

Analysis of responses to the public consultation on Education Standards and Learning Outcomes

General Optical Council

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RESEARCH

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This research has been carried out in compliance with the International standard ISO 20252, (the International Standard for Market and Social research), The Market Research Society's Code of Conduct and UK Data Protection law

I. Executive Summary

I.1 Introduction

As the regulator for optometrists and dispensing opticians, the General Optical Council (GOC) is responsible for setting the standards for optical education. The GOC is currently conducting an Education Strategic Review (ESR) and as part of this has developed new draft Education Standards and Learning Outcomes. A public consultation on these draft standards and outcomes was opened on 12 November 2018 and closed on 25 February 2019. A total of 498 responses to the online survey were received along with 41 emails/letters.

This report provides independent analysis of the consultation responses.

I.2 Key findings

Opportunities and impacts

Respondents were asked for their views on opportunities and impacts (including equality, diversity and inclusion) arising from the content of the draft Education Standards and Learning Outcomes, and how they could be mitigated.

- Respondents identified more impacts than opportunities
- The key opportunities identified included the flexibility of an outcomes based approach and the likelihood of this leading to more innovation/updating of course content
- The emphasis on more practical experience for students was also welcome
- Many respondents questioned the evidence base/benefits of the integrated approach
- Key impacts included a risk of lower standards due to the outcomes being interpreted differently across different providers and the responsibility for assessment also being in the hands of providers
- Many respondents wanted to retain an independent final examination/assessment
- Implementing more/varied student placements has implications in terms of funding, would be difficult to manage for education/training bodies and placement providers, and would negatively impact students due to the increased requirement to travel.

Responding to the key themes of the Concepts and Principles of ESR

Respondents were asked to what extent they believed the draft Education Standards and Learning Outcomes addressed the key themes of the Concepts and Principles of ESR.

- 43% of respondents believed that the standards and learning outcomes either fully (or partially) addressed the key themes of the concepts and principles of ESR
- Separate outcomes for optometrists, independent prescribing optometrists, dispensing opticians and contact lens opticians were welcome.
- 31% of respondents believed that the standards and learning outcomes did not address the key themes of the concepts and principles of ESR
- Respondents who disagreed were concerned about the 'vagueness' of the outcomes and standards and questioned how they would be applied and assessed consistently
- Respondents reiterated concerns around the proposed transition to a single set of outcomes

Comments on the draft Education Standards and Learning Outcomes

Respondents were asked for their comments on the draft Education Standards and Learning Outcomes, including their views on completeness, the language used, structure or flow.

- Some respondents were positive about the completeness and flow of the document, whereas others found the language overcomplicated
- Areas where respondents would have liked to have seen more detail included CPD, implementation, quality assurance processes, support provided to students and educators, and the role of extended primary eye care services
- A number of professional bodies and education/training providers have provided detailed feedback for the GOC to consider on the wording and technical scope of specific outcomes
- Examples of best practice that the GOC could refer to included similar publications by the General Dental Council and General Pharmaceutical Council.

Views on whether the draft Education Standards and Learning Outcomes are fit for purpose

Respondents were asked whether, overall, they thought that the draft Education Standards and Learning Outcomes were fit for purpose.

- 71% of respondents disagreed that the draft Standards and Learning Outcomes are fit for purpose
- Fundamental concerns about the proposed shift to the integrated model and lack of independent assessment led many to state that they could not support the draft Education Standards and Learning Outcomes in their current form and further engagement with stakeholders was required.
- Those who were in agreement welcomed the opportunity the draft Education Standards and Learning Outcomes offered to update the profession and the emphasis on 'soft skills' and increased placement experience for students

Views on the timescale for implementation

Respondents were asked whether they thought the proposed timescale for implementation was realistic and to identify any risks or concerns in meeting this.

- 19% of respondents stated the timescale was realistic, 39% said it was unrealistic, and 36% were unsure
- The issue for many respondents was that they felt that it was not possible to have a view on the timescales until the draft Education Standards and Learning Outcomes were finalised
- Some respondents felt that there was a risk of the timescale being too long and the profession could become 'out of date'.
- Education and training providers felt that the transition period would be very challenging and a staged approach with clear support and guidance from the GOC would be essential.

Views on linking the Learning Outcomes to CET

Respondents were asked whether or not they supported the GOCs proposal to link the Learning Outcomes to CET, and for their views on the benefits and the barriers to this approach.

- 45% of respondents supported this approach, 28% did not and the remainder were unsure/did not respond
- The main benefits of this approach included increased flexibility for registrants to tailor learning to their interests
- The main areas of concern were that core competencies could become neglected or that registrants would stick to topics in their comfort zone
- Dispensing opticians took the opportunity to express their dissatisfaction with regards to lack of funding
- Other issues noted included the availability/accessibility of relevant CET courses/materials and the need to ensure that learning formats are flexible to accommodate professionals with different needs or those in rural areas.

Views on continuing GOC student registration

Respondents were asked to identify the implications for GOC student registration of introducing the new Education Standards and in particular the opportunities and risks of no longer requiring students to register.

- Many respondents (including students) believed that there was a strong argument for retaining student registration
- Key reasons for this included the fact that registration encouraged students to have a clear understanding of their responsibilities and that this promoted professionalism/protected the public – particularly if students were to have more placements
- Reasons for not supporting student registration included reducing the financial burden on students, and the view that the profession was out of step with other health professions who did not require this
- Others felt that students are already closely supervised and that it was sufficient for universities and placement supervisors to carry out this role.

2. Introduction

As the regulator for optometrists and dispensing opticians, the General Optical Council (GOC) is responsible for setting the standards for optical education. The GOC is currently conducting an Education Strategic Review (ESR) and as part of this have developed new draft Education Standards and Learning Outcomes. A public consultation on these draft standards and outcomes was opened on 12 November 2018 and closed on 25 February 2019. The consultation survey along with accompanying materials was made available on the GOC Consultation Hub <https://consultation.optical.org/>

In March 2019 Qa Research were commissioned to conduct an independent analysis of the consultation responses.

3. Aims and objectives

The GOC required an independent analysis and reporting of the consultation feedback. The specific required deliverables were:

- A rigorous analysis of the consultation responses;
- A detailed written report exploring these responses;
- A presentation of the consultation findings and conclusions (to be delivered in May).

4. Methodology

This report provides quantitative and qualitative analysis and a summary of the main feedback collected against each of the consultation questions. Selected anonymised quotes have been included to illustrate the views expressed. The raw data is also held by the GOC for further consideration.

5. Profile of Respondents

5.1 Profile of survey respondents

The following tables and charts demonstrate the broad profile of those responding to the consultation (N.B based on the 498 survey responses only). Equality demographics can be found in the appendices.

Figure 1: Q3 Are you responding as an individual or organisation?

	Count	Percentage
Individual	464	93%
Organisation	34	7%
Base	498	

Figure 2: Q4 Which category best describes you?

	Count	Percentage
Dispensing Optician	315	68%
Optometrist	65	14%
Student - dispensing	37	8%
Student - optometry	9	2%
Member of the public	3	1%
Other	35	8%
Base	464	

Overall, as of February 2019, 22,955 people were fully qualified GOC registrants, 15,974 (70%) were Optometrists and 6,981 (30%) were Dispensing Opticians. As illustrated above, the majority of respondents (68%) were dispensing opticians¹ meaning that Dispensing Opticians are over represented in the consultation responses and Optometrists are underrepresented.

Figure 3: Q6 Which category best describes your organisation?

	Count	Percentage
Education/training provider - undergraduate/pre-regist	13	38%
Optical business registrant	6	18%
Optical professional body	5	15%
Other	10	29%
Base	34	

A list of organisations that responded to the consultation, and gave their consent to be named, is included in the appendices.

