue to draw upon the views of students, employers, patients, service users and other stakeholders.

4.6 Research was commissioned to gain insight into the views and perceptions of newly qualified optical practitioners and optical employers across the UK. The methodology included an online survey and in-depth telephone interviews.

4.7 Other evidence which has been used to inform the ESR includes research, a call for evidence, a discussion paper on professional boundaries, roundtable events, concepts and principles consultation, and educational patterns and trends.

4.8 Current consultation includes an online survey and registrant focus groups from a mix of geographic locations with a roughly equal split by gender and a mix of age groups. Focus groups are also being held with optical patients which will include people from all devolved nations and will be broadly representative in terms of gender and age group.

4.9 In depth interviews are taking place with stakeholders in the sector. This includes representatives from educational institutions, the College of Optometrists, ABDO, the NHS, employers, the Health and Social Care Board (NI), the AOP, the British and Irish Orthoptic Society and patient advocate charities.

4.10 Respondents have been asked to provide equality data in the online survey. A summary analysis of responses is included at Table 3 and demonstrates diverse responses. A total of 107 respondent records were available at the time of reporting. There were varying levels

of disclosure of equality data which may be related to the status of the respondent as an individual or as an employer. Disclosures which were less than 10 have not been included.

Table 3: Summary Analysis of Respondents:

Protected Characteristic	As Percentage of Total Records
Male	43.92%
Female	38.32%
Age 25-34	17.76%
Age 35-44	24.23%
Age 45-54	21.50%
Age 55-64	12.15%
BAME	17.76%
White	55.14%
Muslim	9.35%
Christian	30.84%
No Religion	23.35%

5. EDI Assessment of ESR

Overarching Aims

5.1 The ESR responds to external influences which affect the work of the GOC and accordingly will affect the education and training of optical professionals. One such influence is an ageing population, where ophthalmology represents the highest recorded specialty for outpatient appointments. Optometrists and dispensing opticians have the potential and scope to reduce the burden on the NHS and the wider healthcare system.

5.2 The UK population is steadily growing older and this trend is projected to continue into the future. As people age, they are more likely to experience health conditions with common conditions including hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia.

5.3 The outputs of the ESR which aim to increase the capacity of a more localised approach should complement the advancement of equality, elimination of discrimination and the promotion of good relations as there can be barriers to healthcare which are experienced more prevalently by protected groups.

5.4 The Government Office for Science's Report "Inequalities in Mobility and Access in the UK Transport System" (2019) reviews how limited transport options can reduce access to healthcare. Getting to hospitals is particularly difficult for people without a car or who are living in places with inadequate public transport options. This lack of access can lead to missed health appointments and associated delays in medical interventions.

5.5 An estimated 10% of hospital outpatient appointments are missed due to transport problems, thereby putting people's health and wellbeing at risk. Analysis of public transport accessibility to hospitals calculates the number of hospitals within 30 minutes journey time (30 minutes is the average minimum journey time to a hospital for people living in the UK). This is matched to the number of elderly people (aged 60 and over). Older people have been selected in this example because they are more likely to need health care services and are less likely to have access to a car.

5.6 The Report found that that 66% (7.8 million) elderly in England cannot reach a hospital within 30 minutes by public transport, and that inaccessibility of hospitals is a problem in both rural and urban areas.

5.7 Low-income households have lower levels of access to a car than households with higher incomes. Although the level of non-car ownership in the lowest income households has been steadily decreasing over the last 30 years, approximately 40% of the lowest income households are without access to a car.

5.8 The considerable cross over between equality and socio-economic issues is not just experienced by older people, but also a range of other characteristics are more likely to increase an individual's vulnerability to poverty. These include ethnicity, disability and lone parenthood, with affordable and adequate transport and childcare being reported as a significant issue.

5.9 The proposed localised approach where ophthalmic treatment is available on the high street should ease access to healthcare for all stakeholders and have particular benefits for protected groups who can face the barriers detailed above.

5.10 It has also been estimated that the NHS currently has a four-year backlog as a result of COVID-19. A localised approach could support the reduction of the backlog and strengthen how the profession responds post pandemic.

Outcomes for Registration

5.11 The proposed Outcomes for Registration 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. The Outcomes are organised under seven categories and use a level based on an established competence and assessment hierarchy.

5.12 The use of Miller's Pyramid to demonstrate clinical competence should enhance confidence in the capability of meeting the needs of diverse groups as emphasis at the higher levels of competency is based on observed performance.

5.13 The focus on person centered care should promote equality and eliminate discrimination for protected groups. The GOC's commitment to equality, diversity and inclusion is prominent through the draft Outcomes. Examples of good practice include:

- Considering the patient's social, personal and cultural needs: This anticipates the diverse needs and preferences of protected groups and should support contextual understanding which is highly important for protected groups. For example, women may have cultural needs due to religion or race, and ensuring that optical professionals take into account such needs should assist in the elimination of discrimination. It should also support the promotion of good relations by encouraging and supporting a higher awareness of good practice in equality, diversity and inclusion in the optical profession.
- The draft Outcomes refer to the need to challenge both conscious and unconscious bias. Ensuring that optical professionals are aware of the impact of unconscious bias and how it can affect clinical practice should assist with the advancement of equality for protected groups. This is complemented by the requirement that care should not be compromised by the optical professional's own personal value and beliefs.
- There is strong evidence of the need to take steps to meet the needs of people with a disability. The Outcomes refer to adaptive measures in different clinical situations, and the responsibility to protect and safeguard patients. Professionals are required to act upon nonverbal clues that could indicate a lack of understanding or an inability to give informed consent, which should assist with the promotion of equality for people with a disability, people who do not speak English as a first language, and older people. The requirement to adapt communication approach and style should enhance how the profession can respond to diverse groups.
- The requirement to work collaboratively with health care teams and other professionals should also enhance the profession's ability to meet the diverse needs of patients.
- The requirement to demonstrate lifelong learning which incorporates patient feedback should support the promotion of equality as professionals will have an increased understanding of how they are meeting patient needs. Peer review should also assist with mitigating the risk of

discrimination as it increases objectivity and assurance that judgements are based on balanced and considered reasoning.

- The draft Outcomes propose high professional standards through honesty, integrity and lifelong development. This includes recognising the limits of one's skills and knowledge and seeking support/referring to others where appropriate. The need to seek advice or refer to another professional should enhance the clinical decision-making process, and subsequently the outcomes for diverse patients.
- The requirement for professionals to comply with equality and human rights legislation and demonstrate inclusion and respect diversity is placed at the highest level of Miller's Pyramid. This effective approach should support best practice in equality, diversity and inclusion in the profession, and supports GOC's strategic commitments.
- The emphasis on safeguarding should support preventing discrimination against younger people and people with a disability and/or additional support needs.
- The draft Outcomes state that professionals must engage in evidence-informed clinical decision making. An evidence-based approach should reduce the risk of discrimination occurring as decisions will be informed by objective evidence. This focus on objectivity should also support the advancement of equality by mitigating the risk of bias.
- The need to work collaboratively with healthcare teams and other professionals should reduce the risk of less favourable treatment for protected groups as it should serve to increase the understanding of how best to meet personalised needs.

Recommendations to Further Advance Equality

5.14 The indicative document, which will accompany the Outcomes could:

- provide guidance on best practice in demonstrating inclusion and respecting diversity
- increase awareness of signposting patients to support services which meet the needs of protected groups, e.g. domestic abuse services, disability support groups
- Build upon communication with patients, where optical professionals communicate in a manner that facilitates understanding, such as through the use of clear and jargon free terminology.
- Registrants will be expected to understand demographics and how trends should inform their practice. Population data could include data about protected groups, which could enhance the optical profession's response.

Standards for Approved Qualifications

5.15 These describe the expected context for the new delivery and assessment of the proposed Outcomes leading to an award of an approved qualification.

5.16 The Standards broadly align with externally recognised best practice, namely the Good Practice In Admissions Guidance produced by Supporting Professionalism in Admissions and published by UCAS. In particular:

- From the outset there is a clear focus on fairness and transparency

- The Standards require educational providers to provide comprehensive information about the course to applicants, including the entry criteria, description of the selection process and the total cost/fees that will be incurred. Protected groups can experience higher poverty levels, for example lone parents, and to support the promotion of equality it is important to provide plenary information to inform decision making.
- The Admissions criteria obliges providers to comply with equality and diversity regulations and legislation. Selectors should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias. This reflects the intention to take steps to eliminate discrimination.
- The Standards require decision makers to take into account equality, diversity and disability policies. This complements the promotion of equality as it should encourage decision makers to consider the diverse needs of protected applicants and making reasonable adjustments.
- The Standards signpost providers to the SQA Good Practice Statement on Admissions Policies, which was developed to ensure fairness, transparency and to promote equality of opportunity.
- The approved qualification must provide experience of working with patients, including patients with disabilities, children, their carers. This should support optical professionals in meeting the needs of protected groups.
- Curriculum design and delivery must involve and be informed by feedback from a range of stakeholders who must be appropriately trained and supported, including in equality and diversity. This should support the profession in learning more about the needs of patients from protected groups and should assist with the amplification of their voices. It also encourages participation by people from protected groups.
- Assessments must be valid, reliable, robust, fair and transparent, and ensure equity of treatment for students. Reasonable adjustments must be made to teaching and assessment for students with specific needs to demonstrate that they meet the Outcomes. This indicates taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- The Outcomes provide that a range of teaching and learning methods must be used. The use of a range of teaching and learning methods should support engagement of students with diverse needs and preferences.
- Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include student 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. This focus on data supports the advancement of equality as it should facilitate the development of action to close gaps.
- The Standards ensure that students can access a wide range of curriculum materials, including digital access. This should support the elimination of discrimination and the advancement of equality for protected groups. For example, students with dependents may need to study at home as opposed to in a library, and students with dyslexia will be able to use assistive technology in accessing online resources.
- The draft provides an explanatory note for student registrant complaint referrals and clarifies that it is only when conduct is so serious that it cannot be solely dealt

with at a local level that it should be referred to the GOC. The draft states that studying and training should be a "safe space" and the GOC would not investigate complaints such as failure to attend lectures. This supports the elimination of discrimination as attendance issues may be related to having a protected characteristic.

Recommendations to Further Advance Equality

5.17 The GOC could consider:

- asking providers to signpost students to funding and student support
- Section 5 (Leadership, Resources and Capacity) provides for sufficient and appropriately qualified staff to teach and assess the outcomes. It may be worthwhile specifying the provision of pastoral care, guidance and student support staff.
- investigate further the student and registrant Fitness to Practice data. For example, with regards to students, evidence indicates that cultural factors can play a role with unintentional plagiarism. Additionally, the registrant Fitness to Practice data shows higher complaints regarding protected groups. The reasons for this may be multi-faceted but there may be opportunities for the GOC to consider whether registrants need more guidance/CPD on professional practice, or indeed whether the data indicates that members of the public are more likely to complain about protected groups.
- obliging providers to demonstrate that they have work based learning policies which take into account risk assessments and which asks placement providers to confirm their awareness and understanding of good practice in equality, diversity and inclusion.
- The Standards require providers to comply with UK equality and diversity legislation. S 149 of the Equality Act 2010 and S75 of the Northern Ireland Act 1998 does not apply to the private sector. The private sector's obligations can be described as reactive (that is, "do not discriminate") as opposed to proactive (that is, "advance equality). The GOC could oblige that private sector providers adhere to S149 of the Equality Act 2010 and S75 of the Northern Ireland Act 1998.
- Specify that where feasible, selectors will comprise academic and admissions/administrative staff
- Add "Wellbeing" to S5.5 (Effective support for students)

Proposed Quality Assurance and Enhancement Method

5.18 This describes how the GOC will gather evidence to decide whether a qualification leading to registration meets the Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act 1989.

