

FODO response to the GOC Education Strategic Review consultation on draft education standards and learning outcomes

25 February 2019

The Federation of (Ophthalmic and Dispensing) Opticians is the leading professional and membership association of primary eye health providers and practitioners in the UK. Our members account for 85 per cent of the UK optical market and deliver over two thirds of NHS sight tests.

Summary

FODO is a strong supporter of the GOC and keen to see innovation, modernisation and greater flexibility in education and training to prepare optometrists and dispensing opticians for the needs of the future. To further that objective we have played an active role in setting up the new schools at Anglia Ruskin University, Plymouth University, the University of West of England and the DO conversion course at Bradford University. We are therefore extremely supportive of this Strategic Education Review even though we believe the proposed standards still have some way to go before they are fit for purpose

It is against that background that our responses to the specific consultation questions, below, are intended to assist the GOC to get the Review right. This will ensure that the public can benefit from eye health clinicians who leave training with appropriate skills, competences and attitudes and who, through lifelong learning, will go on in turn to be the specialists, leaders and educators for the next generation.

Section 1: Views on draft Education Standards and Learning Outcomes

Q7. What opportunities and impacts (including equality, diversity and inclusion) may arise from the content of the draft Education Standards and Learning Outcomes, and how could they be mitigated?

The new standards should attract a more diverse intake of students and trainees to become the eye health professionals of the future. The overall effects should be beneficial in these regards.

8. To what extent do the draft Education Standards and Learning Outcomes address the key themes of the Concepts and Principles of ESR?

Partially.

We have been looking forward very much to seeing this first draft of education standards and learning outcomes. We are pleased at the progress that has been made and that we are at last getting down to brass tacks.

The draft learning outcomes for optometry, dispensing opticians, contact lens opticians and IP students (pages 9-21) look to us cover the correct areas although there is some unclarity about how they are to be assessed.

However the draft standards, in our view, still have a long way to go before being ready. We therefore welcome the clarification in the consultation document that they are work in progress and 'do not represent the final version.'

We broadly supported the direction of travel set out in the 'concepts and principles consultation' in March 2018 (copy of our response at annex A). Despite this we feel that something has now been lost. These draft standards appear to us not to be intellectually rigorous, to be over-stuffed and wordy, and not yet to set out a compelling vision of what the GOC is trying to achieve.

We would have wished to see the GOC being bolder and clearly setting out its aims and ambitions along the following lines:

Our aim is to support a high quality innovative education and training sector for optometrists and dispensing opticians who by the time they qualify or graduate

- have demonstrated competence in all relevant clinical areas
- understand what it means to be, act and behave as a health care professional at all times
- work to the GOC standards for professionals and businesses including reflection on practice and life-long learning
- understand how to use guidance and Standard Operating Procedures (SOPs) from employers and professional and representative bodies
- have significant experience of and confidence in interacting with patients
- understand and are ready to function as part of a multidisciplinary team/care environment
- have demonstrated high levels of communication skills with both patients and clinical colleagues, including written communications (e.g. referrals and record-keeping) and including beyond the discipline of eye care,
- understand the role of eye health within the public health and individual health and well-being contexts
- understand the legal jurisdictions under which they will be operating in the UK
- understand the duty of candour and how to respond to complaints, patient and colleagues' feedback.

We plan to achieve the above through

- right touch regulation
- encouraging innovation in teaching, training and learning models and environments
- encouraging patient and real world interactions at all stages of education and training
- encouraging multidisciplinary education, training and learning wherever appropriate
- self-audit and demonstration of standards by universities and HEIs
- focusing on the demonstration of learning outcomes and competences rather than inputs
- ensuring the achievement of agreed national standards by qualification or graduation
- ensuring that pre-registration training reinforces and tests pre-graduation learning rather than substituting for it.

We appreciate that some university departments may find detail helpful as this helps them argue for resources internally. Whilst we fully agree that all teaching departments should be properly funded for what they have to do, we do not agree that over-wordy standards and endless detail are the right means of achieving that.

Finally, as in our response to the March 2018 consultation, we would draw attention to the need to ensure consistency in the application of the standards. It will be important that the GOC, the public, employers and registrants can all be confident that an optometry or dispensing qualification from one institution is no less (or more) rigorous or valid than the same qualification from another institution. The College of Optometrists current Scheme for Registration and ABDO qualifications offer good starting points here even if those bodies moved to auditing standards on the GOC's behalf rather than providing the examinations.

Q9. Do you have any comments to make regarding the Draft Education Standard Learning Outcomes? (completeness, language, structure or flow)

The standards themselves appear to be muddled and forced together without the underlying logic always being clear. To remedy this we believe the standards themselves should be more tightly drafted and clearer about expectations. This might be achieved in part by requiring the universities or higher education institutions to demonstrate that they meet each of the standards.

We also believe that the layout and content should be clearer, as well as more aspirational and inspirational. We would suggest re-casting them as follows:

- Standard 1 – Being a Health Professional
- Standard 2 – High quality education, training and learning
- Standard 3 – Safe and well-equipped learning facilities
- Standard 4 – Assessing progress and achievement
- Standard 5 – Communicating with patients
- Standard 6 – Supporting students and staff

We have provided (at Annex A) drafting comments which further address the language, structure and flow issues in the draft standards.

If the GOC is not willing or able to recast the standards as suggested above, we believe they should at least consider renaming the standards, as set out below and in Annex A:

- Standard 1 - Becoming a health professional
- Standard 2 - High quality education, training and learning, and environments
- Standard 3 - Programme content and assessment
- Standard 4 - Balancing theory and clinical experience
- Standard 5 - Leadership and support for students and staff.