5.2 Other responses

A total of 41 emails and letters were also received. These were from individual registrants, universities and professional bodies.

¹ This is due to a campaign initiated by the Association of British Dispensing Opticians (ABDO) which encouraged their members to respond to the consultation – c.80-85% of responses from Dispensing Opticians appear to have been influenced by the campaign.

6. Consultation findings

6.1 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?

Summary of responses

- Respondents identified more impacts than opportunities
- The key opportunities identified included the flexibility of an outcomes based approach and the likelihood of this leading to more innovation/updating of course content
- The emphasis on more practical experience for students was also welcome
- Many respondents questioned the evidence base/benefits of the integrated approach
- Key impacts included a risk of lower standards due to the outcomes being interpreted differently across different providers and the responsibility for assessment also being in the hands of providers
- Many respondents wanted to retain an independent final examination/assessment
- Implementing more/varied student placements has implications in terms of funding, would be difficult to manage for education/training bodies and placement providers, and would negatively impact students due to the increased requirement to travel.

Opportunities

Respondents identified a range of opportunities arising from the draft Education Standards and Learning Outcomes.

Respondents appreciated the flexibility of an outcomes based approach in terms of allowing for innovation and updating of course content and expansion of different modes of delivery (e.g. distance learning).

Some respondents also welcomed the removal of 'mandatory minimum numbers/episode types' and felt that registered clinicians should be able to sign this off. There was a view that the optical profession was fairly low risk and good supervision along with a final exam should be sufficient. Other views expressed included the benefits of having practical skills delivered by a current practitioner with up to date experience. The emphasis on public trust was also welcomed given that more tasks were being handed over from GPs.

“The shift from the current overly prescriptive approach to an outcome based approach is hugely welcome. I hope this move will liberate the education sector to innovate, learn from other healthcare degree courses to embed patient experience earlier in their programmes. This can only produce more employable graduates.” (Optometrist)

“They [outcomes] allow an increased scope for innovation by education providers by moving to a less prescriptive model which allows providers more opportunity to push optometry education forward into new and emerging areas.” (Education/training provider)

There was also support for enabling students to have earlier and more varied patient experience and respondents felt that the outcomes based approach would be beneficial for students and promote the idea of well-rounded professionalism. Increased opportunity for hospital based experience was also well received, although this increased demand would need to be managed.

“Impacts of this may well be that there are increased demands on clinical environments external to educational institutions e.g. hospitals where meaningful clinical contact can be sought. Some mitigation for this may be managed by education establishments using more experienced clinicians in delivering their courses rather than academics and being able to pass on knowledge of their experience rather than theoretical knowledge.” (Optometrist)

Some respondents also commented that more emphasis on combining the practical and theory elements would be beneficial for inclusivity and would widen participation in the workforce – although this was also identified as a negative impact in terms of implications for salaries/employment prospects. There was also a view that the new structure would allow easier access and transition between current registrants and students entering the profession at any level.

“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.” (FODO)

Respondents also expressed the view that an outcomes based approach would allow providers to offer learning that was tailored to the needs of students.

“The removal of mandatory minimum numbers in particular episode types and the move to a wider ranging set of learning outcomes, as opposed to many, very specific competency areas, means that students can benefit from a more tailored programme.” (Optometrist)

Other opportunities identified included more flexibility to learn from other professions and involve them in training and development.

“There is a clear opportunity for optical training providers to learn from, and work with, other healthcare sectors and we would strongly encourage the involvement of appropriate specialists from other areas (such as pharmacology, medicine, technology and communications) in the leadership and delivery of training and development programmes, as well as GOC registrants.” (The Worshipful Company of Spectacle Makers)

Impacts

The consultation responses identified more impacts than opportunities. Some respondents questioned the evidence base for moving away from the two stage education and training process (undergraduate degree followed by pre-registration placement and assessment, with separate sets of competencies).

“On reviewing the responses to the GOC’s previous consultations on the Education Strategic Review, there appears no consensus to suggest a single stage process is needed. The benefits of moving to one overarching set of standards that cover the entire route to registration, and the proposal that a single provider is responsible for delivering and assessing these standards, are equivocal.” (Aston Optometry School)

“The GOC should set out the public protection rationale for moving to a one-stage journey to registration for optometrists, and explain how it has balanced the benefits and risks of this change.” (Association of Optometrists)

In particular, many respondents felt that although an outcome based approach offered flexibility, the flip side of this was that it would be a challenge to maintain consistent standards across the

profession given the 'vagueness' of the outcomes. A key concern was that assessment would be in the hands of providers and that independent assessment was vital to upholding standards.

"There is the potential to make all assessments internal – lack of independent, rigorous assessment will inevitably drive down standards and put the public at risk." (Contact lens optician)

"Removing the Scheme for Registration, or any similar national assessment, also removes the ability to standardise at the point of registration. It is important to understand that a national exam consisting of just an OSCE is not appropriate because it cannot alone be a reliable and valid assessment." (College of Optometrists)

"The Learning Outcomes in their current form would, in AIO's opinion, not meet that need for clinical skills. AIO accept that prescriptive episode numbers are not always the way to define competence, but in the absence of specific numbers, AIO feel there should at least be specific reference to the techniques which registrants should be able to competently perform." (Association for Independent Optometrists and Independent Opticians (AIO))

"This raises questions about whether a final assessment conducted by a body independent of the programme provider, or an independent verification of the provider's own assessment, may be needed. This doesn't mean that the final assessment should act as a 'catch-all' to assess all student learning, must be the same for all providers, or must be mandated in detail by the GOC. The GOC could set an evaluation framework under which registration assessments could be offered by third party providers." (AOP)

"The suggested removal of independent assessment does not allow for the apprenticeship models which are currently being developed across the sector. It is a stipulated requirement that the end point assessment organisation (EPA) must be independent of the training delivery organisation." (ABDO)

"The LOs as currently devised will give the GOC's visitor panels an impossible task in attempting to compare courses - and the professional bodies little or nothing to use as a basis for assessment of competency in practice." (Dispensing Optician)

Respondents identified various impacts arising from the increased emphasis on practical/placement experience. Many (especially universities) questioned the resource implications of this in terms of developing and maintaining employer partnerships, but the impact on placement partners was also acknowledged. In addition, some respondents emphasised the need to ensure stringent processes were in place to ensure placements are of high quality.

"This is the single biggest risk. There is a significant financial and workload implication involved with the development of placement partnerships, for both higher education providers and for the placement partners" (Academic Optometrist)

An increase in costs was also identified as an impact in terms of upskilling practitioners to be teachers and in terms of administering assessments during the placement.

"Placements, and training practitioners to be teachers, will incur extra costs...making agreements with partner organisations to assess students in clinical placements, together with quality assuring those placements, will also involve extra costs. The costs are both direct in terms of payments for services and indirect in terms of the resources needed to co-ordinate complex arrangements." (College of Optometrists)

Another point linked to this was made by the Association of Optometrists noting the suggestion in the Impact Assessment that it could be mandatory for all fully qualified experienced registrants to have supervision responsibilities

“We appreciate this is only presented as one way of supporting the delivery of enhanced clinical experience, but clearly such a proposal would need careful consideration and consultation. Practitioners should only take on the important role of supervising students if they have the aptitude and motivation to do so, so we doubt a mandatory requirement is appropriate. Rather, incentives for practitioners to become supervisors – such as credits through the CET scheme – should be explored.” (AOP)

Some respondents questioned whether it would be possible to squeeze all of the required academic and practical experience into a three year degree and warned against putting students into placements too early, emphasising that theory must come before practice.

