≊ Fraser Consulting

Education Strategic Review

Equality, Diversity and Inclusion Impact Assessment

General Optical Council

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.
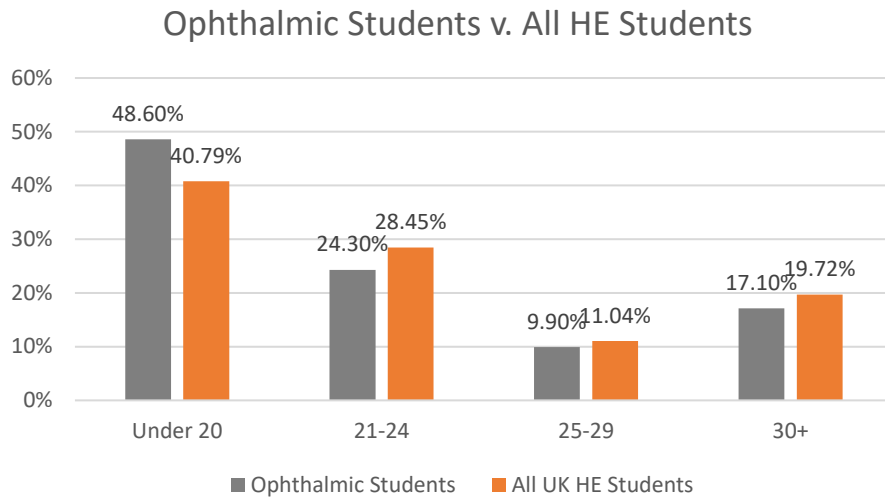
Table 1: HE Student Enrolments by Ophthalmics as Principal Subject and Domicile

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.
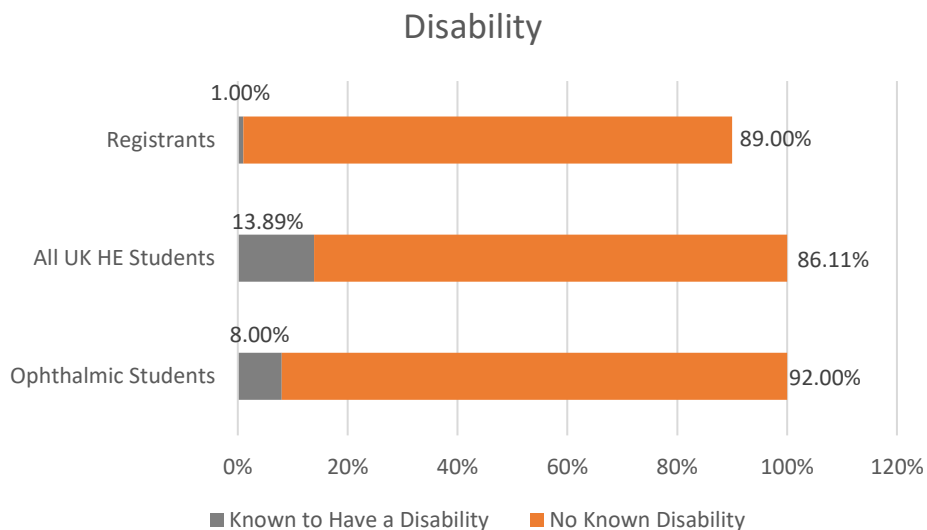
Figure 1:

Ophthalmic Students v. All HE Students

Legend: ■ Ophthalmic Students ■ All UK HE Students

Categories: Under 20 (48.60%, 40.79%), 21-24 (24.30%, 28.45%), 25-29 (9.90%, 11.04%), 30+ (17.10%, 19.72%)