Q10. Overall, do you think that the draft education Standards and Learning Outcomes are fit for purpose?

Disagree.

We welcome and support the conclusions set out in the *What we have heard* section of the consultation paper. However, although moving in the right direction, there is still a long way to go to make these right for the present and future, and consistent with the vision set out in earlier papers.

In addition to the points of principle we have set out in answer to Q8, we are concerned that the draft education Standards fail on two key points.

Old-fashioned model

Despite aiming to develop graduates who are fit for the future, these draft standards still seem to be based on the mind-set of a single clinician working in isolation. It is true that optometrists and DOs do need to be capable of doing this but, in future, team- and multi-disciplinary working is far more likely to be the norm and the key risks to patients are more likely to be at the interfaces/hand overs with other professionals, particularly inter-professional referrals.

For instance, we support the principle in the third bullet point in the *What we have heard* section that “professionals of the future need to be able to make clinical decisions confidently and safely”. However we would have liked to have seen that expanded, up front, to include seeking advice appropriately and referring only where clinically necessary (and not as a substitute for appropriate clinical management in primary care where this is locally funded).

Specialisation

Again, since the standards are supposed to be looking to the future, there is no recognition that a degree of sub-specialisation might be necessary e.g. in final year, just as there is in other professional courses. Despite the recognition that ‘professionals of the future’ need to be equipped to “give new and innovative services” it might be helpful to add something like: ‘this may include an element of specialisation in the final year before graduation and in the pre-registration year’.

In our view this would not lead to risk. One of the GOC’s greatest successes in recent years has been to inculcate into registrants that they must only practise within their competences and must never exceed these. Recognition that sub-specialisation may now have to be a reality could also reinforce the message that education should be ongoing throughout a registrant’s career.

Section 2: Views on proposed timeframe for implementing changes

Q11. Does this timescale seem realistic?

We are unsure.

Q12. Are there any concerns and/or risks in meeting this?

If too long a timetable is allowed, the normal tendency is to delay tackling the real issues until close to the deadline. At the same time, we recognise that the process will be challenging for universities, training institutions, examining and awarding bodies which will need time to prepare and switch.

Under any scenario this will involve a great deal of work and so five years seems to us a reasonable initial working compromise. This would enable the current, 2019 and 2020 intakes of students to graduate under the system in which they have started, which is only fair, with Year One of the new system only kicking in for first year undergraduates in autumn 2024. This approach will enable those departments which can move more agilely to do so, so that large cohorts of students do not continue to be trained and educated under the old system when they could benefit more from elements of the new, e.g. early and ongoing face-to-face interaction with patients in a variety of settings.

We hope our understanding is correct that ‘transition in 2024’ means ‘transition by 2024’ – i.e. not waiting 5 years to start and so not holding back those schools of optometry which may be planning to introduce innovative models of education in line with this review sooner rather than later. Finally if some take longer for unavoidable reasons, they should be permitted to do so but without holding up the rest.

Section 3: Views on linking the Learning Outcomes to CET

Q13. Do you support this approach?

Yes.

Q14. What would be the benefits?

We made clear in our response to the March 2018 consultation that we agree with the proposal to link CET requirements to high level learning outcomes, indeed in our view it would be odd not to do so.

We particularly welcome the fact that this approach will enable registrants to tailor their CET more widely than their current scope of practice. The thrust of these reforms is about developing clinicians rather than technicians, and health care professionals rather than jobbing sight tester and glasses fitters. This means it is now time to move beyond the narrow definitions of CET based on the graduation competences of the past and to liberate clinicians to develop both existing and new skills in line with their own personal ambitions or, if employed, personal development plans. Historically, the GOC’s approach to CET has been limiting. If optometrists and dispensing opticians are really to be the clinicians of the future, we need both to trust them and to provide them with opportunities and tools to develop in a variety of different ways in line with their own ambitions and changing public need.

There is no risk in this to patients. There is no evidence that the rote refreshing of core competencies has actually had any noticeable impact on insurance cases, fitness to practise cases, or eye health outcomes. The principle of registrants working only within their competencies, skills and knowledge is now extremely well-established. This will, in our view, provide as much if not more protection and safety for patients than the currently over-restrictive and narrowly focussed core competence-based CET.

Q15. What would be the barriers to using these Learning Outcomes for CET?

Linking CET to the standards of practice may increase costs for some CET providers because they would need to be more thorough, ambitious and innovative in developing CET materials. Indeed this

could drive some lighter-weight CET out of the market. However we believe that the benefits for clinicians and patients should make that investment worthwhile.

Section 4: Views on continuing GOC student registration

Q16. What would be the implications for GOC registration introducing the new student standard and in particular, what would be the opportunities and risks of no longer requiring students to register with us?

FODO has traditionally taken the view that under-graduates did not need to be registered with the GOC since they were covered for any clinical work and training they did, usually in hospitals or in university campus-based practices, by those institutions. We have however always taken the view that pre-registration optometrists should be registered as trainees because they actively interact with patients outside the university setting and patients have the right to know that the person providing health care services to them, in a position of trust, is bound by regulation and clear standards of professional behaviour and practice.

However, as we fully support the position that students should have ongoing engagement with patients from the start of under-graduate courses as proposed in these education Standards, we have revisited our position.

Patients of any optical practice should have the expectation that any student or trainee providing care will be bound by the same professional standards as any other clinician. Junior doctors and nurses for example, are registered as soon as they start interacting with patients. It is hard to justify why this should be any different for under-graduate optometrists or dispensing opticians.

Final thoughts

Q17. Do you have any further comments you would like to add on any of the points raised in this consultation?

No.