Increasing the length of the course was also perceived to have implications for students in terms of increased fees given that the ‘pre-registration’ year was often paid for on their behalf. Some respondents also noted that abandoning the ‘two stage’ approach could have implications for students who did not go on to become registered practitioners.

“In the current two-stage system some students can gain University accredited qualifications without becoming registered practitioners (e.g. those that exit at the end of 2nd year or graduate with a 3rd class honours degree). This will be lost under the new proposed system. This may cause some students to reconsider applying for such a course in the first place.” (Education/training provider)

Issues relating to the funding of Optometry degrees were also identified, i.e. optometry degrees do not receive ‘clinical’ funding – more funding would be required if students were to spend more time in placement.

The issue of maintaining a balance between academic rigour and practical experience was also raised. Some respondents also suggested that there was a risk that moving delivery of training away from universities could destroy the valuable research field for optometry. However, others welcomed the flexibility that the ESR could allow practice-based research.

“The purpose of academic research should be to address the concerns of general practice not to thrust its ideas upon it. The ESR make this reversal possible as well an encouraging innovation, problem solving and an interest in practice based research.” (Association of Sport and Schoolvision Practitioners (ASvP))

Also on the topic of placements, although it was seen as desirable that students should have the opportunity to gain practical experience within a range of settings, including hospitals, concern was expressed that hospitals might not have the capacity to support this. Others also commented that it may be harder for students in independent practice to gain experience with patients and this then allowed for the high street chains to ‘monopolise’ pre-registration students, and as some respondents perceived, this would allow the commercial chains to have a disproportionate influence on curriculum content. Others noted that the potential impact on optical businesses.

“Given that the majority of clinical placements will only be available at large commercial companies how will the GOC ensure that education and training activity is free from unfair bias, conflicts of interest and inappropriate influence of third parties” SI.7. (Education/training provider)

“Community optical practices provide important NHS care but their viability is based on their retail activity – they may need compensation for the cost of providing space and supervision for students.” (AOP)

Some questions were raised regarding the implications for the different countries, for example, will there be a standardisation of approach for England NI Scotland and Wales where there are differences in primary eye care?

As a result of a campaign by ABDO, the consultation generated a significant number of responses expressing concerns around a perceived ‘downgrade’ of qualifications for dispensing opticians from a level 6 to a level 5.

There was concern that this would lead to the role being devalued, a decrease in the salaries paid to dispensing opticians, restricted progression opportunities (from dispensing optician to optometrist and contact lens optician), and differential standards in training/qualifications resulting in an increased risk to the public. From the perspective of these respondents, changing the level was in opposition to the need for dispensing opticians to become upskilled in the context of an NHS where more GP responsibilities are being devolved – meaning that optometrists would need to take on more and hence dispensing opticians would need to be able to support them. Specific responsibilities mentioned by respondents included refraction, MECS, screening and monitoring. These views were in the main expressed by dispensing opticians/student dispensing opticians but were also shared by some optometrists who responded to the consultation. They emphasised the importance of having rigorously trained Dispensing Opticians to support them particularly within the context of an increasingly multidisciplinary environment

“Advances in technology, coupled with an increase in multidisciplinary working within eyecare, make it unlikely that refraction and the management of refractive error in the future will be solely the reserve of the optometrist. However, this is not reflected in the draft Learning Outcomes for student dispensing opticians.” (Optometrist)

Equality, diversity and inclusion

In relation to equality and diversity, the potential for travel to multiple placements was highlighted numerous times as a potential issue for students due to finance issues but also specifically for students with disabilities. Other financial impacts that could impact on equality, diversity and inclusion relate to the potential for extending degree courses to four years which would increase the financial burden for students.

“There are concerns about the 4 year course resulting in another year of fees for students and a lack of wages in the 4th year; this may seriously impact diversity and inclusion.” (Optometrist)

Other respondents stated that they would have liked to have seen more evidence of engagement with specific groups of interest to ensure that the standards ensure equality, especially for vulnerable groups.

“We believe there are opportunities to engage with learner groups and patient groups and/or patient representative groups e.g. Alzheimer’s Association, MIND, Help the Aged, Mencap, Carers Trust, National Autistic Society to ensure that the standards and learning outcomes ensure equality and inclusivity. We would welcome more evidence on this.” (Health Education England)

“All the workforce should expect to be testing and treating and dispensing to people with a range of learning disabilities and autism and so we believe this is the opportunity to be more prescriptive about the needs of this population...the current consultation offers the opportunity to underpin values, attitudes and communication skills with the potential to specialise.” (SeeAbility)

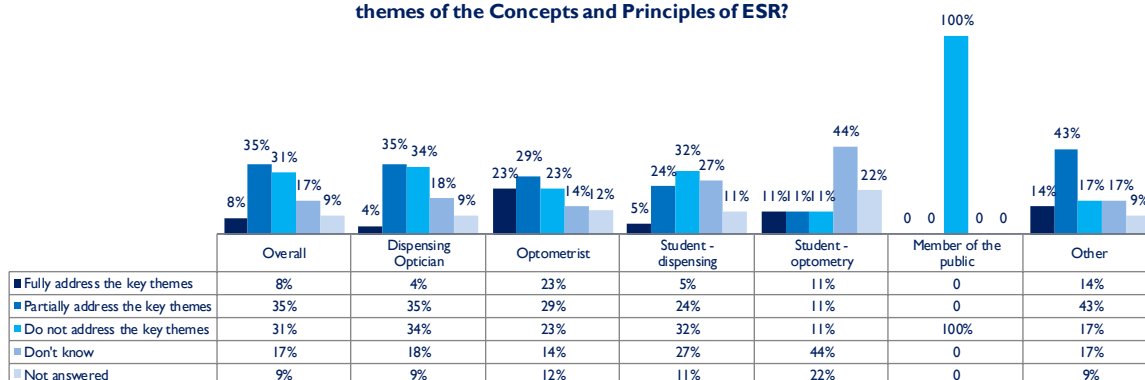
6.2 To what extent do the draft Education Standards and Learning Outcomes address the key themes of the Concepts and Principles of ESR?

Summary of responses

- 43% of respondents believed that the draft standards and learning outcomes either fully (or partially) addressed the key themes of the concepts and principles of ESR
- Separate outcomes for optometrists, independent prescribing optometrists, dispensing opticians and contact lens opticians were welcome.
- 31% of respondents believed that the standards and learning outcomes did not address the key themes of the concepts and principles of ESR
- Respondents who disagreed were concerned about the ‘vagueness’ of the outcomes and standards and questioned how they would be applied and assessed consistently
- Respondents reiterated concerns around the proposed transition to a single set of outcomes

Figure 4: Addressing the key themes

Q8: To what extent do the draft Education Standards and Learning Outcomes address the key themes of the Concepts and Principles of ESR?



Source: Qa Research 2019 Bases: Overall: 498; Dispensing Optician: 315; Optometrist: 66; Student - dispensing: 37; Student-optometry: 9; Member of the public: 3; Other: 35

Over four in ten respondents felt the standards and learning outcomes either fully (8%) or partially (35%) address the key themes of the concepts and principles of ESR. Just less than a third of people felt they did *not* address the key themes (31%). Optometrists appear to be more confident that the draft standards and learning outcomes fully address the key themes compared to other respondent types.

Respondents who agreed that the draft Education Standards and Learning Outcomes fully addressed the key themes of the Concepts and Principles of ESR were happy with the general essence of the document but acknowledged that some work was still required around the detail and implementation. Separate outcomes for optometrists, independent prescribing optometrists, dispensing opticians and contact lens opticians were welcomed by some respondents; however there was a view that the outcomes still lacked specificity in terms of the breadth and depth of knowledge required.