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.
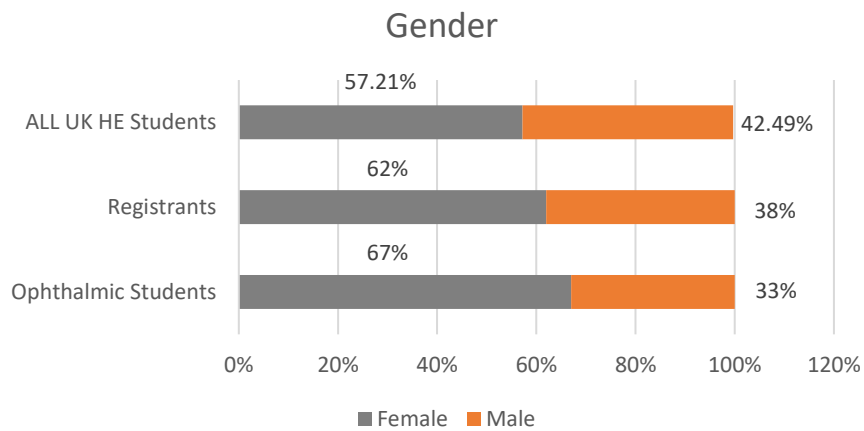
Figure 2:

Disability

Legend: ■ Known to Have a Disability ■ No Known Disability

Registrants: 1.00%, 89.00%
All UK HE Students: 13.89%, 86.11%
Ophthalmic Students: 8.00%, 92.00%

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

Gender


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.
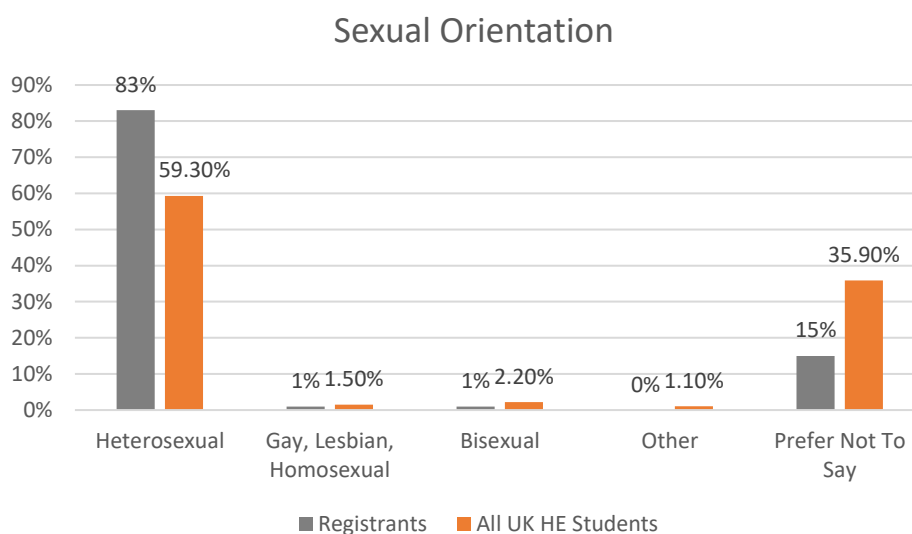
Figure 4