- The greater emphasis on the views of patients, employers, students and other stakeholders should provide greater amplification of diverse voices.
- The GOC's aim to systematically mainstream equality, diversity and inclusion is evident from the range of evidence which providers are obliged to supply. This includes evidence of selectors' training in EDI, equality data, and description of EDI strategies.
- The Method states that evidence should be provided to indicate that the staff profile can support the delivery of the Outcomes and the student experience, including

staff/student ratios. This should increase confidence in sufficient resources being available to support the needs of protected groups.

- Migration to the “new” approval includes “teaching out”. This longer-term perspective should support students from protected groups who may need to consider personal circumstances in the move to increased work-based learning.

Recommendations to Further Advance Equality

- Supply providers with a model of the presentation and analysis of equality data in the Annual Return, for example odds ratio in applications, conversions to enrolment, attainment, early withdrawal, student destination.
- Plan Thematic and Sample-Based Reviews to draw out areas of good practice and areas for improvement in Equality, Diversity and Inclusion.
- Submissions for approval of new qualifications should include detail on how the provider will pay due regard to S149 of the Equality Act 2010 and S75 of the Northern Ireland Act 1998.
- Support the EDI competencies of Education Visitors.

Annex: Applicable Legislation

UK Wide: Section 149 of the Equality Act 2010 (the Public Sector Equality Duty)

In the exercise of its functions as a public authority, GOC must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the Duty may involve treating some people more favourably than others.

Northern Ireland – Northern Ireland Act 1998

Section 75 of the Northern Ireland Act 1998 refers to devolved arrangements which are similar to the mainland obligations, specifically:
(1)A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity—
(a)between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
(b)between men and women generally;
(c)between persons with a disability and persons without;
and
(d)between persons with dependants and persons without.

Specific National Obligation to Publish Equality Impact Assessments.

Public Authorities in Scotland, Wales and Northern Ireland are obliged to publish Equality Impact Assessments. While there is no specific duty in England, the Equality and Human Rights Commission advise on this approach as best practice.

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Financial Performance Report for the 6 months ending 30 September 2020

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Financial Performance Report for the 6 months ending 30 September 2020

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G O C :- Summary P & L to 30 September 2020

	Actual £000's	Budget £000's	Variance £000's	Q1 Forecast £000's	Variance £000's
Registrant Income	4,786	4,970	(184)	5,008	(222)
Other Income	133	179	(46)	147	(14)
Total Expense	(4,315)	(5,433)	1,118	(4,573)	258
Surplus / (Deficit) before portfolio gains	604	(284)	888	582	22

Highlights

The results before unrealised gains/losses for the six months ending 30 September 2020 show a positive variance against both the budget and Q1 forecast.

The net surplus of £604k is £888k favourable to the budgeted deficit of £284k and £22k favourable to the Q1 forecast of £582k. The total registrant income of £4,786k is £184k less than the budget and £222k less than the forecast. The total expenditure (including projects) of £4,315k is £1,118k favourable to budget and £258k favourable to the forecast.

The key drivers of the improved performance are:

Covid-19 related savings
There is continuous monitoring of different working methods to achieve the business plan while facing Covid related restrictions. Q1 forecast captured most of these changes and resulted in financial savings. The online mode of working is providing cheaper options under various services.

Working From Home
This is still generating more savings than forecasted. These savings are reflected under office services and staff travel.

Remote hearings and meetings
The remote working of committees and panels have and will continue to save travel, catering, and accommodation expenses. Some partially face-to-face hearings are planned for Q4.

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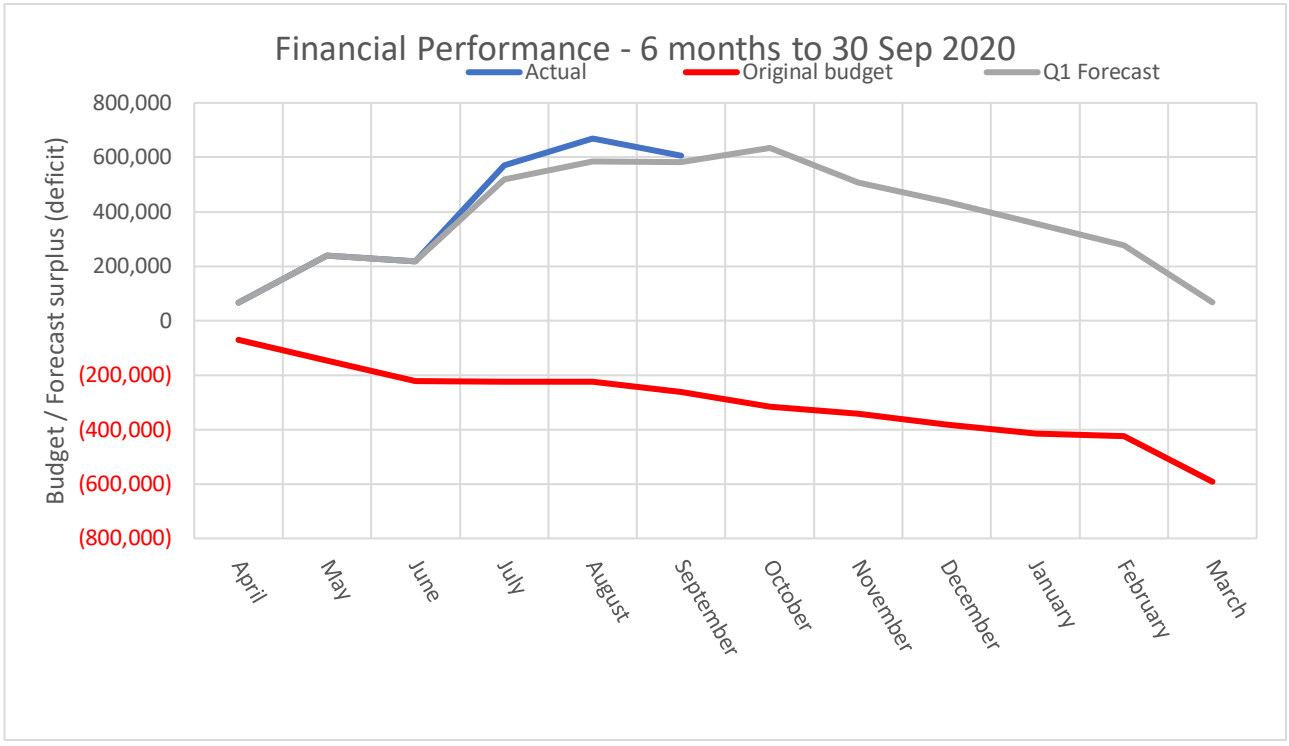
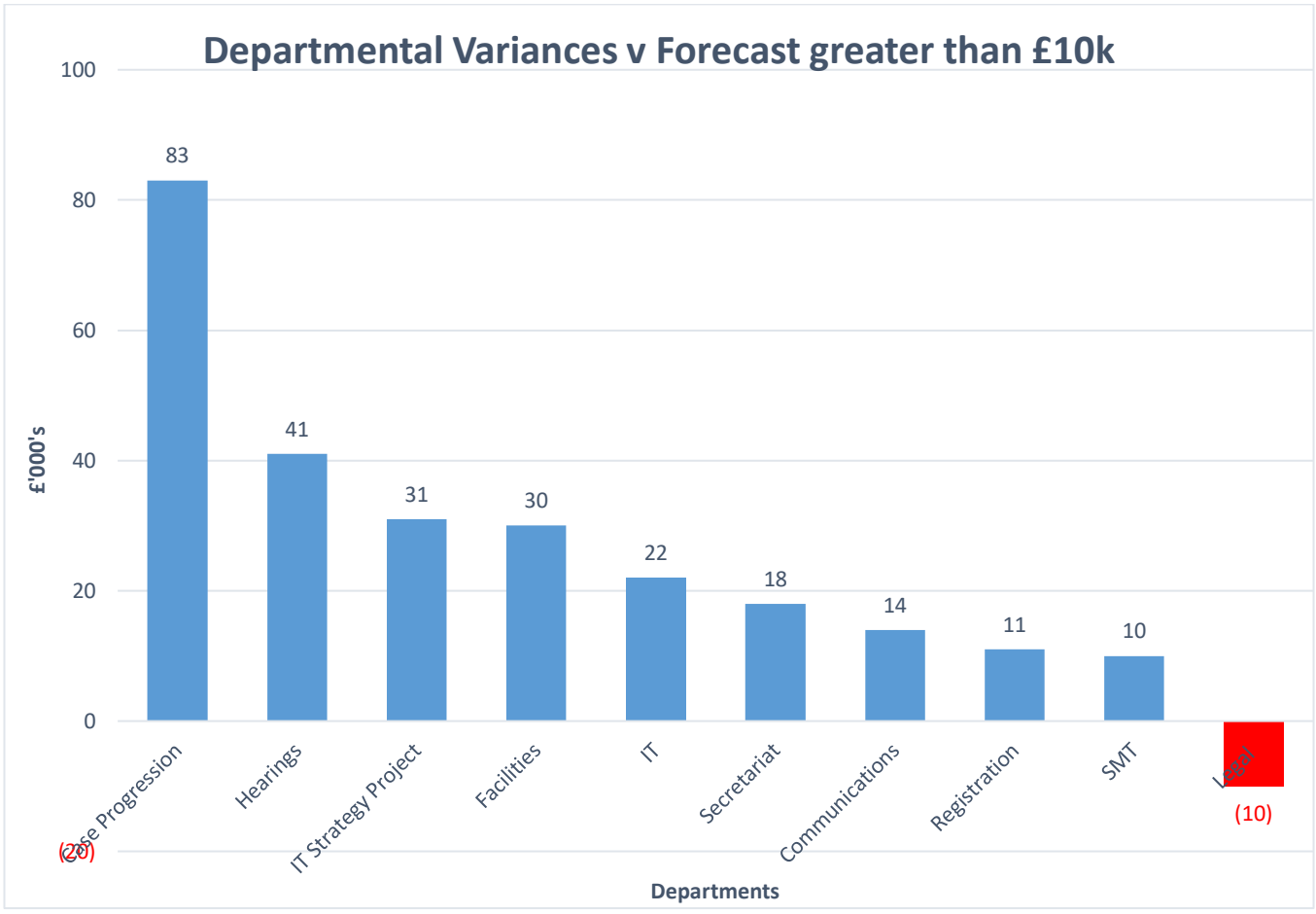
Graphical analysis on Financial Performance and Variance



Graph 1



Graph 2

General Optical Council
Financial Performance Report for the 6 months ending 30 September 2020

Cash and Cash Equivalent Summary - 30 September 2020

	Actual £'000	Budget £'000	Variance £'000	Q1 Forecast £'000	Variance £'000
Cash at Bank	890	325	565	339	551
Short term Investments	3,150	2,300	850	3,250	(100)
Working Capital	**4,040**	**2,625**	**1,415**	**3,589**	**451**
Investments	7,905	8,516	(611)	7,906	(1)
Total	**11,945**	**11,140**	**805**	**11,495**	**450**

Table 1

Headcount September 2020 (F T E's)

	Actual FTC Sep-20	Actual Perm. Sep-20	Actual Total Sep-20	Q1 Forecast Sep-20	Budget Sep-20
Chief Executive Office	-	6.0	6.0	7.0	8.0
Strategy	1.0	8.3	9.3	9.5	10.0
Education	3.8	7.5	11.3	11.5	13.0
FTP	4.6	25.5	30.1	32.1	36.5
Resources	3.0	22.5	25.5	25.9	27.9
Total Headcount	**12.4**	**69.8**	**82.2**	**86.0**	**95.4**

Table 2

Risks to achieving the Q1 Forecast

There is a significant delay in new registrants entering the fully qualified register due to ABDO and The College of Optometrists delaying their exams. Also, there is a 69% reduction to-date in the new registration of body corporates. More details are analysed under revenue (ref. page 10). These reductions in registrant numbers may result in up to about £200k reduction of registration income.