“Learning Outcomes do not determine the depth and breadth of knowledge required in a subject area and commercial pressures on institutions may impact on the quality of the future registrant. It would also not be possible, for example, for optometry students to achieve the



same level of dispensing knowledge as dispensing students in the time permitted and yet the proposed learning outcomes do not show a tangible difference. We believe this is a blatant anomaly and clarity to remove any doubt is required to avoid confusion for all parties. There is a distinct difference between the depths of knowledge in dispensing for both the optometrist and dispensing optician at present therefore further public confusion would not be appropriate.” (ABDO)

“I think that the draft standards address the key themes well and although there may be quibbles with detail, they provide a comprehensive framework to ensure relevant quality outcomes.” (Anonymous individual)

“They address the key themes. Whether they deliver them will depend on how well they are audited, assessed and reported” (Royal College of Ophthalmologists)

“Different sets of learning outcomes for optometrists, IP optometrists, DOs and CLOs are important.” (College of Optometrists)

Respondents working as dispensing opticians acknowledged the importance of the education review but many felt that their role was being compromised.

“The education review is important to ensure we are delivering to the correct standard and everything is up to date. So yes it delivered on the key themes but not at the compromise of the DO.” (Dispensing Optician)

“As it stands the draft does little to bring Optoms and DOs closer professionally.” (Dispensing Optician)

Respondents who disagreed that the draft standards addressed the Concepts and Principles of ESR commented on what they perceived to be the ‘vagueness’ of the outcomes and questioned how this approach could ensure high standards and queried the existence of the evidence base that demonstrates the current system is inadequate.

“I have no major issue with the content of the draft Education Standards and Learning Outcomes but the content is so broad and vague. Thus replacing the current framework with the proposed new framework carries with it enormous risks, which are much more likely to reduce, not enhance, the clinical skills of those joining the GOC's registers.” (Optometrist)

“To support successful implementation, there may well need to be examples of ‘what good looks like’ in order to bring to life statements such as (just one example) S4.2 “appropriate amount and mix of observational and practical exposure”. (Specsavers Group)

“As currently written, these documents establish a very low and non-specific benchmark for education standards that could theoretically permit a route to registration that does not require a University degree. This is highly inconsistent with the overarching principles set out by the GOC that would demand at least a level 6 (Honours) degree but could be interpreted as level 7 (Masters).” (Academic Optometrist)

“We broadly supported the direction of travel set out in the ‘concepts and principles consultation’ in March 2018. 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.” (FODO)

Some respondents (mainly optometrists) cited concerns around specific outcomes. For example, one view is that what has been published does not address concept 2 (Education Standards and Professionalism) as they felt that the GOC has not linked the Education Standards to the Standards of Practice for Optometrists and Dispensing Opticians. Another point was raised in relation to the publication of learning outcomes as a single set which some respondents perceived to be inconsistent with the findings from the GOCs' 2016 call for evidence which identified support for core training to be maintained as a two part process (e.g. undergraduate study followed by a pre-registration period).

In addition, concern was also expressed that what is being proposed appears to reject the notion of an independently assessed national registration exam and issues of quality assurance appear not to have been considered.

“This raises questions about whether a final assessment conducted by a body independent of the programme provider, or an independent verification of the provider’s own assessment, may be needed. This doesn’t mean that the final assessment should act as a ‘catch-all’ to assess all student learning, must be the same for all providers, or must be mandated in detail by the GOC. The GOC could set an evaluation framework under which registration assessments could be offered by third party providers. (AOP)

Some variations by country were also identified. Some respondents noted that the education standards require students to be able to practise in any part of the UK and felt that work would be needed to ensure that they have all the skills necessary to reflect the variations in how health services operate.

“I also feel that optometrists in Scotland are operating at a higher level than other optometrists in the UK as is evident in the need for optometrists who have qualified elsewhere in Scotland to complete the enhanced competency assessment in order to work under Scottish General Ophthalmic Services...I feel that parity across all UK regions could lead to difficulty in ensuring undergraduate training can be tailored to ensure graduates have the knowledge and skills required to work within devolved health service structures.” (College lecturer)

Other respondents noted specific issues relating to a lack of detail in the learning outcomes and how they could be applied in Scotland.

“A lack of detail makes it difficult to ensure a sufficient standard has been reached to provide the level of care required under GOS in Scotland. For example, draft Learning Outcome 1.3 (“Understands and is able to perform a wide range of ocular examination techniques and diagnostic procedures and is able to use diagnostic drugs to examine the eye health of the patient”) is problematic as optometrists working under GOS in Scotland require not only to understand and perform such tests, but also to be able to interpret appropriately the results.” (Education/training provider)

Some respondents noted potential difficulties in rural Wales as a result of the proposal to increase placement time.

“Were supervision to become mandatory, this may be very difficult for some practices in Wales that run on a part time basis, or are very rural. If funding is insufficient this may mean that larger practices are the only ones able to offer placements, which may produce a monopoly on placements and/or an unmanageable demand on a small number of suitable practices.” (Optical professional body)

Other questions raised relate to the extent to which the draft standards ensure that education and training equips optical students and professionals for the roles of the future.

“One example of this relates to the role of dispensing opticians in refraction. Advances in technology, coupled with an increase in multidisciplinary working within eye care, make it unlikely that refraction and the management of refractive error in the future will be solely the reserve of the optometrist. However, this is not reflected in the draft Learning Outcomes for student dispensing opticians.” (Optometrist)

6.3 Do you have any comments to make regarding the draft Education Standards and Learning Outcomes?

Summary of responses

- Some respondents were positive about the completeness and flow of the document, whereas others found the language overcomplicated
- Areas where respondents would have liked to have seen more detail included CPD, implementation, quality assurance processes, support provided to students and educators, and the role of extended primary eye care services
- A number of professional bodies and education/training providers have provided detailed feedback for the GOC to consider on the wording and technical scope of specific outcomes
- Examples of best practice that the GOC could refer to included similar publications by the General Dental Council and General Pharmaceutical Council.

Some respondents provided some positive feedback on the draft standards document in terms of completeness and flow.

“I find the design is very comprehensive, the interpretation and the analysis of requirements is all-encompassing. I would like to see more detail about the inclusion of the Professional bodies (ABDO, College etc.) The language used is clear and precise, and the structure is legible, logical and credible.” (Dispensing optician)

“The language is clear, the structure is a little bit confusing going from a table to a list of what is expected of a good professional. However overall easy enough to read.” (Student dispensing optician)

Other suggestions included the addition of examples of the types of evidence by each standard as per the approach taken by the General Dental Council.

However, others were concerned that the language and the outcomes themselves were too vague and open to interpretation. Some found the language overly complicated or felt that the document would benefit from a contents page.

“Wording of the learning outcomes gives no indication of the depth and breadth of the subject matter could mean driving down educational standards.” (Dispensing optician)

“This seemed to be written in a way that used complicated language which was not easy to follow.” (Dispensing optician)

“The phrases ‘understand’ and/or ‘is able to’ are redundant. Many of the other words that follow these phrases work well on their own as they are action words and, therefore, easier to assess – for example: demonstrate, recognise, explain, describe, apply, assess, evaluate, interpret, appraise,

record, diagnose, record, illustrate etc. The GDC has a useful table in its learning outcomes (page 14), setting some of these out.” (College of Optometrists)

“I am a qualified CLO, but dyslexic, passed all my exams first time. I found the draft Education Standards as useful as trying to read French. I got my information from others, ABDO and Optician Journal.” (Contact lens optician)

Areas where respondents would have liked to have seen more detail included CPD, implementation, quality assurance processes, support provided to students and educators, and the role of extended primary eye care services.