Race
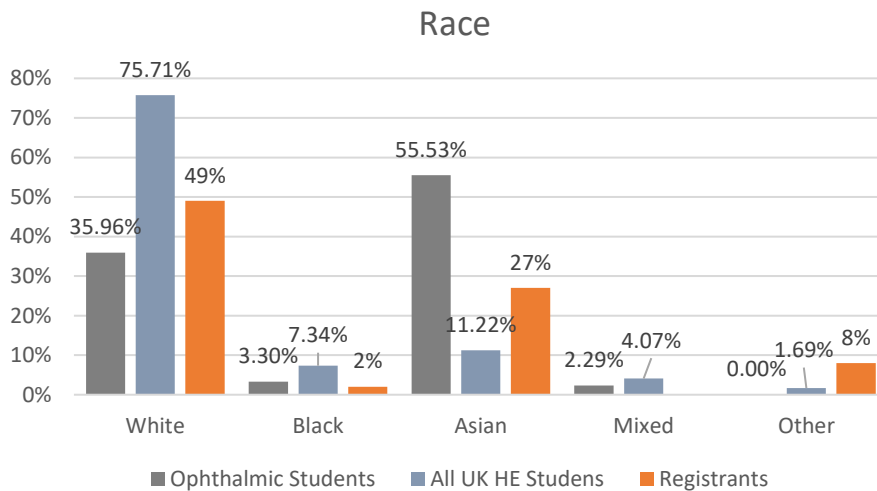
Sexual Orientation

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

Sexual Orientation

Bar chart showing Sexual Orientation with values for Registrants and All UK HE Students:

- Heterosexual: Registrants 83%, All UK HE Students 59.30%
- Gay, Lesbian, Homosexual: Registrants 1%, All UK HE Students 1.50%
- Bisexual: Registrants 1%, All UK HE Students 2.20%
- Other: Registrants 0%, All UK HE Students 1.10%
- Prefer Not To Say: Registrants 15%, All UK HE Students 35.90%

Legend: ■ Registrants ■ All UK HE Students

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.

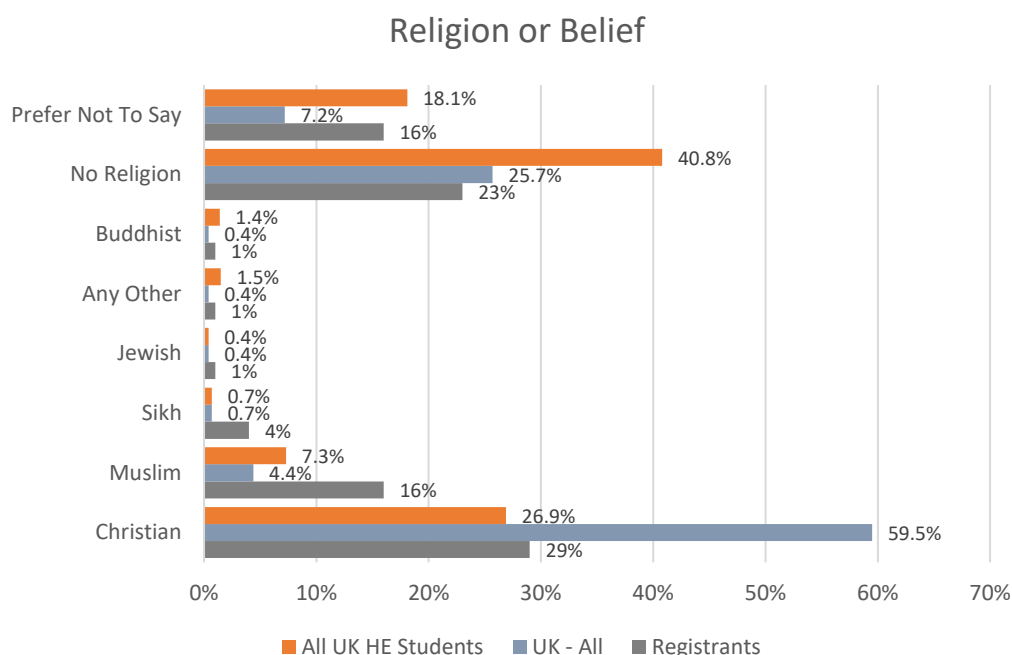In Northern Ireland, 9.81% of students have dependents.

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

Religion or Belief

Category	All UK HE Students	UK - All	Registrants
Prefer Not To Say	18.1%	7.2%	16%
No Religion	40.8%	25.7%	23%
Buddhist	1.4%	0.4%	1%
Any Other	1.5%	0.4%	1%
Jewish	0.4%	0.4%	1%
Sikh	0.7%	0.7%	4%
Muslim	7.3%	4.4%	16%
Christian	26.9%	59.5%	29%

■ All UK HE Students ■ UK - All ■ Registrants

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.