We may still achieve the forecast as delays (over one year), cancellations, and WFH have made significant savings in expenditure.

There are non-Covid-19 related external risks such as high external legal charges due to complex legal cases that need to be reviewed to mitigate the effects as they progress. Currently, the legal charge costs have a material positive variance due to the closing of old case related purchase orders. This may mitigate any future high legal charge costs.

Possible refund requests and low levels of 2021-22 renewal income (receipts expected in Q4) could reduce the cash available for operations towards the end of Yr-2. High levels of efficiencies, remote working, and cancellation of some work may mitigate the negative

effects on cash flow. It is vital to keep reviewing these changes and re-forecast regularly to ensure that the business plan is still achievable.

An application for a CBILs loan is currently underway, which will eliminate the need for investment drawdown in Q3-Q4 of 21-22. There is a risk of reduced reserve levels in the event of the loan application being unsuccessful and if equity markets fail to recover by Q3-Q4 of 21-22.

Cost saving initiatives

Q1 forecast has included all the material cost-saving initiatives up to June. There have been several strands of efficiencies during Q2 such as use of online training and use of in-house expertise instead of external consultancy. Q1 forecast reduced the headcount from 95.4 to 86 (Ref. Table 4 on page 5). In September, the actual staff numbers have reduced further to 82.4.

General Optical Council
Financial Performance Report for the 6 months ending 30 September 2020

Table A
Income and Expenditure Accounts Including Project Expenditure

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	4,786	4,970	(184)	4,786	5,008	(222)
Dividend Income	118	152	(33)	118	134	(15)
Bank & Deposit Interest	11	17	(5)	11	6	5
Other Income	3	11	(7)	3	7	(4)
Total Income	**4,919**	**5,149**	**(230)**	**4,919**	**5,155**	**(235)**
Expenditure						
Staff Salaries Costs	2,194	2,426	232	2,194	2,197	4
Other Staff Costs	125	171	46	125	159	35
Staff Benefits	53	56	4	53	53	1
Members Costs	392	724	333	392	439	48
Case Examiners	51	82	31	51	60	9
Professional Fees	144	250	106	144	164	20
Finance Costs	11	23	12	11	10	(1)
Case Progression	351	375	24	351	422	71
Hearings	86	113	27	86	84	(2)
CET & Standards	85	115	30	85	89	4
Communication	18	26	8	18	19	1
Registration	3	7	4	3	2	(0)
IT Costs	327	476	149	327	362	34
Office Services	407	520	113	407	443	36
Depreciation & Amortisation	69	69	0	69	69	(0)
Total Expenditure	**4,315**	**5,433**	**1,118**	**4,315**	**4,573**	**259**
Surplus / Deficit	**605**	**(284)**	**888**	**605**	**581**	**23**
Unrealised Investment gains	903	116	787	903	116	787
Surplus / (Deficit)	**1,507**	**(168)**	**1,675**	**1,507**	**697**	**810**

General Optical Council
Financial Performance Report for the 6 months ending 30 September 2020

Table B
Income and Expenditure Accounts

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	4,786	4,970	(184)	4,786	5,008	(222)
Dividend Income	118	152	(33)	118	134	(15)
Bank & Deposit Interest	11	17	(5)	11	6	5
Other Income	3	11	(7)	3	7	(4)
Total Income	**4,919**	**5,149**	**(230)**	**4,919**	**5,155**	**(235)**
Expenditure						
CEO's Office	**94**	**60**	**(34)**	**94**	**98**	**4**
Strategy						
Director of Strategy	58	72	14	58	66	7
Governance	272	289	16	272	290	18
Policy	72	118	45	72	70	(2)
Standards	23	50	27	23	25	1
Communications	82	111	29	82	96	13
Total Strategy	**509**	**640**	**131**	**509**	**547**	**38**
Education						
Director of Education	60	58	(2)	60	59	(1)
CET	142	168	26	142	145	3
Education	215	317	102	215	214	(1)
Total Education and Standards	**417**	**543**	**126**	**417**	**418**	**2**
FTP						
Director of FTP	68	69	1	68	67	(1)
Case Progression	848	939	91	848	931	83
Legal	187	187	(0)	187	177	(10)
Hearings	426	716	290	426	467	42
Total FTP	**1,529**	**1,911**	**383**	**1,529**	**1,642**	**113**
Resources						
Director of Resources	58	70	12	58	58	(0)
Facilities	462	542	80	462	492	30
Human Resources	198	259	61	198	200	2
Finance	193	193	(0)	193	196	4
IT	380	406	26	380	402	21
Registration	178	265	87	178	189	11
Total Resources	**1,470**	**1,735**	**265**	**1,470**	**1,538**	**68**

General Optical Council
Financial Performance Report for the 6 months ending 30 September 2020

Table B (Contd.)

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Depreciation	69	69	0	69	69	(0)
Total Expenditure	**4,087**	**4,958**	**871**	**4,087**	**4,311**	**224**
Surplus / (Deficit) before project expenditure	**832**	**191**	**641**	**832**	**843**	**(11)**
Project Expenditure						
CET Evaluation project	22	54	32	22	21	(0)
Education Strategic Review project	109	189	79	109	112	3
IT Strategy Implementation	97	232	135	97	128	31
Total Project expenditure	**228**	**475**	**247**	**228**	**262**	**34**
Surplus / (Deficit) after project expenditure	**604**	**(284)**	**888**	**604**	**581**	**23**
Unrealised Investment gains	903	116	787	903	116	787
Surplus / Deficit	**1,507**	**(168)**	**1,675**	**1,507**	**697**	**810**

General Optical Council
Financial Performance Report for the 6 months ending 30 September 2020

Balance Sheet as at 30 September 2020

	2020-21 30 September 2020 £'000	2019-20 31 March 2020 £'000	Variance £'000
Fixed Assets			
Refurbishment	701	738	(37)
Furniture & Equipment	162	178	(16)
IT Equipment (Hardware)	67	61	6
Total Tangible Fixed Assets	**930**	**977**	**(47)**
Investment	7,905	7,012	893
Total Fixed Assets	**8,836**	**7,989**	**847**
Current Assets			
Debtors, Prepayments & Other Receivable	360	442	(82)
Short term deposits	3,150	7,200	(4,050)
Cash and monies at Bank	890	468	422
Total Current assets	**4,400**	**8,110**	**(3,710)**
Current Liabilities			
Creditors & Accruals	1,149	1,232	(83)
Income received in advance	4,757	8,914	(4,157)
Provision for rent	361	414	(53)
Total Current Liabilities	**6,267**	**10,560**	**(4,293)**
Current Assets less Current Liabilities	**(1,867)**	**(2,450)**	**583**
Total Assets less Current Liabilities	**6,968**	**5,539**	**1,429**
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	**6,968**	**5,539**	**1,429**
Reserves			
Legal Costs Reserve	1,624	1,624	0
Strategic Reserve	2,845	2,845	0
Income & Expenditure	2,499	1,070	1,429
Total	**6,968**	**5,539**	**1,429**

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Q2 Forecast Report for 12 months to 31 March 2021

General Optical Council
Q2 Forecast Report – 2020-21

Contents

GOC Summary P&L Q2 forecast 2020-21

	Budget	Q1 forecast	Q2 Forecast	Variance to Budget	Variance to Q1 Forecast
	£'000	£'000	£'000	£'000	£'000
Income	10,140	10,038	9,749	(391)	(289)
Expenditure	9,972	9,288	8,901	1,071	387
Surplus / (Deficit) before project expenditure	**168**	**750**	**848**	**680**	**98**
Project (Strategic) Expenditure	759	681	697	62	(16)
Surplus / (Deficit) after project expenditure	(591)	69	151	742	82
Unrealised Investment gains	232	232	232	-	-
Surplus / (Deficit)	**(359)**	**301**	**383**	**742**	**82**

Highlights

2020-21 was first forecast in November'18 as part of the introduction of three-year forecasting. The Council approved the budget in February 2020. The new Q2 forecast, prepared for ARC approval is stated below, with comparisons against the previous quarterly forecast.

The original projection in November'18 was for a deficit of £113k before unrealised gains. The approved budget in February'20 saw the deficit increased to £591k with agreed use of strategic reserves to fund project expenditure. The latest forecast at a surplus of £383k is a £742k improvement from the approved budget and £82k from the Q1 forecast.

Both the financial impacts of Covid-19 and a continuous focus on efficiencies have resulted in the improvement.

The key drivers of improved performance are:

Covid related cancelations and delays (over one year) of operations have resulted in positive changes to the Q2 forecast. Remote committee meetings and hearings have saved travel and accommodation expenses. Staff working from home has saved costs in office services. In addition, several efficiency strands were incorporated into the forecast.

Risks to achieving the Q2 Forecast

Indirect Covid impact through third parties such as suppliers/contractors unable to deliver services as planned is a risk, especially in relation to the Strategic IT project.

General Optical Council
Q2 Forecast Report – 2020-21

We have incorporated the uncertainties of newly qualified registrants entering the register into the Q2 forecast by only forecasting ABDO and the College of Optometry pass lists, thus minimising the risk.