“I don't think the draft is fully transparent about how it plans to implement the suggested changes and how the process would be monitored to ensure quality of education. The language used was quite hard to follow at times and almost felt deliberately vague on the details of how each point would be achieved.” (Dispensing optician)

“There is a standard relating to supporting students but we think this would benefit from being expanded. Similarly, we think it would be helpful to include a standard about supporting all educators (academics as well as visiting teachers from practice), supervisors, assessors and examiners in relation to training and resources.” (College of Optometrists)

“We note that currently some of the Standards are multi-dimensional, making them difficult to measure in the absence of multiple metrics e.g. Standard 2.1 “Ensure all learning environments are safe and accessible to students, educators, training supervisors, patients and carers, and free from discrimination, harassment and victimisation”. We think this should be split to enable the standards to be more measurable.” (Health Education England)

“We are not clear to what extent if at all extended primary eye care services (those such as minor eye conditions services; cataract services; glaucoma services) have been considered in the ESR.” (Local Optical Committee Support Unit)

The College of Optometrists noted that more detail was needed on the specific procedures that a newly qualified optometrist should be capable of undertaking – this view was shared by the Association of Optometrists (AOP).

“AOP members working in education have told us that the current draft Learning Outcomes do not give a clear description of the required knowledge, skills and behaviours of a ‘safe beginner’ optometrist. Education providers will need a clear understanding of this to be able to develop their education programmes, and assessment providers will need it to decide how to test attainment.” (AOP)

Respondents representing people with disabilities/additional needs (SeeAbility) commented that they would like to see a mandatory requirement to perform an eye examination on a patient with learning disabilities or dementia or another communication difficulty as part of this review of education.

In addition to this, some respondents would have liked to have seen more detail around customer care and complaint resolution, and others felt that document lacked an overarching philosophy. A lack of SMART objectives and an evaluation framework was also noted.

“There doesn't appear to be an overarching educational philosophy guiding the draft Education Standards and Learning Outcomes, nor do they appear to have been written using typical educational terminology and this is unfortunate.” (Optometrist)

Some respondents identified issues with the wording of specific outcomes in that some lacked definition or seemed to duplicate others.

“Optometry 1.16: '...has all necessary knowledge and clinical skills for the delivery of primary eye care service contracts in the UK'. This encompasses all the other learning outcomes, making the remainder apparently obsolete.

Optometry 1.5: covers optics, BV, CL, LV, refraction and accommodation in one outcome!

Domains 2-4 restate the standards for optical students, and could be replaced by a single learning outcome to this effect. Contact lens opticians will already have demonstrated learning outcomes in Domains 2-4 by becoming dispensing opticians prior to commencing CLO training - to what extent would they need to demonstrate these LOs again, or in a specific CL capacity?” (Optometrist)

“In domain 4, I would question why we would expect optometrists in training to be effective managers at the point of registration. Surely management is one of the potential career advancement routes that may continue to give an optometrist professional career opportunities?” (Optometrist)

“Many of the learning outcomes are very wordy and combine several elements. For clarity, the different elements should be separated – for example 1.7 combines diagnosis, management, advising the patient and referral. 1.16, 3.1 and 3.8 are also very broad and would be difficult to assess in their current format.” (College of Optometrists)

Anglia Ruskin University, The Worshipful Company of Spectacle Makers, the Association of Optometrists, FODO and Cardiff University have also provided detailed feedback on the wording and technical scope of specific outcomes.

Issues around structure were raised by Optometry Schools Council along with concerns around a lack of transparency in the development of the learning outcomes. This view was also shared by the Association of Optometrists (AOP).

“The outcomes contain elements of knowledge, skills and behaviour in varying mixes across the four domains. This makes curriculum design more cumbersome than it needs to be. We suggest delineating the outcomes into three domains entitled ‘knowledge’, ‘skills’ and ‘behaviour’.” (Optometry Schools Council)

“Overall, it is unclear what the process was in the writing of the learning outcomes or how it was decided who should write them. I believe that the GOC should have been more open and transparent about both the group and process. The OSC is willing to use their pedagogical expertise to assist the GOC to produce useable learning outcomes in collaboration with other stakeholders and in my opinion; this generous offer should be grabbed with both hands.” (Optometrist)

“The process the GOC has so far used to develop the draft Education Standards and Learning Outcomes has not been transparent, and we would welcome an explanation of how the drafts will be revised after this consultation. The structured process provided by the Delphi method could be a helpful approach.” (AOP)

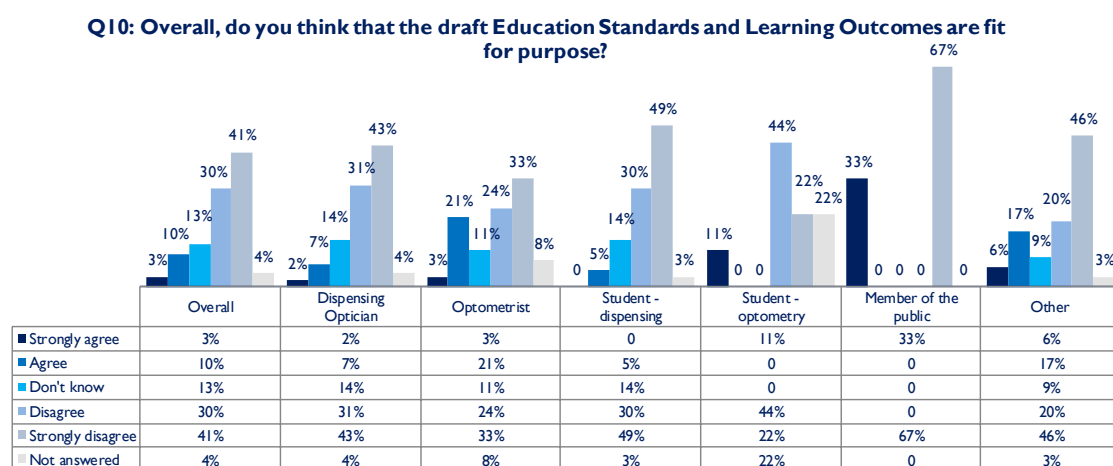
Other respondents flagged the standards and learning outcomes produced by the General Dental Council and General Pharmaceutical Council as good templates that could be used to help refine the GOC's approach.

6.4 Overall, do you think that the draft Education Standards and Learning Outcomes are fit for purpose?

Summary of responses

- 71% of respondents disagreed that the draft Standards and Learning Outcomes are fit for purpose
- Fundamental concerns about the proposed shift to the integrated model and lack of independent assessment led many to state that they could not support the draft Education Standards and Learning Outcomes in their current form and further engagement with stakeholders was required.
- Those who were in agreement welcomed the opportunity the draft Education Standards and Learning Outcomes offered to update the profession and the emphasis on 'soft skills' and increased placement experience for students

Figure 5: Fit for purpose?



Source: Qa Research 2019 Bases: Overall: 498; Dispensing Optician: 315; Optometrist: 66; Student - dispensing: 37; Student-optometry: 9; Member of the public: 3; Other: 35

A majority of those responding to the consultation disagreed that the draft Standards and Learning Outcomes are fit for purpose (net disagreement: 71%). Just over one in ten (13%) agreed that these are fit for purpose, with the remainder being uncertain or not providing a response.

The strongest sense of disagreement appears to come from dispensing opticians and dispensing students. Whilst over half of the Optometrists also disagreed the Standards and Learning Outcomes are fit for purpose (57%), there appears to be a higher than average level of agreement that these standards are fair amongst this group when compared to other job roles.

Respondents who agreed that the standards are fit for purpose emphasised that they played an important role in keeping professionals up to date and current, but there would be a need to keep updating them to reflect technological changes and the scope of clinical practice. The emphasis on 'soft skills' and earlier exposure to patients was also welcomed, although it was acknowledged that more work was needed on the practicalities and funding implications of placements.

