



GOC: Education and training requirements for GOC approved qualifications

Summary

FODO is the association for eye care providers in the UK. Our members provide and fund the majority of work-based and work release training for dispensing opticians and vocational training for pre-registration optometrists. They will also provide the majority of student optometrist placements once the Education Strategic Review (ESR) is implemented. In many ways the ESR will not be implementable without FODO members' support. We therefore welcome this opportunity to provide feedback on the GOC's proposals for reforming the arrangements for approving qualifications leading to registration as an optometrist or a dispensing optician in the future, which in general we support.

We are pleased that the GOC has listened and started to act on feedback from past consultations on the ESR. For example, we welcome the proposals that:

- there should be more of a focus on evaluating outcomes of education providers than detailed numerical inputs
- students should have access to more varied and regular experience with patients throughout their training, enabling them to communicate more effectively and make clinical decisions with patients with more confidence
- there must be "a consistent, fair and proportionate approach" to the GOC's approval and quality assurance education providers.¹

In principle, we fully support this and replacing the Optometry Handbook (2015) and Dispensing Handbook (2011) with an outcomes-based approach. This is, in our view, the right way forward and is consistent with the approach taken by other health regulators in the UK – including the GMC and HCPC.

If implemented successfully and in partnership with stakeholders, this approach should result in a more agile and adaptive profession that can respond to advances in technology, care models and changing population needs and expectations. If not implemented well, there could be massive failures in the education and training sector with negative consequences for the population and public health. It is therefore important to complete this long overdue review and reform of the education and training systems whilst making sure that implementation is properly paced and that all risks are taken fully into account and demonstrably mitigated as far as possible.

In this context, although we fully support the principles of the ESR, we feel that more work is necessary before we can be confident that all the issues have been worked through and that the review is 'implementation ready'. In particular FODO members and

university partners have expressed concerns about the shortness of transition periods to the new scheme, and funding and sustainability of existing and future programmes. Much of this uncertainty has been exacerbated by the Covid-19 pandemic, because key pieces of research are still underway or unpublished and because the overview impact assessment produced as part of this consultation remains a work in progress.

We appreciate that the necessary work is underway – for example the work on curriculum content – the sector-led co-produced indicative document which will provide a greater level of detail for each profession so providers can develop the new qualifications or adapt existing ones² and other co-commissioned work³ – but it is late in the process for such work not yet to be completed. At the time of responding therefore and without access to these important pieces of work, we have disappointingly had to respond 'don't know' to questions where our members would instinctively have liked to have been more positive. However, this is not possible, given the strong views on the likely impacts, without first seeing the results of the research the GOC has commissioned.

It is because of this that our response is that of a 'critical friend' which strongly supports the GOC, education providers and employers to achieve the ESR objectives, so that students have access to a robust and innovative learning experience and on qualifying will be confident and well placed to meet the nation's growing and changing eye health and treatment needs.

At this stage the priorities, in our view, are for the GOC:

- To complete the work with the sector to clarify education and training 'content' and the differentiating thresholds for optometrists and dispensing opticians
- To engage with universities about common final assessments so that employers can be sure that optometry graduates are emerging with comparable skills bases and have the confidence in the new system to offer pre-registration places knowing that they will all have achieved common minimum standards
- To engage with universities to make clear that undergraduate practice placements for optometry students are, subject to basic safety, safeguarding and pastoral requirements, intended to be supernumerary 'work experience' and 'observation' placements, not taught modules or employed or remunerated roles, and that supervision for these students is of a different order from that required for pre-registration optometrist trainees and analogous to that required for optical assistants – this will encourage more and a wider range of practices to come forward to take student placements without disrupting the more focused pre-registration training systems. It is axiomatic but worth repeating that we would be expecting far more practices to be willing to take on students on placement – as other clinical professions do – than are currently willing to take on the complexities of a pre-registration optometrist.
- To ensure that these necessary tasks are progressed as rapidly as possible so as not unnecessarily or protractedly to delay necessary reforms where these are in the public interest. For example, although the pandemic presents many challenges it has also

highlighted longstanding issues with the inputs focussed and overly prescriptive approach to educating optometrists in particular.

- To engage with employers (which we would be happy to facilitate) and education providers to ensure implementation timelines, training and supervision demands, and the financial impacts of proposed reforms – especially in light of the pandemic – are addressed before implementation starts.

This is important for the following reasons:

- there were more than 3,600 student optometrists as of March 2019.⁴ It is not clear from the consultation documents – as the detail is pending – what capacity will be required to offer increased clinical contact time to all 3,671 student optometrists in primary care settings throughout their training with a SPA provider, nor what that clinical time will look like/be at various points of the education journey.
- transition arrangements are still unclear and appear not fully worked through. It is important to take pre-emptive action to avoid losing a generation of graduates. For example, the GOC consultation documents states that existing providers will be able to transition to the new model based on a tailored and bespoke basis. This tailored approach is helpful and important for existing university providers, but it is not clear whether the impact of this on student placements and employers has yet been considered in sufficient detail.