Table A
Q2 Forecast - Including Project Expenditure

	Budget £'000	Q1 Forecast £'000	Q2 Forecast £'000	Variance £'000
Income				
Registration	9,844	9,805	9,534	(271)
Dividend Income	250	202	197	(5)
Bank & Deposit Interest	20	7	12	5
Other Income	26	22	6	(16)
Total Income	**10,140**	**10,037**	**9,749**	**(287)**
Expenditure				
Staff Salaries Costs	4,792	4,520	4,471	49
Other Staff Costs	386	374	397	(24)
Staff Benefits	127	110	113	(3)
Members Costs	1,430	1,124	1,000	123
Case Examiners	159	123	115	9
Professional Fees	379	361	422	(61)
Finance Costs	210	176	152	24
Case Progression	704	788	711	77
Hearings	226	216	164	52
CET & Standards	209	189	176	14
Communication	51	55	48	7
Registration	15	9	10	(1)
IT Costs	869	827	794	33
Office Services	1,039	960	890	71
Depreciation & Amortisation	135	135	135	0
Total Expenditure	**10,731**	**9,967**	**9,598**	**369**
Surplus / Deficit	**(591)**	**69**	**151**	**82**
Unrealised Investment gains	232	232	232	0
Surplus / (Deficit)	**(359)**	**301**	**383**	**82**

Table B
Income and Expenditure Accounts

	Year 1 2020-21				
	Approved Budget	Q1 Forecast	Q2 Forecast	Variance from Budget	Variance from Q1 Forecast
	£'000	£'000	£'000	£'000	£'000
Income					
Registration	9,844	9,805	9,534	(310)	(271)
Dividend Income	250	202	197	(53)	(5)
Bank & Deposit Interest	20	10	12	(8)	2
Other Income	26	21	6	(20)	(15)
Total Income	**10,140**	**10,038**	**9,749**	**(391)**	**(289)**
Expenditure					
CEO's Office					
CEO	120	194	201	(81)	(7)
Secretariat	579	604	625	(46)	(20)
	699	**799**	**826**	**(127)**	**(28)**
Strategy					
Director of Strategy	145	140	125	20	15
Policy	240	180	180	60	0
Communications	222	204	185	37	19
Standards	103	73	71	31	1
CET	344	312	303	41	9
Total Strategy	**1,054**	**910**	**865**	**189**	**45**
FTP					
Director of FTP	138	134	136	2	(2)
Case Progression	1,831	1,812	1,723	108	89
Legal	397	382	354	43	27
Hearings	1,383	1,153	1,086	296	67
Total FTP	**3,748**	**3,480**	**3,299**	**450**	**181**
Education					
Director of Education	129	130	118	11	11
Education	663	556	481	182	76
	792	**686**	**599**	**192**	**87**
Resources					
Director of Resources	140	117	117	23	(0)
Facilities	1,078	1,025	970	108	54
Human Resources	468	401	475	(7)	(73)
Finance	475	448	419	56	29

IT	843	840	769	73	71
Registration	541	448	428	114	20
Total Resources	**3,544**	**3,279**	**3,177**	**367**	**101**

Table B (Contd.)

Income and Expenditure Accounts (Contd.)

	Year 1 2020-21				
	Approved Budget	**Q1 Forecast**	**Q2 Forecast**	**Variance from Budget**	**Variance from Q1 Forecast**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**
Depreciation & Amortisation	135	135	135	0	0
Total Expenditure	**9,972**	**9,288**	**8,901**	**1,071**	**387**
Surplus / (Deficit) before project expenditure	**168**	**750**	**848**	**680**	**98**
Project Expenditure					
CET Evaluation Project	148	88	116	32	(29)
Education Strategic Review project	282	268	231	52	37
IT Strategy Implementation	328	326	350	(22)	(24)
Total Project expenditure	**759**	**681**	**697**	**62**	**(16)**
Surplus / (Deficit) after project expenditure	**(591)**	**69**	**151**	**742**	**82**
Unrealised Investment gains	232	232	232	0	0
Surplus / (Deficit)	**(359)**	**301**	**383**	**742**	**82**

PUBLIC
C45(20)

COUNCIL

First draft budget and business plan for 2021/22

Meeting: 11 November 2020 **Status:** For decision

Lead responsibility: Lesley Longstone
Paper Author: Erica Wilkinson (Head of Secretariat) / Marcus Dye (Acting Director of Strategy)
Council Lead(s): none

Purpose

1. To provide the first draft of the GOC budget and business plan for 2021-22 for Council consideration.

Recommendations

2. Council is asked to:
   - **note** that the business plan supports the current five-year Strategic Plan and takes account of Council's discussion regarding the impact of Covid-19 on strategic priorities held in July 2020;
   - **note** the outline budget;
   - **provide** comments on the draft.

Strategic objective

3. This work does not flow from any particular strategic objective but affects them all.

Background

4. We agreed a five-year strategic plan at the Council meeting in February 2020, supported by the 2020-21 business plan. We also held a two-day strategic planning event for Council members on 8 and 9 June 2020 to discuss impact of Covid-19 on the Strategic Plan.

Analysis

5. Our Strategic Plan outlines our strategic objectives over a period of 5 years from 2020 to 2025. This is supported by annual Business Plans. We are currently in the first year of the Strategic plan which is supported by the 2020-21 Business Plan.

6. During 2020-21 we will have met the aims of the first year of the Strategic Plan by undertaking the following:

   - CET Review development and consultation
   - Education Strategic Review development and consultation

- Development of a communications and engagement strategy
- Fitness to Practice Improvement Programme
- Publication and implementation of guidance on 'speaking up'
- Implementation of new CPD scheme
- Development of CRM to support regulatory functions

7. Additional, unplanned Covid-19 related work that has been completed during 2020-21 includes:
   - support for staff and planning Covid-19 secure premises;
   - support for registrants through a series of Covid-19 statements, guidance and a full 12-week consultation;
   - development and implementation of remote hearings;
   - development and implementation of a rapid review process for considering Covid-19 related amendments to education courses.

8. The first year of our Strategic Plan has been impacted by the Covid-19 pandemic. This was discussed extensively by Council in June and July with agreement that the areas covered by the plan remained important. The areas that Council acknowledged would need to change or timescales amended were as follows:

   - *Continue with FTP timeliness work plans and review of illegal practice strategies to deliver key regulatory functions effectively but recognise that further limited delay in reaching our goals will be inevitable because of lockdown.*
     The FTP improvement programme continues to deliver improvements in 20/21 and this will continue into 21/22. A review of our approach to illegal practice is also included in the 21/22 business plan.

   - *The wider legislative reform project will have to remain flexible to accommodate changes in plans and timescales for government-led reform.*
     The DHSC led work is likely to slip into 21/22 and consequently we will need to pursue our own reforms independently in a number of areas such as CET rules. This is reflected in the draft Business Plan.

   - *Continue efficiency programme in order to mitigate the impact of Covid-19 on GOC finances.*
     This work is both planned and assumed, in particular we will invest in development of CRM in 21/22 through the strategic IT project.

   - *Changes to regulation of independent prescribing training are needed to make this more accessible, better support development and to increase numbers - needs to be accelerated as part of ESR work plan to support change in care delivery during the pandemic.*
     This work has now commenced and will continue into 21/22.

- *Change to how we regulate care that is delivered into the UK to ensure patients are kept safe when accessing care from outside of the UK. Could form part of business regulation reform.*
  We have had a preliminary discussion with DHSC about this issue and have assumed some preliminary work in 21/22. If we were able to make the case for legislative reform in this area then this would become a multi-year programme of work and we may need to seek support for use of reserves to fund this.

- *Consideration of the ability to deliver more care remotely is desirable during a pandemic and to allow more flexibility in the future – the GOC should review its current statements on the Covid-19 emergency to decide which ones should continue on a temporary or permanent basis.*
  This work was brought forward to 20/21.

- *The CET and ESR projects should continue but work plans need to take account of the need for more skills in delivery of remote clinical management and care.*
  These skills are included in the ESR and can be developed through the new CPD programme, and its implementation, subject to Council approval, has been included in the 21/22 business plan.

- *All work plans need to recognise a more joined up approach across all primary and secondary care in future.*
  We will ensure this is the case in all programmes commenced from now onwards.

9. In addition to reflecting these steers from Council, our draft business plan for 2021-22 supports the second year of our strategic plan and ensures that any workstreams impacted from Covid-19 are re-planned accordingly. The draft business plan, which can be accessed here includes the following key deliverables:

- ESR development and implementation
- Implementation of our new CPD programme
- Update of MyGOC, following launch of the new website
- CRM changes across the organisation
- Commence review of individual standards
- Roll out of GOC refresh

Finance

10. The draft business plan for 2021-22 is consistent with the draft budget, available here, which has been discussed with ARC and includes conservative estimates regarding registrant income. This will be reviewed between now and February for affordability and in light of progress with registration renewal.

Risks

11. As the business plan and budget underpin the entire work of the GOC, the whole of the Corporate risk register is appropriate to consider in terms of risks to delivery. However, it is worth drawing out a key financial risk as follows:
    - Financial impact on reserves arising from additional cost of Covid-19 and/or reduced income – this is being closely modelled and monitored.

Equality Impacts

12. Impact assessments will need to be undertaken for any new work agreed as part of the business plan. Impact assessments have already been carried out for larger workstreams such as ESR, CET and Covid-19 workstreams.

13. Elements of the EDI Strategy that fall in 21/22 and are included in the Business Plan include:

    - We will focus on complete alignment of our EDI goals against our strategic objectives.

    - We have nominated an EDI lead who is working with the Senior Management Team to ensure that this work has a high profile and priority across the organisation.

    - All projects will have an EDI strand and we will ensure that thinking about EDI is incorporated right from the very beginning, whether we are developing or revising policies and processes, or implementing legislation. This will involve carrying out and publishing impact assessments to ensure that we consider the impacts of our proposals on the full range of our stakeholders and potential stakeholders.

    - We will continue to publish our annual EDI data and at the same time, will report on performance against our EDI strategy.

    - In the meantime we are working with our newly appointed EDI Partner to implement an EDI improvement.

Devolved nations

14. The plan takes account of differences between the devolved nations in terms of healthcare delivery and commissioning, the Covid-19 pandemic response and communication channels. All consultation work linked to projects and operations will involve representatives from devolved governments and professional associations and we maintain regular meetings with both to understand specific needs and issues throughout the year.

Other Impacts

15. The following other impacts have been identified:

- Impact on GOC staff roles and objectives
- Impact on external stakeholders and the work that they do

Communications

External communications

16. Once finalised a high-level summary of the Business Plan will be published on the GOC website.

Internal communications

17. The more detailed version of the Business Plan will be communicated clearly to staff to inform staff roles and individual objectives.

Next steps

18. A final version of the Business Plan, incorporating comments from Council, along with an associated budget will be brought to February Council for approval. We will begin to report to Council against the new Business Plan from the end of Q1.