“A good draft allowing the possibility of innovation, it succeeds very well in that sense.” (Association of Sport and Schoolvision Practitioners (ASvP))

“[requires] some further clarification especially around the multi professional roles for effective decision making and support for early placement exposure.” (British and Irish Orthoptic Society)

However, the majority of respondents disagreed that the draft Education Standards and Learning Outcomes are fit for purpose, either one or both elements.

“We are generally supportive of the draft Standards, but feel considerable work remains to be done on the draft Learning Outcomes.” (Aston Optometry School)

“AOP members working in education have told us that the current draft Learning Outcomes do not give a clear description of the required knowledge, skills and behaviours of a ‘safe beginner’ optometrist. Education providers will need a clear understanding of this to be able to develop their education programmes, and assessment providers will need it to decide how to test attainment.” (Association of Optometrists)

“We would not support current Learning Outcomes unless considerable amendments could be incorporated, learning outcomes as a concept is acceptable as a base for education but would wish to see the retention of an agreed level of competency-based assessment as currently exists to assure the GOC of a consistent level of skill and professionalism on entering the register.” (ABDO)

Some organisations responding to the consultation had fundamental concerns about the proposed shift to an integrated model, and as such could not support the draft Education Standards and Learning Outcomes, and would have preferred a refinement of the existing framework.

“The AIO feels there is a general sense of “throwing the baby out with the bathwater” by totally redesigning the education route. AIO agree that the current system is in need of reform (and are pleased to see that some of these issues have been addressed in the current draft standards – informed consent, evidence-based practice, and the removal of specific patient episode numbers); however, the essential framework works very well, and lends itself much better to refinements rather than a complete re-write.” (Association for Independent Optometrists and Independent Opticians (AIO))

From the perspective of dispensing opticians, disagreement with the integrated model was a common concern along with too much scope for providers to interpret learning outcomes and potentially lower standards. Dispensing opticians also took the opportunity to reiterate their concerns around the perceived devaluing of their role/qualification level and limitation of progression opportunities (e.g. a level 6 qualification enables progression to higher levels of training such as refraction, MECS and screening/monitoring for diabetes and glaucoma).

Some optometrist respondents expressed concerns on the movement towards an apprenticeship style degree, citing the negative impacts as inconsistent standards, and a lack of up to date knowledge which some perceived to be more likely to be available within universities.

“I am concerned that a one stage system removes checks and balances between providers and pathways. A single stage system does not seem to meet the robust requirements needed to protect the public and deliver excellent eye health to the nation at the same standardised high level. Medicine and nursing are moving towards up-skilling and whilst this ESR states no move to lower

standards apprenticeships and other routes may seem to open the door for reducing entry requirements (or equivalent prior learning).” (Optometrist)

There was also a view that the ESR has not addressed the increasing importance of specialised roles in secondary eye care.

“This seems a missed opportunity to consider what the public will need from the eye care workforce over the coming years. Entry-level practitioners competent to cover a range of primary eye care services will continue to be essential, but it is unclear what the proposed changes will achieve in terms of change in quality here. However, increasingly specialised roles in secondary eye-care and shared-care with primary eye care services will become more prominent, and will require skills that are beyond entry level to the professions, and this is not addressed at all.” (Optometrist)

Some organisations responding to the consultation felt that the standards needed to be more focused on modern working practices.

“Ever increasingly optometrists, dispensing opticians and CLOs become involved in multi-disciplinary practice. Further communication skills today play an ever increasing role as a result of the diversity of service. These factors, plus the inclusion of modern day vision correction solutions such as refractive surgery (laser eye surgery and a range of Intraocular lens treatments for example) need to be recognised and reflected in the Education Standards and Learning Outcomes. Specialist areas of the profession such as refractive surgery need to be recognised and be part of the training delivery from an early stage in order for those that wish to work in these areas to be more competent and confident in providing care to applicable patients.” (Optical business registrant)

“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.” (FODO)

Respondents identified some specific issues relating to Scotland and felt that the draft document did not account for differences between England and Scotland, the following quote illustrates the type of issue identified.

“A lack of detail makes it difficult to ensure a sufficient standard has been reached to provide the level of care required under GOS in Scotland. For example, draft Learning Outcome 1.3 (“Understands and is able to perform a wide range of ocular examination techniques and diagnostic procedures and is able to use diagnostic drugs to examine the eye health of the patient”) is problematic as optometrists working under GOS in Scotland require not only to understand and perform such tests, but also to be able to interpret appropriately the results. We also consider that the omission of a learning outcome specifically related to clinical decision-making to be a concern, given the move both in Scotland, and in the rest of the UK, to having more eye disease managed by optometrists in the community.” (Education/training provider)

6.5 Does this timescale seem realistic?

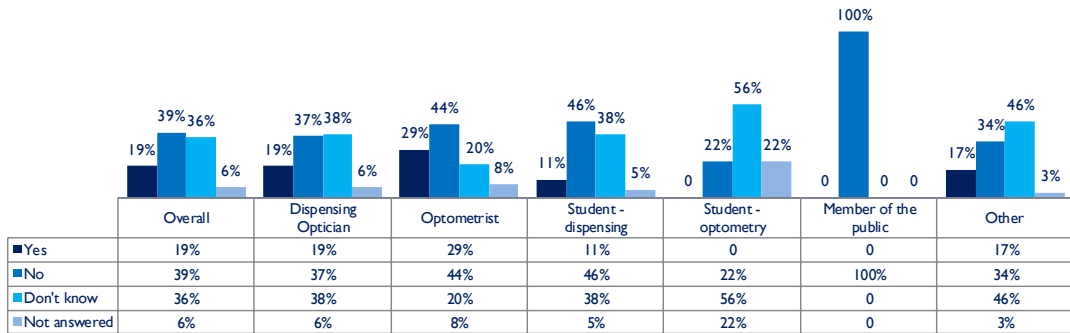
The proposal to transition to the new Education Standards for providers and Learning Outcomes for students in 2024 was outlined in the consultation document.

Summary of responses

- 19% of respondents stated the timescale was realistic, 39% said it was unrealistic, and 36% were unsure
- The issue for many respondents was that they felt that it was not possible to have a view on the timescales until the draft Education Standards and Learning Outcomes were finalised
- Some respondents felt that there was a risk of the timescale being too long and the profession could become ‘out of date’.
- Education and training providers felt that the transition period would be very challenging and a staged approach with clear support and guidance from the GOC would be essential.

Figure 6: Views on timescale

Q11: Does this timescale seem realistic?



Source: Qa Research 2019 Bases: Overall: 498; Dispensing Optician: 315; Optometrist: 66; Student - dispensing: 37; Student-optometry: 9; Member of the public: 3; Other: 35

Just less than a fifth of those responding to the consultation felt the timescale seemed realistic (19%); with the largest proportion of respondents stating it did *not* seem realistic (39%). There was also considerable uncertainty about this, 36% were not sure if this timescale was realistic or not and a further 6% did not give a response to this question.

There are generally no significant differences in these responses by respondent type. Optometrists were more likely to give a firm response to this question (yes or no) than other respondent types.

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

For many respondents a five-year transition period for a finalised and 'fit for purpose' set of Education Standards and Learning Outcomes would be realistic, if somewhat tight. The issue for many respondents was that they did not agree with the proposed education standards and learning outcomes thus meaning any talk of timescales was somewhat redundant. Some were also sceptical about how realistic this timescale was, citing previous reviews that took longer than expected.

"Taking into account internal institutional processes the OSC is of the view that 2024 might be achievable to admit the first Year 1 cohort if we were certain of the changes which were required at the time of writing. Given that we fundamentally disagree with moving to a one stage model and that the learning outcomes are not currently fit for purpose we think that implementation by 2024 is not achievable." (Optometry Schools Council)

Many respondents felt there was a need for further consultation before things were finalised and as such it was not possible at this point in time to determine if the timescale was feasible.