We do not agree with the Outline Impact Assessment that the training and support for supervision “is unlikely to result in additional cost”.⁵ There are potentially costly knock on effects for practice based placements for undergraduates with eye care providers already having to respond to the pandemic and accommodate pre-registration graduates across the UK potentially on different programmes at different times. This could result in providers offering far fewer places during the transition period. In our view this could be avoided by factoring in the entire student journey to registration in transition arrangements. This will ideally include a more detailed review of eye care provider capacity and constraints during the pandemic.

One potential solution might be to agree with each higher education provider a specific year in the future to work to so all existing courses transition onto the new scheme over an agreed period of time and so eye care providers can respond to this by phasing out their existing pre-registration models for the new requirements at a reasonable pace that works for them (but without undue delay). This would be consistent with the GOC’s own proposed standards to ensure a “realistic workload for anyone who teaches, assesses, employs or works with students”.⁶

As higher education providers will not all be able to proceed at the same pace, providing for a 5-10 year transition period might be the most workable solution allowing for the workload on departments and sometimes lengthy internal university processes. This would also give employers time to adapt in tandem with the universities they usually take pre-registration students from and as they are gradually asked also to accommodate undergraduate placements. It would be regrettable to lose any of our

existing departments which are performing well and training skilled graduates, or for vice chancellors to call time on courses, simply because the timescales are not feasible or the costs of overhasty transition unviable. As a sector we have no surplus education or research capacity that we can afford to lose or recreate.

- Provide reassurance and seek further sector buy-in.

The College of Optometrists is now very supportive of many elements of the GOC's proposals and has raised specific concerns about things it feels should be given more consideration. As set out in our response, we share some of the concerns raised by the College and feel these can all be addressed through pending detailed documentation and working more closely with eye care providers to ensure transition arrangements are workable.

The ABDO has expressed its views that the GOC's objectives replicate for optometrists what dispensing opticians already have. We empathise with this view in terms of work based learning and patient contact, as our members who are the major employers of dispensing opticians seldom report concerns or challenges about their education and training. We also see no practical reason why the ABDO would not play a key role in any future SPA system.

If, on balance, it is possible to transition to the new SPA model, with more of an emphasis on reforming the path to registration for optometrists and making clear the more straightforward transition arrangements for dispensing opticians, it might be possible to rebuild sector buy-in and help agree the prioritisation framework for transition to new models of education and training.

- More needs to be done to support innovation and good variation and avoid bad variation. The goal should be to
 - encourage good variation – e.g. educational providers competing to provide more advanced simulation and other innovative learning experiences, which attract students and lead to more independent clinicians that are comfortable managing risk within their scope of practice
 - design out bad variation – e.g. by ensuring every healthcare professional entering clinical practice is trained to a minimum threshold and is safe to practise etc

The GOC has made some progress on this already, stating in its “assessment of outcomes and curriculum design” that it hopes to allow “for greater innovation in qualification design and assessment approach, whilst ensuring that critical elements for maintaining quality remain” whilst incorporating “what was previously described as the Common Assessment Framework – describing expectations for robust assessment strategy, approach to assessment design, standard setting and progression arrangements to ensure standards are maintained (or raised)”⁷

One good example of this, which we support, is moving towards specifying the overall amount of patient (real or simulated) contact time whilst moving away from overly prescriptive inputs.⁸

We believe there is scope to expand on this principle in the public interest, including further safeguards to ensure SPA providers train/educate students to robust standards prior to practice based experience so that eye care providers can invest resources in enhancing the education experience rather than responding to and filling different gaps across different SPA systems pan UK.

When working with the GOC, Optometry Schools Council and College of Optometrists on the impact of Covid-19 on current pre-registration placements, we have consistently made the case for a three year management plan to ensure all graduates currently in or entering the system can complete their vocational training and enter the register safely. This principle reads across to the ESR and on balance we feel that the whole system would benefit from postponing the start date for transition a year until March 2022. This would allow eye care providers to focus on their Covid-19 response and meeting patient needs rather than redesigning pre-registration training this year. This will also allow more time to review and reflect on work the GOC has already commissioned and which should help address many of the outstanding issues.

In the sections below we respond to the GOC's survey, marking 'do not know' or similar when we feel we need to see more detail before providing more affirmative feedback. We look forward to reviewing the financial impact assessment, research into the regulated qualifications framework (RQF) level and other work the GOC has commissioned as soon as these become available.

FODO would be happy to facilitate closer collaborative working with providers across primary and secondary care to achieve the above.

SECTION ONE

Introduction

1. What is your name?

Sue Silvester

2. What is your email address?

healthpolicy@fodo.com

About you

1. Are you responding on behalf of an organisation?

Yes

No

About your organisation

1. On behalf of which organisation are you responding?

FODO – The Association for Eye Care Providers

2. Which of the following categories best describes your organisation?

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)

SECTION TWO

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

- 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?

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

Main feedback

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.⁹ 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"*¹⁰

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

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

In many ways the current training and education of dispensing opticians is already a hybrid of practice and institution-based learning, and closely mimics many of the GOC's goals for optometry education and training.