Annex One : Draft Business Plan 2021-2022 (circulated separately)
Annex Two : Draft Budget 2021-2022 (circulated separately)

Quarterly Performance Dashboard – Q2 20/21

Better than last quarter	Off track
Roughly same as last quarter	At risk
Worse than last quarter	On track

FINANCE

Budget Operate within budget	↑
Reserves Operate within our reserves policy	↑
Efficiency Programme progress Realise 90% of planned efficiencies	↔

PERFORMANCE

FTP Timeliness 67% of concerns will be resolved within 78 weeks	↔
Education timeliness in assessing conditions 85% conditions resolved on time	↔
Registration quality & accuracy One tier 1 error and 96% accuracy overall*	↓

PEOPLE

Investment in People Realise 90% of planned events	↑
Sickness Absence 2.6% or less (minus COVID)	↑
Engagement Index Achieve an upward trend in the staff engagement score	↑

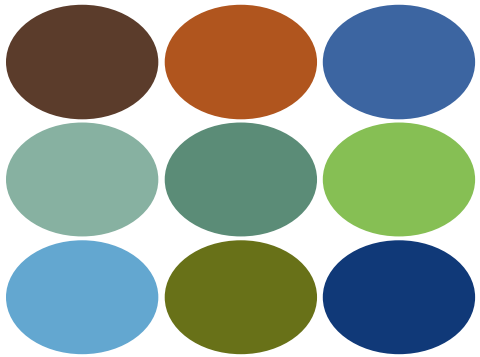
CUSTOMER

FTP timely updates 85% of customers receive an update every 12 weeks	↑
Registration 90% of all application forms completed within target	↔
Education quality of CET provision 90% of CET provision meets registrant expectations	↔

* Tier 1 errors are the most serious and are reserved for errors where the applicant should not have been put on to the register

KPI (current)	Bullet points about the RAG status of the KPI and a comparison from last quarter and what/how/when improvement(s) will take place	Budget implications	Associated risks
FINANCE Efficiency Programme progress Realise 90% of planned efficiencies	• Although we are capturing the efficiencies while analysing variances during monthly management accounts we haven't yet introduced a better method to measure the metric. Identification of efficiency will be recorded through the monthly management accounts process from October, giving the ownership of identification to the budget holders. • The current method of variance analysis is not best for efficiency identification as efficiencies identified get incorporated into the next forecast. • Comparison with last quarter – None as we are still in the planning stage of creating the template. • Improvement – A template will be designed in time for February ARC.	• Monitoring a planned efficiency programme will put more accountability to budget-holders and more visibility to the efficiencies. This will improve future budgets.	• Economic uncertainties from COVID, uncertainties in future registrant numbers, the impact of the investment portfolio on reserves may all affect the ability to realise planned efficiencies.
PERFORMANCE FTP Timeliness 67% of concerns will be resolved within 78 weeks	• Since 1 April 2020, Case Examiners and the FTPC have concluded 107 cases. Of these, 46% concluded within 78 weeks. • Comparison with last quarter – This is lower than the 2019-20 figure (64%) – and in line with Q1 - reflecting that older cases are still proceeding through the system, and fewer new cases are entering the system. • Improvement – We expect to see this figure improve over the next 8-12 months as the age of our stage 2 caseload is now decreasing.	• None	• Prolonged (or re-implemented) COVID restrictions delaying or adjourning a small number of substantive hearings.
Registration quality and accuracy	• The Professional Standards Authority (PSA) contacted us on 28 September enquiring about the registration status of a registrant following the outcome of a substantive hearing in June in which a six-month suspension was imposed by the Fitness to Practise Committee. • Head of Hearings (HoH) undertook a check on the register and found that the registration status was listed as 'registered'. The PDF version of the hearing determination was attached to the record in the fitness to practise decisions section. As the status was incorrect this is considered a Tier One error on the register. A full investigation and audit has been completed. Improved processes and 100% hearings teams checks have been implemented and added to the existing Registration checks	• None	• Reputational damage which could affect the confidence that the public and PSA has in the GOC maintaining an accurate register.

Internal Operational Business Plan 2020/21 – Q2 review of progress



Objectives key

- On Track
- At Risk
- Off Track
- Not yet started

Registration BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • **95% of all new entries to the register are accurate**	Student renewal – c.5,000 - Complete Student removal following renewal – c.300 - complete		Registration Fees Rules	Registrant Renewal – c.24,000
	Registrant removal following renewal – c.500 - complete			
Customer Service • **90% of registration (inc speciality) and qualification update forms completed within 10 working days** • **90% of restoration (inc speciality) forms completed within 15 working days**	50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)
	Restoration following renewal - Complete	Registration of new fully-qualified c.1000 and first year students – c.1,400		
Continuous Improvement	Review and analysis of renewal data (data cleanse)			
	CRM continual improvements (Outlook/Email integration – dependant on CRM upgrade)			
	Registration processes review (to feed into MyGOC redevelopment)	Registration processes review (to feed into MyGOC redevelopment)		

- **Registration of new fully-qualified c.1000 and first year students – c.1,400** – First year student numbers are on track with student dispensing opticians down but student optometrists increasing to level numbers overall with last year. We have seen a sharp drop of around 90% in newly qualified applications during August and September as final exams did not take place during the summer due to COVID. Exams have been postponed over the next few months.

- **CRM continual improvements (Outlook/Email integration – dependant on CRM upgrade)** – CRM upgrade due to complete Phase 1 (new MS Dynamics operating system) for January 2021 launch. This phase will focus “as is” process and will be the platform to build on for process development closely tied into the new MyGOC & automation of process now due April 2021; phase 2 will focus on process improvements. The team will be involved in UAT at both stages and have been involved in workshops. The CRM testing will take place in November and December following data migration in the winter break.

- **Registration processes review (to feed into MyGOC redevelopment** – Registration team have taken part in a workshop with Fortesium to map out the user journey for registration and identified current issues in that journey. This meeting has provided key information for the development of MyGOC and a smooth customer journey for registrants. This is marked as amber as the processes reviewed were mainly “as is” with the majority of “to be” process improvement work needing to commence after the CRM upgrade is complete

Education BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class regulation • Proportionate regulatory action taken against risk • Quality of visit activity • 90% of visits completed	Conduct 18 visit days	Conduct 3 visit days	Conduct 6 visit days	Conduct 14 visit days
		Publish Annual Monitoring (AMR) process reports	Open annual monitoring	Close annual monitoring and complete data analysis of annual monitoring
	Non-UK Approval and Quality Assurance policy review			
Customer Service • 80% of provider attendance			Hold annual provider forum	
Continuous Improvement • Timeliness in operational processes and planning	Review conditions management process	Serious Concerns review process evaluation	Develop performance reporting systems	
	Training for Education Visitor Panel and team	Training for Education Visitor Panel and team	Training for Education Visitor Panel and team	

- **Conduct 21 visit days to date** – Excellent agility demonstrated in organising our remote visits which have been successful – 20.5 visit days completed. We are back on track for the year.

Education Strategic Review Project – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class regulation • Project delivered on time and within budget		Public and patient consultation on standards and outcomes	Consider consultation results and impact assessment finalisation Finalise Outcomes, Standards & QA&E Method, seek agreement, and publish final documentation.	Launch event
		Verification of outcomes		
	Develop deliverables: Standards, Outcomes, and QA framework	Development of approval process	New programme approval and assurance method developed, tested and launched. Discussions with existing providers to agree when recruitment to existing programmes cease. Applications invited for tranche 1	
	Co-commissioned evidence gathering re. RQF level		Consider whether to incorporate RQF level results into standards criteria	
		Development of evidence framework	Test evidence framework	
	Non-UK Approval and Quality Assurance policy review		Working with SPAs to create culture-change required to ensure successful implementation of ESR	
Customer service • Positive feedback from majority of stakeholders	Engagement			
Continuous improvement			Develop performance reporting systems	
			Training for Education Visitor Panel and team	

- **Development of approval process and evidence framework** – Currently delayed due to resourcing. Resourcing plan is in place and adverts are currently live.

Standards BAU – Milestones and critical path tasks

PERFORMANCE MEASURES		April-June	July-September	October-December	January-March
World-class regulation	**Standards BAU Respond to 90% enquiries within 10 working days** **Response to registrant survey indicates 60% confidence level in standards**		New organisation-wide process for responding to Standards queries introduced		
	Review of Standards of Practice			Informal stakeholder consultation	
	Speaking Up guidance		Publication consultation		Consultation report received

- **Organisation-wide process for responding to Standards queries** – Some informal work has been done to pursue this but less than originally envisaged as the plan was to link the process to the establishment of an enquiries team. Nevertheless, close collaboration with the FTP team on responding to COVID-related queries has helped in upskilling both teams on identifying what falls into the Standards or FTP remit.

CET BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • Support 96%			Registrants to meet annual target	
Customer Service • Complete 90% of registrant led peer review approvals within 10 working days •	c.135 registrant-led peer review approvals 1083 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 1139 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 952 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 1033 approvals – by approvers Agree non-standard approvals
• Deliver 95% of CET approvals within 10 working days •				Issue CET provider fee notifications by 31 January Issue provider suspension warnings by 28 February Provider suspensions completed by 31 March
• Respond to 90% enquiries within 5 working days •				
• 98% of disputes completed within 1 month of receipt			Manage end of second year of CET cycle	End of second CET year – notifications of failure to attain 6 points
Continuous Improvement	Publish Peer Review Implement any changes arising from Enquiries team pilot	Deliver 2 x CET approver training events		

- **Publish Peer Review | Implement any changes arising from Enquiries team pilot** – This has been delayed due to refocusing on COVID priorities within the Communications team, but we how however published a statement on the emergency with regards to CET.

- **c.135 registrant-led peer review approvals. 1139 approvals – by approvers. Agree non-standard approvals** –
  - Only 14 Peer Review applications were submitted between July and September, but this is likely due to COVID and the subsequent lockdowns. More providers are applying for Peer Discussions, which also meets the Peer Review requirement, and our data shows that as of September 2020, 72% of Optoms have already met this requirement for this cycle, as have 66% of CLOs and 69% of TPs. This compares favourably with the same points in the Previous cycle (September 2017), where 73% Optoms, 66% CLOs, and 67% TPs had completed this.
  - Similarly, only 653 Standard application have been submitted during this quarter, again due to COVID. However, the modalities submitted are able to be delivered to much larger numbers of registrants due to the remote delivery, therefore registrants are still on track to meet their overall point requirements. 42% of Optoms have met their interactive points requirements as opposed to 36% in September 2017. 30% of DOs, 41% of CLOs, and 70% of TPs have also met their requirement, which is just under the same point in 2017, which was 33%, 45%, and 75% respectively.

CET Review Programme – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class regulation • Project delivered on time and within budget	Consultation on CET reforms in relation to freeing up system, mandatory reflection and re-branding	Consultation report received		Guidance published for registrants, providers and approvers, and re-branded materials issued
	Agree project plan for transition to practice and supervisory support			
	Agree project plan for proportionate approvals			

- **No amber or red reporting in Q2**

FTP Case Progression BAU
Milestones and critical path tasks 2020-21

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service **We will address our long-standing issue with timeliness in fitness to practise** • Meeting 8-week median for Triage decisions • Meeting overall 26-week median for investigations • Achieving rolling 78-week median for FTPC decisions	210 substantive case examiner decisions			
	CE Training/Meeting (April)	CE Meeting (July)		Achieve rolling 78-week median
	Clinical Contracts Review (or 'recruitment')	Review of Acceptance Criteria (Bus. Registrants)	Review of Case Examiner and IC Guidance	
We will review and modernise all our processes • Improved customer feedback by Q4	Implement Online Complaint Form (expected Q3)	OCCS Annual Report		
	Implement new customer feedback processes		Review of end to end casework	
	Four defence stakeholder group meetings			
We will develop a learning culture • We will be receiving consistently positive feedback from registrants regarding our 'learning from FTP' work by Q4	Produce Registrant Learning 'Bulletin' (expected Q3)		Produce Registrant Learning 'Bulletin'	GOC/OCCS Training Day FTP Clinical Training Day
	External Engagement Events (Minimum of two)		External Engagement Events (Minimum of two)	
Continuous Improvement **We will deliver embed our efficiency programme**	FTP Structure Review (completed Q2)	Review efficiency of in-house advocacy	Complete feasibility study for expansion of IHA	Potential expansion of In-House Advocacy
World-class Regulation **We will deliver a high quality service to all users**	Independent audit of FTP decision-making (Triage/CE/IC)	Review of Risk Management Strategy	CE/IC Joint Training (Nov)	

- **CE Meeting (April)** – This was due to be a legislative reform workshop, but was cancelled due to COVID. It will be rescheduled as a remote event(s) as part of the ongoing reform process.
- **Implement Online Complaint Form** – This forms part of the GOC website delivery project and has been delayed. The OCF was not included as part of the initial build, but will now be an add-on during Q3 with automated functionality expected in phase 2.
- **Reg Learning bulletin** – We decided that it would be inappropriate to launch the bulletin during the COVID crisis with so many registrants furloughed and with jobs at risk. The product had been completed and is currently scheduled for launch in Q3 with a potential follow up in late Q4 to ensure two publications this year.