"Without a complete and approved set of Standards and Learning Outcomes in place, it is impossible to answer this question as any timeline is hypothetical. Even with a 2024 transition date, a generation of undergraduate optometrists will have been disadvantaged as programme innovation and development will continue to be stymied by the uncertainty around the Education Strategic Review." (Aston Optometry School)

"Without a clear indication of what the outcome will be it is impossible to answer this question. It may be that some universities decide they no longer wish to offer an optometry programme, depending on the model that emerges." (Anonymous organisation)

Other concerns raised again related to the perceived deskilling/devaluing of the workforce; the shift to an integrated model and the lack of external and independent assessments. In terms of 'risk' many respondents felt these factors could lead to a risk to the public; the professionals and industry.

"The current "dual" model of Optometry education and training is well-established, tried, and tested. The College of Optometrists' Scheme for Registration is robust as well as flexible enough to be adapted to integrated models (e.g., Manchester MOptom, Hertfordshire); it has not stifled innovation. The current system has evolved over decades, and it is difficult to see how a profound change such as the GOC seem to be proposing could be safely carried out within 5 years." (Education/training provider)

"I do not think the timeline is achievable if proper quality assurance is to be in place and properly written standards and learning outcomes are still to be developed. The public safety will be put at risk if this steam-rollers ahead. It seems like this whole process is pushing forward, without proper checks and balances and without meaningful and transparent consultation to fit the agenda of employers, rather than the public or the wider profession." (Optometrist)

"The proposed date of roll out of 2024 is totally unrealistic. If we knew right now the format for optical education, then 2024 is possible, but as it stands the review so far has produced a model that is not at all workable. I would envisage at least another year of work to get the review to a position close to a quality offering (perhaps longer), then 5 years to plan and implement fully." (Optometrist)

For some, there is a risk of the timescale being too long. Some respondents believed that there needed to be more innovative change, and sooner, and expressed concern about change not coming

soon enough (particularly in terms of producing graduates through the new programmes) and the industry quickly becoming 'out of date'. For these respondents it was important to start acting on changes as soon as possible, through encouraging and supporting early adopters and ensuring adequate communication, guidance and support is available to stakeholders as soon as possible.

"The risk with a 5 year long implementation period is that the learning outcomes will be dated before use, and therefore not fit for purpose. Without the addition of acknowledgement of changes to scope of practice this certainly will become apparent."(Dispensing Optician)

"2024 is reasonable. It is a very ambitious deadline but any longer would lose momentum and lack conviction" (Association of Sport and Schoolvision Practitioners (ASvP)

"No overall concerns, as the body seems good with communicating. I am sure they are smart enough not to force in a system that is not ready for roll out. I think the year before the formal roll out, they should try the "live" system on a small cohort of volunteer practitioners who will then highlight any problems well in advance of the formal roll out." (Optometrist)

"The time frame is too far out, we need change now. Educational institutes could be expected to change at the earliest opportunity such as their next 5 year review so that 2024 would be time all establishments would be on board. New providers could be asked to incorporate these new Learning Outcomes now alongside existing competencies." (Anonymous)

"It is unlikely that change could be enforced on a much quicker scale than is identified, however there is a pressing need for more immediate change, and the GOC should be prepared to allow institutions to trail blaze and change quickly if they are able." (Anonymous organisation)

Some concern was expressed about the implications and risks for students during the transition period. Would those graduating under the current programmes be valued as highly as those graduating under the new system? If there is a recognised need for more student placements sooner in courses could this not be acted on sooner if possible to benefit everyone?

"Even with a 2024 transition date, a generation of undergraduate optometrists will have been disadvantaged as programme innovation and development will continue to be stymied by the uncertainty around the Education Strategic Review". (Aston Optometry School, Aston University)

Education/training providers discussed the possible challenges of the timescale in terms of the practical things that would need to be done, including: making curriculum and syllabus changes, getting these approved, liaising with employers to facilitate a greater number of placements (which was already considered challenging) and planning for internal assessments. There was a lot of uncertainty about how long such negotiations would take, and in some cases these respondents felt the suggested timescale for transition could be tight. There was a feeling that new providers may find it easier to transition sooner. Again, clear information, support and guidance were considered to be key factors in mitigating this risk of delay.

"If the proposed system was imposed there would need to be negotiations between us and employers/the College. It is unclear how long that would take. Significant work would also be required for the transition period when we would be delivering two systems – this could impact delivery." (The University of Manchester)

"The regulator will need to both give leadership and direction, co-producing programmes in partnership with training providers, but also being able to hold to account and apply meaningful

accountability, and possibly sanctions, if progress is tardy or out of step with an agreed base outcome". (Health and Social Care Board, Northern Ireland)

"The proposed timeline for the transition to new standards for students entering optical education in 2024 is tight. Consideration and preparation of substantial revisions to courses would take at least a year (running alongside the delivery of existing courses), and additionally involve negotiations and legal agreements with potential partners and setting up or expanding placement and quality assurance provision. Rewritten curricula are required to be submitted at least a year in advance of initial delivery, with additional internal validation procedures to be completed, followed by external validation with the GOC." (Anglia Ruskin University)

"There are always risks in implementing change where the interests of the educational establishments (passing as many students as possible to generate revenue) are not entirely aligned with the ESR (producing better quality graduates)." (Optometrist)

"A change of this nature for all educational establishments providing Optometric training will be a hard task. It would need to be done in strategic steps and with collaboration between education providers. Changes in CPD would need to be done in stages to allow practitioners to get used to a new way of working. The GOC needs to be clear on the changes that are required and provide information in a timely fashion." (Anonymous organisation)

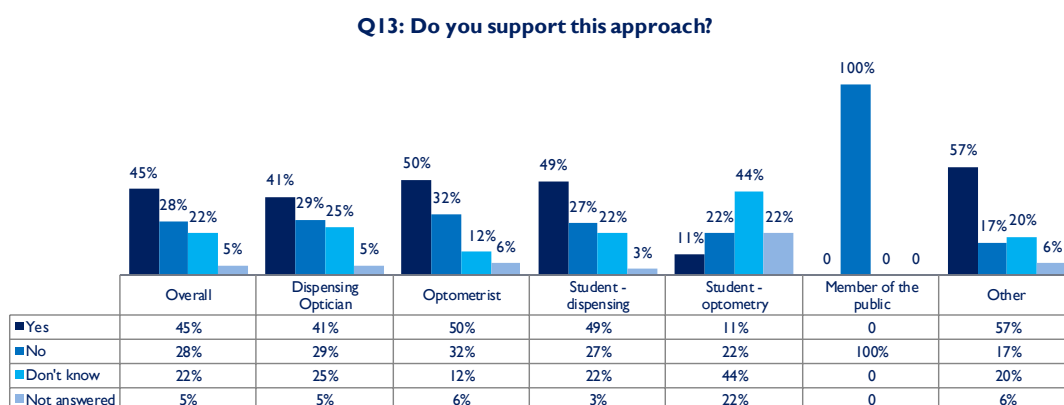
6.6 Do you support linking the Learning Outcomes to CET?

The proposal to link CET requirements to high-level learning outcomes based on the GOC's Standards of Practice for Optometrists and Dispensing Opticians was outlined in the consultation document. This would represent a shift away from the current approach which tightly defines what registrant groups need to know and predominantly focuses on clinical skills.