Please also see our response to the same question about optometrists and our feedback on stakeholder buy-in above.

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

- Yes
- No
- Don't know

If you ticked 'yes' please tell us what you think is missing or should be changed

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.

Please also see our summary response and response to question two in this section (above)

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?

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

Main feedback

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.

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

Yes

- No
- Don't know

If you ticked 'yes' please tell us what you think is missing or should be changed

[See our response to question five in this section.](#)

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?

- 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.

[As noted above, 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](#)

SECTION THREE

Section Three: Part A - Replacing Quality Assurance Handbooks

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

- 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?'

- Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly disagree
 Don't know

Please explain your response

In principle, we support replacing the Optometry Handbook (2015) and Dispensing Handbook (2011) and a move towards an outcomes-based approach. This is also more consistent with other UK health regulators – including the GMC and HCPC. If done well, this approach should result in a more agile and adaptive profession that can respond to changing population needs into the future. We therefore fully support the “why”, but at this stage are waiting on more detail on the “how” as set out elsewhere in our 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?'

- Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly disagree
 Don't know

Please explain your response

We see the merit in taking the same approach for dispensing opticians, especially given some dispensing opticians will want to train as optometrists in the future. We are still however waiting on more detailed guidance to be issued by the GOC (as highlighted elsewhere in our response)

Section Three: Part B - Standard 1

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?

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?

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.

We agree that "training and education should provide a safe space for students to develop and learn" (point 5, Annex A) and in this context think it is right that education providers manage items listed in para 5 (a-f) and only consider referring more serious matters to the GOC (para 6, Annex A).

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?

- 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.

As the GOC’s outline impact assessment (working draft) notes this is already normal practice.

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

- Yes
- No
- Don’t know

Section Three: Part C - Standard 2

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.’ 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

Good written and verbal communication is a critical part of reducing harm and risk, and improving outcomes, in healthcare settings. These criteria are also closely aligned with HCPC and NMC requirements and only slightly less demanding than criteria set by the GMC. We therefore fully support the need to demonstrate proficiency in this area with the IELTS.

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

- Yes**
- No**
- Don't know**

Section Three: Part D(i) - Standard 3

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).'

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?

- 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.

This is already the case and as the GOC's own overview impact assessment sets out only the College of Optometrists qualification would be affected, and we are confident the College would also be able to join the list of approved qualifications.

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?

- 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.

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.

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 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 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?

- 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.

Subject to seeing the pending GOC co-commissioned work, Standard 3 should be sufficiently detailed to allow for confidence in the approved qualification.

We would also suggest para 3.14 be reviewed, as "time in more than one sector" might be reflecting a bias that different eye care professionals work in different sectors when in fact they all serve the same population need. Deleting "time in more than one sector" would address this and improve 3.14.

[We provide more feedback about our current concerns above.](#)

Section Three: Part E - Standard 4

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

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.' 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?

- 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.

[Subject to seeing the pending GOC co-commissioned work, Standard 4 should be sufficiently detailed to allow for confidence in the approved qualification.](#)

[We provide more feedback about our current concerns above.](#)

Section Three: Part F - Standard 5

Standard 5 – Leadership, Resources and Capacity

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.' 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?

- 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.

Subject to seeing the pending GOC co-commissioned work, Standard 5 should be sufficiently detailed to allow for confidence in the approved qualification.

We provide more feedback about our current concerns above.

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.

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?

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?

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.

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.

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

- 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?

[Please see our feedback summary on pages 1-4.](#)

SECTION FOUR: IMPACT OF OUR PROPOSALS

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)

- 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)

- 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

NA

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?

- 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

We await the outcome of the financial impact assessment the GOC has commissioned from Hugh Jones Consulting before we comment on this

Further information

1. Can we publish your response?

Yes

Yes, but please keep my name / my organisation's name private

No

¹ GOC, Outline Impact Assessment – working draft, 2020

² GOC, Proposed Outcomes for Registration , 2020

³ For example, 'GOC co-commissions research into Regulated Qualifications Framework level for GOC approved qualifications' 6 October 2020, states "The General Optical Council (GOC) has co-commissioned the Quality Assurance Agency (QAA) to gather evidence and make a recommendation for the most appropriate Regulated Qualifications Framework (RQF) level for qualifications approved by the GOC."

⁴ GOC, Annual Report, Annual Fitness to Practise Report and Financial Statements for the year ended 31 March 2019

⁵ GOC, Outline Impact Assessment – working draft, 2020

⁶ GOC, Standards of Approved Qualifications, standard S5.3

⁷ GOC, Outline Impact Assessment – working draft, 2020, p5.

⁸ GOC, Outline Impact Assessment – working draft, 2020, p5-6

⁹ GOC, Proposed Outcomes for Registration, consultation document

¹⁰ Carr SJ, Assessing clinical competency in medical senior house officers: how and why should we do it? Postgraduate Medical Journal 2004;80:63-66.