- **CE meeting (July)** – The July meeting was due to be the second legislative reform workshop, but will be rescheduled as a remote event(s) as part of the ongoing reform process, when we have a clear idea as to how the reform work is being taken forward, and when.
- **Review of AC for Businesses** – The criteria was initial due for publication in 19/20. The consultation for the AC went out in September with a view to releasing the new criteria in Q3. The 'review' now forms part of the 21/22 business plan.
- **External engagement events** – This has been delayed however we still hope to engage in external events remotely. Nothing is currently scheduled but we have started engagement with the OCCS about involvement with their ongoing programme of engagement.

FTP Hearings BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March

Customer Service
• **We will address our long-standing issue with timeliness in fitness to practise**
  • 90% of cases to conclude first time
  • 80% of substantive cases to conclude first time
  • 85% of hearing dates utilised
• **We will review and modernise all our processes**
• **We will develop a learning culture**
	300 hearings days
	c.46-50 decisions			

		Hearing recording and transcription services procurement completed		
	At least four decision review group meetings			
		Learning from audit of decision-making	Annual standard operating procedures review	Review Indicative Sanctions Guidance and Bank of Conditions (with legal)
	Review guidance documents provided to unrepresented registrants and commence feedback mechanism		Interim review of effectiveness of case management process	
Continuous Improvement • **We will complete the investment in our IT infrastructure**			Explore feasibility of paperless hearings	
World-class Regulation • **We will deliver a high-quality service to all users**	Independent audit of FTP decision making (FTPC)	Panel member training / Chairs meeting		Chairs panel member training

- **300 hearings days c.46-50 decisions** – We are below expected numbers given the impact of COVID (110 hearing days and 16 substantive closures in Q1–2). At present we have 43 substantives due to conclude spanning 249 hearing days by end of Q4 (although five hander subject to rule 16 application) with additional events to still be scheduled at the end of February/March. All of these events are subject to the hearing proceeding remotely, part-remotely, or fully in person.

- **Review guidance documents provided to unrepresented registrants and commence feedback mechanism** – We incorporated a review of the information provided to unrepresented registrants in the case management meeting process to ensure it was accessible and easy to read. The full project start date was delayed due to COVID although we will pick this up in Q3 with initial focus being on creating a questionnaire for unrepresented registrants to complete by the end of December 2020. We have reviewed our template letters in response to the COVID emergency and consulted on a hearings protocol. The impact assessment considered how easy it was for unrepresented registrants to follow the process. All remote hearing guidance documents are being reviewed in October 20 following PSA's published guidance.

Legal BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • We will deliver high-quality legal advice	Advise on CET consultation	Advise on Government proposals for legislative reform	Advise on post-EU transitional period	Advise on review of Standards guidance
	Legal input to CET review and legislative reform programmes			
	Advice on education provider approval and quality assurance processes			
Customer Service • 90% illegal practice cases closed within six months. • Answer 90% queries within ten working days			Finalise process for responding to registrants in crisis	Advise on final updating of website info inc. FAQs.
Continuous Improvement • 90% legal requests closed in-house without external instruction	Revise FTP allegations bank and embed process for hearings on papers	Final advice on unrepresented registrant experience project	Review efficacy of in-house advocacy and hearings on papers	
	Support Registration: inc advise on Exceptional Circumstances requests, finalise declarations guidance	Review FTP Acceptance criteria, Consensual Panel Decisions, CET Exceptional Circumstances policy, policy for retention on register		Annual review of FTPC Indicative Sanctions Guidance and Bank of Conditions
	FTPC/RAC advice and advocacy: prepare and/or present 100 hearings			

- **No amber or red reporting in Q2**

Secretariat BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation	Contributing to development of Government proposals for Governance reform			
Customer Service • Initial corporate complaints and correspondence responses within 5 working days	Manage 20 corporate complaints			
	Provide staff advice, guidance, induction and training – inc EDI, Corporate complaints, Impact Assessment			
	7 meetings – 2 Council, AP, 2 ARC, Nom, Rem	2 Council meetings	7 meetings – 2 Council, AP, ARC, 2 Nom, Rem	4 meetings – 2 Council, ARC, Rem
	Council chair appointment	Council chair appointment and Council members appointment planning	Council chair and member appointment and Chair induction	Council member appointment/induction
	20 member reviews	25 member reviews	40 member reviews	40 member reviews
	Council workshop	Member indn (tbc) and e-learning	Council workshop (tbc)	Member induction (tbc)
	Council and committee evaluations	Forward plans and meeting calendar	Committee reappointments	Member declarations and register of interests
	Annual report stats & narrative			Annual Return
	EDI monitoring report			
	Code of Conduct Review		Gifts and Hospitality Policy Review	
	Corporate Complaint Policy, serious incident reporting policy and management of interest policy review		Member Fees Review	
	Develop strategic and departmental KPIs and improve data collection system			Data collection and methodology audit
	Monthly SMT and Quarterly Council performance and business plan reporting/reforecasting			
	PSA data set			
	Annual performance review	Business planning guidance	Draft business plan	Final business plan

- **Contributing to development of Government proposals** – The governance development work is currently on hold but the HOS continues to contribute to the Inter-Regulatory Reform Group.
- **EDI monitoring report** – This is currently being worked on with the first draft due to be completed before 2021.
- **Corporate Complaint Policy, serious incident reporting policy and management of interest policy review** – Due to lack of resource within the Secretariat team, these policies will form part of the policy review process in Q4.
- **Develop strategic and departmental KPIs and improve data collection system** – Due to lack of resource within the Secretariat team this will now be progressed during Q4.

Policy BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • 90% of consultations reviewed within 10 working days to decide if a response is required	Policy input to CET review programme (including reflective practice)			
	Project management of legislative reform programme and related projects			
	Engagement with patient panel			
	Monitor/coordinate responses to external consultations, PSA policy initiatives, MP letters, and other external policy/research enquiries			
	Attend external forums including quarterly AURE meetings (meeting of regulators to discuss European issues), meetings of the European Council of Optometry and Optics (ECOO) and emerging concerns working group			
	Implement changes to regulation required by Brexit			
		Input to PSA performance review 2019/20		
		Public perceptions and registrant surveys	Stakeholder survey	
		Consultation on exceptional circumstances policy	Consider policy proposals for parental leave, restoration, return to practice, and voluntary removal	
			Review position on non-UK applicants including Republic of Ireland applicants	Potential research related to FTP and EDI

- **Public perceptions and registrant surveys** – Due to COVID these pieces of research will be delayed until Q3.
- **Consultation on exceptional circumstances policy** – Due to COVID and other consultations taking priority, this will be delayed until Q4 at the earliest.

Legislative reform programme – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • Performance measures to be developed once we have clarity about Government's legislative reform plans and timelines	Engage with Government proposals (Govt due to engage with us as an individual regulator in April 2020)	Engage with Govt proposals and plan for implementation (FTP)	Respond to Govt consultation and plan for implementation (currently proposed for late 2021)	
	Engage with Government proposals (Govt due to engage with us as an individual regulator in June 2020)	Engage with Govt proposals and plan for implementation (Governance)	Respond to Govt consultation and plan for implementation (currently proposed for late 2021)	
	Informal engagement/consultation with stakeholders around business registration			
	Identify legislative reforms required and share with DHSC	Develop policy proposals (other reforms including CET)	Conduct appropriate stakeholder engagement	Develop detailed proposals for implementation of GOC-led reforms

- **Engage with Government proposals** – COVID has delayed the DHSC's timetable to engage with us in a 1-1 in relation to FTP reforms. However, we continue to engage with the DHSC to develop overarching policy frameworks for FTP, governance and operational, and education and training.
- **Informal engagement/consultation with stakeholders around business registration** – This was due to take place at the same time as the review of the Standards of Practice which has been put back due to other priorities.
- **Develop policy proposals (other reforms including CET)** – We have identified areas of our CET Rules that require legislative change before the new cycle in January 2022, and are progressing this with the DHSC.

Communications BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • At least 90% of positive or neutral press coverage	Promote ESR consultation	Promote new ESR learning outcomes and Education Standards	Ongoing ESR communications and engagement	
		Promote whistleblowing guidance consultation	Promote Whistleblowing guidance	
	Promote CET consultation	Ongoing CET communications and engagement		
	Running press office – proactive and reactive comms			
Customer Service • 80% of registrants who are aware of new business standards	Optrafair, CTSI Synposium		Scottish Regulation event	100% Optical, Op Tmrw
	Implement stakeholder engagement strategy and new communications (internal and external) strategy			Commence evaluation of strategies
		Support registrant survey launch		
Continuous Improvement	Communications plan to launch new website	Website evaluation	Website evaluation	Website evaluation
	Develop CRM			

- **Promote ESR consultation** – ESR consultation was completed in Q2.
- **Optrafair, CTSI Synposium** – These events were cancelled due to COVID.
- **Implement stakeholder engagement strategy and new communications (internal and external) strategy** – This has delayed due to COVID and the need to support other major priorities such as ESR, CET, and crisis matters such as the petition. The new strategy has been scoped and researched and new timelines have been outlined in the business plan for 2020/21.

- **Promote new ESR learning outcomes and Education Standards** – This promotion has been is delayed due to the ESR consultation being delayed. The consultation launched on 27 July and will run until 19 October.
- **Promote whistleblowing guidance consultation** – This consultation has been delayed to accommodate the delay in other consultations and to ensure that there is minimal overlap between them.
- **Support registrant survey launch** – This has been delayed until the next quarter by Policy and Standards Team. This is due to the impact of COVID, as well as ensuring that there is minimal overlap in consultations.
- **Website evaluation** – Due to project delays, the new website will launch in Q3 (late November) and so evaluation will commence in Q4.

Finance BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation	Year-end accounts	Quarterly Accounts	Quarterly Accounts	Quarterly Accounts
	External Audit 2019-20			External audit planning for 2020-21 audit
	Annual SORP Compliant Financial Accounts	Rolling Finance process review		Short-term investment plan for 2021/22
	Consolidated Annual Report	Finalise Consolidated Annual Report. ARC & Council approval	Annual Report lay before parliament	
			Budget 2021-22 Draft	Budget 2021-22 Final. ARC & Council approval
	Re-forecast (add 2022-23)	Q1 + 3-year re-forecast	Q2 + 3 year re-forecast	Q3 + 3 year re-forecast
	Cash flow forecast and planning			
	Purchase ledger and supplier payments			
	Staff and Council Payrolls			
	Quarterly review of efficiency savings	Quarterly review of efficiency savings	Quarterly review of efficiency savings	Quarterly review of efficiency savings
	Admin. review of contracts	Admin. review of contracts	Admin. review of contracts	Admin. review of contracts
	Quarterly review of risk registers	Quarterly review of risk registers	Quarterly review of risk registers	Quarterly review of risk registers

- **Quarterly Accounts** – September Financial Performance Report was completed and submitted to the SMT and the ARC.
- **Q2 + 4-year Forecast** – The forecast was completed and submitted to the 4th November ARC. The forecast is now extended to cover 5 years. An additional sensitivity analysis to assess the effect of Covid-19 and an analysis of long-term reserves and cashflow forecast was also completed.

Facilities BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service	Start of New Contract for live plants (expecting a 39% saving)			
	Internal Annual Audit on H&S	Review (and deliver if required) First Aiders and Fire Marshalls training		
	Assess options with third party advisers on rent review	Consider proposals on rent review	Assess possible scenarios for Rent Review with Landlord	Rent Review
	Implement the Travel & Subsistence Policy			
	Records Management Archive Plan – review phase	Records Management Archive Plan – renew phase		Records Management Archive Plan – digitalise phase and cross refer to sharepoint plan
	Conclude desk H&S assessment – Inc Display Screen Equipment (DSE) pending from 2018	H&S risk assessment of key functions – e.g. Hearings	Annual H&S risk assessment	Annual desk H&S assessment inc DSE
Continuous Improvement	Office redecoration (painting, repairs etc.)	5-year mains electrical test		

- **Internal Annual Audit on H&S** – Was scheduled as a virtual visit to the office for the 3 July 2020, update will be reported to ARC in November 2020. Covid-19 Risk Assessments for the office and staff are also up to date.
- **Assess options with third party advisers on rent review** – Farebrother, our rent review consultants. continue negotiations. Proposal on increase from landlord has been rejected. We are potentially requesting arbitration with a likely nil increase decision in our favour.
- **Office maintenance** – Essential maintenance and office repairs remain to be in place. All redecoration has been put on hold until new-normal for returning to the office is decided (possible modifications). 5 Year Mains Electrical (EICR) and voltage test took place 14 March 2020
- **First Aid and Fire Marshalls** – There is no immediate need to train additional First Aiders or Fire Marshalls certificates are still valid and we sufficient volunteers.
- **Record Management** – Archive plan has now stopped due to COVID not permitting staff to come into the office to physically review boxes.

IT BAU – Milestones & critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Continuous Improvement • **94.46%** Resolve time for Helpdesk tickets in SLA • **95.6%** Satisfaction for Helpdesk tickets • Number of IT Support ticket raised within Quarter **957** • Number of incidents resulting in operational downtime (excess of 15 mins*) **0**	Provision of IT Helpdesk services			
	Review IT Policy, IT User Forms & SLA creation			Annual IT DR Test
	Review and upgrade IT Security Tools including Phishing			Annual IT Security Pen Tests
	CRM Improvements including Implementation of Hearings Software		CRM Support & minor developments	
	Implementation of monthly software patching to all servers, laptops, and other devices.			

- **Provision of IT Helpdesk services** – The Covid-19 homeworking period continues to be busy for IT though a good Helpdesk Service has continued to be delivered throughout as reflected in KPIs. There was a 26% volume increase in incidents recorded compared to Q1 however most of the increase is due to the improved recording of activity by the IT Team. The high volume of requests does impact delivery of planned work.

- **Review IT Policy, IT User Forms & SLA creation** – Planning for the IT Policy review is underway and the process will commence shortly. This policy will be finalised and made live in Q4 in line with the implementation of SharePoint and Dynamics cloud software.

- **Review and upgrade IT Security Tools including Phishing** – The IT Steering Group reviewed the National Cyber Security Centre (NCSC) cyber warning to UK/US Healthcare Organisations and found that IT security work undertaken at the GOC has positively addressed potential weaknesses and vulnerabilities raised. IT Security work continues to be a focus for IT and monthly phishing exercises continue to test staff awareness. Security improvements have been implemented such as email URL analysing/sandboxing and personalised laptop encryption codes.

- **CRM Improvements including Implementation of Hearings Software** – Minor improvements on CRM continue to be delivered, with major improvements primarily paused until after CRM cloud upgrade. Monthly software patching continues for all servers, laptops, and other devices.

- **Implementation of monthly software patching to all servers, laptops, and other devices** – The limitation of the patching service (feature updates) continue to be addressed directly by IT with all staff. Good management information on installed software is now available and followed up as required.

IT PROJECTS – Milestones & critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Continuous Improvement • **94.46%** Resolve time for Helpdesk tickets in SLA • **95.6%** Satisfaction for Helpdesk tickets • Number of IT Support ticket raised within Quarter **957** • Number of incidents resulting in operational downtime (excess of 15 mins*) **0**	SharePoint 365 Migration Programme			SharePoint 365 & Dynamics 365 Document Storage Integration
	Department Scoping for SharePoint 365 Development	SharePoint 365 Site Development/build, Migration and Onboarding/Training. Target live Dec 2020		
	Upgrade CRM Dynamics 8.1 to 365 Cloud and re-write all CRM/Web interfaces. Go live Dec 2020			
	New optical.org web site and Online Register – go live target June 2020	Build new MyGOC linked to Dynamics 365. Target go live Dec 2020		
	Printer Refresh	Procure via tender new IT Helpdesk System		Review Mobile Phone Contract & replace phones
		Review existing Celerity Support Contract and plan for replacement in January 21		
	O365 Security Improvements including secure access & 2-Factor authentication	Additional Meeting Room Screens & AV	Desktop to Laptop Refresh Organisation wide	

- **New optical.org web site and Online Register – go live target June 2020** – All existing website content has been signed off by the business, except in Governance (lack of resource has meant a slight delay). We have migrated 97% of this content to the new website & 2 years (2019-20) of news articles. The only outstanding content is hearing outcomes & forms –which will begin on receipt of the UAT environment & Public Register. Ongoing supplier disputes (see monthly SMT updates) have meant that work on the register and forms elements of the site remain on hold with the supplier, as do further iterations of the website. Further delays have resulted with the delivery date now expected to be late November at the earliest. Website is red due to ongoing supplier disputes that have significantly impacted delivery times – these have now been resolved and we have amended the timeline – end of November,
- **Printer Refresh** – Full implementation has been impacted by the impact of COVID but will be finalised in Q3 at which point we will start paying for the solution.
- **O365 Security Improvements including secure access & 2-Factor authentication** – Two Factor Authentication has now been implemented across the business.

- **SharePoint 365 Site Development/build, Migration and Onboarding/Training. Target live Dec 2020** – The new Dynamics CRM cloud software enters testing in late Q3 and is on track for data migration and live in January 21. Data migration (due to high data volumes) is planned for the Christmas holidays to minimise the impact of systems unavailability. The SharePoint project has delivered secure file sharing portals enabling the cancellation of the Egress contract (£30k annual saving). Work to implement SharePoint for as our document management solution (replacement of shared drives) continues and is on track for delivery in Q4. The business continues to review/clear data from our shared drives.
- **Build new MyGOC linked to Dynamics 365. Target go live Dec 2020** – We have now appointed a new supplier, called Fortesium, to deliver MyGOC, using their Regulator Online platform. The registration process will be the first process we will be developing, and an initial discovery workshop has already taken place with the registration team. User stories are now being developed and will be reviewed and confirmed before technical development begins. Our aim is to develop the new system by the end of January 21 and launch in April 21. This is red due to ongoing supplier disputes that have significantly impacted delivery times – these have now been resolved and we have amended the timeline – January 21 for launch April 21 following renewal.
- **Procure via tender new IT Helpdesk System** – Proposals for provision of first line IT support are going to SMT in Q3 and the procurement of new IT Helpdesk System will then follow as appropriate.
- **Review existing Celerity Support Contract and plan for replacement in January 21** – Negotiations have commenced on the content of a new managed services support contract to be in place from Jan 2021.
- **Additional Meeting Room Screens & AV** – Work will commence on the development of Audio-Visual facilities at the Old Bailey when utilisation plans are concluded.

Information Governance BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Continuous Improvement • 85% of FOI responses completed within 20 working days • 85% of SAR responses completed within one calendar month • 100% of reportable breaches reported to the ICO within 72hrs	Manage IG breaches (average 20 per year), IG requests (average 120 per year) and dept reviews			
	Provide IG advice, guidance, induction, and training to staff and members. All staff to receive induction within one week of joining GOC. Quarterly bespoke training dependent on job role			
	Develop records management/ archiving policy and process	Review Information Governance Framework	Review Information Asset Register	Review Publication Scheme

- **Review Information Governance Framework** – This is part of the GDPR improvement plan which will be finalised following the internal audit. The IG Manager will be working with relevant staff to progress actions during the next six weeks

- **Develop records management/ archiving policy and process** – Records management/archiving policy process, retention policy and updates to the IG Handbook are overdue and have been highlighted in the internal audit – this work will be a priority under the improvement plan

HR BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service • Improve on previous LEVI score in survey	Staff engagement action plan roll out	Staff engagement action plan roll out contd.	All staff annual survey: completion. Engagement action plan review	Staff engagement action planning and implementation
Continuous Improvement • Target sickness level of 2.7% (to match Public Sector sickness level) • Staff Turnover (Rolling Annual) Against Industry (24%)	End of year appraisals + moderation. 360 feedback broadened.		Mid-year performance appraisals + moderation. Objective setting	
	1/4ly review against L&D plans, EDI training and Management Development planning / rollout	1/4ly review against L&D plans, EDI training, and Management Development	Organisation wide L&D planning to support budget planning Succession planning EDI training and Management Development	1/4ly review against L&D plans EDI Training planning /rollout
	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles	Organisation wide resource planning to support budget planning Recruitment against requirements/plan – 6 roles	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles + Directors project
	Rollout of organisational training for new disciplinary policy and grievance policy		Preparation and review of new family-friendly policies and flexible working policies	Rollout of organisational training for new family-friendly and flexible working policy
	Updating next tranche of policies	Implementation of new policies including training	Updating next tranche of policies	Implementation of new policies including training
	Monthly payroll preparation for Finance Annual benefit renewal	Monthly payroll preparation for Finance		

- **End of year appraisals + moderation** - 360 feedback was separated out this year and took place in July, focussing on the new behaviours and values. The feedback has yet to be completed due to delays in submitting feedback and holidays. This is anticipated to take place early this quarter.

- **Rollout of staff engagement plan** – Continues despite challenges of COVID

- **1/4ly review against L&D plans, EDI training, and Management Development planning/rollout** – The eLearning platform made available to all people managers has suffered from patchy participation. We have now identified 3 potential providers for the MDP and a paper will be going to SMT this quarter to choose the preferred approach. EDI training is currently in progress for all staff with a full day session for all people managers and half day sessions for all other staff. All development needs from the appraisals are logged in CiPHR for review.

- **Implementation of new policies** – Disciplinary, Grievance, and Performance Improvement policies have finally made it through the full consultation and sign off process. Full scale launch and training has been delayed by annual leave but will take place this quarter. The next tranche of policies are in development and will start their consultation process this quarter.

PUBLIC
C48(20)

Council

Registrant Fees Rules and future fee strategy

Meeting: 11 November 2020 **Status:** For decision

Lead responsibility and paper author: Yeslin Gearty, acting Director of Resources

Purpose

1. For Council to set the Registrant fee rules for 2021-22.

Recommendations

2. Council are asked to:

   - **agree** the fee rules for 2021-22, imposing a one-year fee freeze as set out in **annex one**.

Strategic objective

3. This work contributes towards the achievement of all the GOC's strategic objectives as fees are our sole form of income.

Background

4. Council are required to set a budget each year in order to adequately manage the resources to run the business and deliver services in a sustainable way. At its meeting in November 2019 (Paper ref C42(19)), Council approved the annual fee for 2020-21 and agreed to signal that the annual fee increases for the following two years should be modest and consistent (subject to annual review / approval).

5. In the previous four years we have met the objective of modest and consistent increases, amounting to a £10 increase per annum for the main registrant fee. Because of the uncertainty over economic factors due to the impact of Covid-19 on the economy and our registrants, and in line with our usual approach of analysing our finances when developing fee proposals, we propose as a one-off for this year, to not increase our fees and will consider a modest increase for 2022-23.

6. The recommendations are consistent with the assumptions underpinning our second quarter projections for 2021-22 and 22-23, which were considered by ARC on 4 November 2020 and at Council itself.

Analysis

7. In recommending these fees, we have taken account of the following:
   - our usual approach ensures that fees need to reflect inflation (including pay inflation) as a minimum;
   - the PSA's strong steer of ensuring that fees and fee increases are not unreasonable;
   - an expectation that we will deliver our core business within our income each year from 2021-22 onwards (breakeven or better), though recognising that may be subject to negative impact on fee income through the effects of Covid-19 on registrants and optical businesses;
   - relevant statutory requirements and wider public law considerations; and
   - legal advice in relation to the EU Directive to ensure that we are compliant in setting our fees for applicants wishing to apply from within the EEA or Switzerland. Whilst the UK has now left the EU and the transition period ends on 31 December 2021, the arrangements for Swiss nationals will be continued by four years. Fees for EEA based applicants will not change; they will follow the process for non-EEA based applicants and pay the same fees.

8. There are likely to be additional cost pressures due to lower numbers of new registrants and an increased number of registrants coming off the register in 2021-22. The number of new Body Corporates joining the register for the year to September has reduced compared to previous years. So far 2020-21 has seen a decrease in new Body Corporate registrations of 43% (60 new registrations so far compared to 139 in 2019-20 and 164 in 2018-19). We assume that this trend will continue in 2021-22. The PSA are also consulting on a 3.74% increase in their fees from April 2022, which comes on top of the 2.77% increase for 2021-22. The PSA levy a fee based on the total number of registrants including students. For 2020-21 this amounted to £85k.

9. However, if we were to follow last year's approach and increase fully qualified fees by £10, from £360 to £370, this would represent a 2.75 per cent increase, almost double the rate of inflation. CPI, the main Government measure of annual inflation, has been between 1.8.- 0.2 per cent over the last 12 months (dropping to 0.2 per cent in August). We considered a more modest £5 increased in line with inflation but do not recommend this because we do not consider the financial benefit of around £100k to be significant enough when balanced against the financial difficulties for registrants caused by the pandemic.

10. We also considered whether we should use a £5 increase to off-set the cost of increasing the threshold for qualifying for the low-income fee. Instead of this and in further recognition of the potential hardship caused by Covid-19 on lower earning registrants, we propose to permanently increase the qualifying threshold for the low-income fee from £12k to £16k. This would be in-line with the thresholds for means tested benefits. We also propose to extend the application process beyond our usual

approach of only allowing applications at the point of joining the register or renewing. Instead, we will accept applications at any point.

11. These further proposals increase the financial pressure as we would expect the number of low-income registrants to increase and we have therefore modelled the impact of these proposals in a range of reasonable economic scenarios, all of which we believe are manageable given compensating efficiencies and savings generated by the pandemic.

    We therefore believe a zero increase is justified, affordable and the right thing to do in the current environment. In line with our aim of modest and consistent fees for future years, the indicative fee, based on continued low inflation, for 2022-23 will be between £365 (1.4%) and £370 (2.75%) This should remain subject to annual review.

12. The proposed fees are highlighted in the table below:

Registrant Type	**2020-21**	**2021-22**
Fully Qualified & Body Corporate renewal fee	£360	£360
Student renewal fee	£30	£30
Application for Initial Registration or Restoration (not on student register) fee	£75	£75
Application for Initial Registration (transfer from student register) fee	£40	£40
Low income discount	£100	£100

13. The Student renewal fee has not been increased for several years and we propose to keep this at £30. The application for initial registration fees were both increased by £5 last year. At the time we stated that we would not look to increase these next year.

Finance

14. The draft 20-21 Business Plan and associated draft budget assumes that these fee proposals are agreed and that salary costs, which represent over 50% of the GOC's regular running costs are assumed to increase by 1.4%. There are no additional financial implications of this work.

Risks

15. The following risks are associated with the issue:
    - the GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively. Mitigations include use of the strategic reserve and/or reviewing priorities as necessary;
    - there is an inherent risk in setting the fee level based on an outline budget as we are only seven months into the current financial year. The full impact of trends and changes cannot be reflected fully in our financial performance for the year to date.

Mitigating actions include close monitoring of registration activity and use of our general reserve;

- there is risk in assuming investment income will provide a consistent annual return. We have made only modest assumptions in line with advice but will monitor this closely;
- there is a risk that our assumptions are not pessimistic enough. An extreme economic impact, worse than our reasonable worst-case scenario would be mitigated by the availability of a Coronavirus Business Interruption Scheme loan that is currently in train.

Equality Impacts.

16. No equality impact has been undertaken as this is a continuation of current practice to raise fees broadly in line with inflation.

Devolved nations

17. There are no implications for the devolved nations.

Communications

External communications

18. Normal communications regarding fees will take place; including in our ‘News from Council’ and publication of the fees on the website.

Next steps

19. If approved the fee freeze will be communicated to registrants and the associated Business Plan for 2020-21 will be presented for approval at the Council meeting in February 2021.

20. Financial reporting will continue to be considered by both ARC and Council quarterly including relevant forecasts.

Attachments

Annex one: proposed registration fee rules 2021-22

ANNEX 1

THE REGISTRATION FEES RULES 2021-2022

Each application falling within a category set out in the table below shall be accompanied by the fee shown for the period 1 April 2021 – 31 March 2022:

Applications for annual renewal of registration	21/22 Fee
Annual renewal fee Application for annual renewal of registration in the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both for the year commencing on 1 April 2021 and ending on 31 March 2022 received on or before 31 March 2022.	£360
Low income earners annual renewal fee[1] Application for annual renewal of registration in the register of: • Optometrists • Dispensing opticians for the year commencing 1 April 2021 and ending on 31 March 2022 applications received on or before 31 March 2022**.**	£260
Application for annual renewal in the register of student optometrists or the register or student dispensing opticians for the year commencing 1 September 2021 and ending on 31 August 2022 received on or before 31 August 2022.	£30

Applications for annual renewal of registration when entering, transferring or restoring to the register	21/22 Fee
Annual renewal fee for the period 1 April 2021 and ending on 31 March 2022, pro rata rate based on date of entry to the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both	£90.00 per quarter or part thereof

Applications for Registration	22/22 Fee
Initial application to be entered on the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both including low income earners.	£75
Application for registration in the register of student optometrists or the register of student dispensing opticians for all or part of the year commencing 1 September 2021 and ending on 31 August 2022. No	£30

[1] a low income earner is defined as an individual fully qualified applicant or registrant whose total individual income is estimated to be lower than £16,000 for the following year 1 April 2021 - 31 March 2022.

annual renewal fee will be charged for the year in which they are applying for registration.	
Application for entry of a specialty in the register of optometrists or the register of dispensing opticians.	£40

Applications for transfer of registration	**21/22 Fee**
Application for transfer between full registers for all or part of the year commencing on 1 April 2021 and ending on 31 March 2022.	£40
Application for transfer from the register of student optometrists to the register of optometrists or from the register of student dispensing opticians upon completion of a GOC accredited route to registration.	£40

Applications for restoration of registration	**21/22 Fee**
Initial application to be restored on the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both including low income earners.	£75
Application for restoration to the register of student optometrists or the register of student dispensing opticians following removal or erasure from the registers for all or part of the year commencing on 1 September 2021 and ending on 31 August 2022. No annual renewal fee will be charged for the year in which they are applying for registration.	£30

Applications for Certificates of Current Professional Status	**21/22 Fee**
Application for a certificate of current professional status.	£25

Applications for assessment of qualifications gained from outside of the UK to gain entry to the register of dispensing opticians or optometrists	**21/22 Fee**
A scrutiny fee for processing documentation for applications for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£125
For those that have passed the scrutiny stage and require an equivalency assessment, a fee will be charged for: Assessment of equivalency of qualifications and experience for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£450
An interview fee for non-EEA applicants (this is the cost of a telephone interview between the applicant and GOC assessors	£200

Gareth Hadley
Chair of Council

Lesley Longstone
Registrar

Council Forward Plan

KEY Strategic Assurance Operational	Learning & development of optical professionals	Targeted approach to regulation	Organisational transformation	Regulatory/Statutory	Corporate Support
PUBLIC 26 Feb 2020		FTP Audit of Decisions	2020 – 2026 Strategic Plan (inc EDI strategy)	Accreditation and quality assurance	Speaking up (internal whistleblowing); Q3 financial and performance reports Council member appointment 2020/21 Business Plan & budget
CONFIDENTIAL 26 Feb 2020		FTP Casework management	Staff survey results		Committee updates Strategic risk discussion
PUBLIC 13 May 2020	Education Strategic Review	FTP Performance Review / Update and/or rules changes		PSA performance review	Q4 financial and performance reports
CONFIDENTIAL 13 May 2020					Committee updates Strategic risk discussion
PUBLIC 15 July 2020	Education Strategic Review	OCCS Annual Report; Annual monitoring and reporting		Annual report and financial statements for year ended 31 March 2020	Council member appointments
CONFIDENTIAL 15 July 2020					Committee updates Strategic risk discussion
PUBLIC 11 Nov 2020	CET Review; Education Strategic Review	FTP Audit of Decisions FTP Update Raising concerns guidance consultation (may be subject to Covid-19 delay)	Communications strategy	Accreditation and quality assurance Equality, Diversity and Inclusion: monitoring report; Council's Trustee Duty responsibilities and PSA regulatory responsibilities assessment review	Q2 financial and performance reports; ToR: RemCo
CONFIDENTIAL 11 Nov 2020				Registration Fees Rules 2021/2022	Committee updates; Council member appointment Strategic risk discussion
PUBLIC/ 10 Feb 2021		FTP Improvement Programme Update FTP Audit of decisions		Equality, Diversity and Inclusion: monitoring report	Budget and Business Plan for 2021/22
CONFIDENTIAL 10 Feb 2021	Education Strategic Review				