Summary of responses

- 45% of respondents supported this approach, 28% did not and the remainder were unsure/did not respond
- The main benefits of this approach included increased flexibility for registrants to tailor learning to their interests
- The main areas of concern were that core competencies could become neglected or that registrants would stick to topics in their comfort zone
- Dispensing opticians took the opportunity to express their dissatisfaction with regards to lack of funding
- Other issues noted included the availability/accessibility of relevant CET courses/materials and the need to ensure that learning formats are flexible to accommodate professionals with different needs or those in rural areas.

Figure 7: Support for new approach



Source: Qa Research 2019 Bases: Overall: 498; Dispensing Optician: 315; Optometrist: 66; Student - dispensing: 37; Student-optometry: 9; Member of the public: 3; Other: 35

The largest proportion of those responding to the consultation were in favour of this approach (45%). Just over a quarter of respondents were *not* in favour of this shift in approach (28%). The remaining responders were either uncertain as to whether to support this approach (22%) or did not answer this question (5%).

The same pattern of response is evident by respondent type as shown in the chart above, with the highest proportion of respondents from each group being in favour of this approach.

What would be the benefits?

Respondents identified various benefits associated with linking learning outcomes to CET. The flexibility was seen as a useful way of encouraging professionals to keep up to date by tailoring this to their interests, making it more relevant for their practice/less of a 'tick box' exercise, and increasing the chances of getting the learning approved (currently harder to get approval if development doesn't fall within the competencies).

"Greater development of relevant skills. Scope for practitioners to remove basic box-ticking from their CET process and engage with building a relevant and genuinely beneficial professional portfolio of on-going training and development that will inform and enhance their future practice."
(Optometrist)

"There will be less 'bean counting' or 'point collecting' just for the sake of it in order to keep registered. Registrants will take on more responsibility for their own development in the areas where they are either exposing themselves to greater risk or they have a greater specialist interest in."
(Dispensing Optician)

"As a hospital specialist I would find this approach beneficial as much of the 'core competency' CET is of a far more basic level than I would require and little of the higher level training and learning that I do receives any CET credit...maybe a combination of competencies where 5 or 6 core competencies (from a merger of the current 8) defined by the GOC CET requirements are used and then 2 or 3 which can be based selected based on personal requirements and specialisms may be appropriate."
(Optometrist)

"In theory we support an approach whereby the learning outcomes are linked, in some way, to CET. Higher level outcomes would give more flexibility for practitioners to develop/give them greater freedom in how they engaged with CET relevant to their practise."
(The University of Manchester)

Some respondents emphasised that it was important to maintain a balance between flexibility and ensuring that professionals still maintained and updated their core skills, and retained a broad knowledge base, i.e. the flexibility should be an add-on rather than a replacement for current obligations.

"As a hospital specialist I would find this approach beneficial as much of the 'core competency' CET is of a far more basic level than I would require and little of the higher level training and learning that I do receives any CET credit. It is important to strike the right balance between maintaining core skills across the range of competencies and allowing specialist training to be recognised. Maybe a combination of competencies where 5 or 6 core competencies (from a merger of the current 8) defined by the GOC CET requirements are used and then 2 or 3 which can be based selected based on personal requirements and specialisms may be appropriate."
(Optometrist)

Other suggestions included linking CET to further learning that builds on present qualifications.

"CPD is widely accepted. It means that qualified professionals can identify by reflecting where they need new or reinforced skills. If CET could be linked to further learning that built on present qualifications by adding an additional professional certificate or qualification (like Microsoft engineers) these could be genuinely of value to learners. They could be used in job applications and provide a wider range of knowledge that is continuously up to date."
(Dispensing Optician)

Several respondents took this opportunity to comment on the fact that Dispensing Opticians do not get any funding for CET even though they are required to do it to retain their registration.

“A lot of CET isn't relevant to me- although can be interesting so this may be a good change. Also I still don't understand why DO's aren't given any funding for CET despite needing to do it to retain registration - indeed, I as a CLO need to get more points than an Optometrist who may also be fitting CLs!!” (Contact Lens Optician)

Other respondents were keen to see CET cover specific areas where they perceive some registrants would benefit from developing their skills.

“Need to cover core competencies as well as developing themes. I am shocked by the lack of basic competence amongst optometrists and dispensing opticians with regards to vulnerable groups, especially young children, people with special educational needs and learning difficulties, and people who are disabled, especially the visually impaired. The GOC should compel training in these areas like it compelled Standards of Practice CET a few years ago.” (CET Provider)

What would be the barriers to using these learning outcomes for CET?

Respondents identified a variety of barriers to using the draft learning outcomes for CET. A resistance to change/preference for the status quo was identified as a barrier in general and for education/training providers and registrants.

“We believe that organisational change and resistance may create potential barriers. In addition, Education Providers may be unable to link CET requirements to the Learning Outcomes if they are unclear about how the Standards will be measured.” (Health Education England)

Dispensing opticians commented that the proposed changes would be acceptable if the current situation regarding funding and administration could be addressed.

“As long as they were widely available to both optometrist and DO rather than at present where optometrists get help to pay for CET whilst DO's have to self-fund to obtain the same lectures.” (Dispensing Optician)

“Without a change to the way that CET is currently administered, i.e. the requirement for pre-approval and strict limitations on educational formats, it is difficult to see that there would be any real freedom gained by changing to learning outcomes. Areas of professional development such as: supervising trainee optometrists, dispensing opticians or contact lens optician; teaching or tutoring; examining; job shadowing etc. would still not be able to be considered as professional education or training.” (ABDO)

As mentioned previously another 'barrier' could be the risk of narrowing learning opportunities rather than attaining a broad spectrum of skills, or choosing 'easy' options/staying in the 'comfort zone'. Some respondents also questioned whether the Learning Outcomes were at a sufficiently high level for some specialisms.

“I think a lack of clear direction will open up opportunities for registrants to take "easy routes" to gaining the required CET as opposed to the broad array of competencies that we all currently need to work within. I personally find being directed to seek development in multiple areas very helpful.” (Dispensing Optician)

“I see in practice many optoms but mainly DOs that have little awareness in changes to the wider field of dispensing, screening equipment and low vision aid availability due to working for a multiple that restricts its product range and services, and allowing these people to restrict their range further by choosing CET only relevant to their role means an even wider range of abilities from one practice to the next.” (Dispensing Optician and student Optometry)

Other respondents commented that this approach would still be somewhat prescriptive if CET was only valid on the basis of satisfying a set of outcomes that needed to be met to enter the register. Other barriers identified included the availability/accessibility of relevant CET courses/materials and ensuring that learning formats are flexible to accommodate professionals with different needs or those in rural areas.

“Make sure there are no barriers to accessing this. For instance many qualified members are women, who also have family commitments. Many struggle to keep up with the CET agenda. Make some of the CET learning, webinars. Local based learning, to keep costs down especially for Dispensing Opticians who get no funding to maintain their optical education that ensures the public are protected. Continue with a diversity of subjects both clinical & practice based e.g. GDPR compliance, complaints structuring and handling, record keeping, children with special needs.” (Dispensing Optician)

An impact on practitioners in terms of time was also identified by some respondents.

“This will take up practitioner’s time for which they will not be paid, unless employers give paid time over for this, which is unlikely unless they are required to do so. Therefore practitioner engagement may be difficult.” (Education/training provider)

Some respondents felt that more clarity was needed on this topic, particularly in relation to how the GOC would measure/assess whether registrants had met the CET requirements and ensure that registrants maintained a basic level of competency.

“Ensuring a basic level of competence in the essential areas of optometry is the underpinning reason for continuing education (unless the GOC bring in re-validation). To ensure that all practitioners are able to perform the essential functions of a qualified registrant is important in ensuring public safety. If the GOC were to adopt the very general Learning Outcomes, AIO would be concerned that these essentials were going unchecked and would query how this will be remedied? Would re-validation be a potential route?” (Association for Independent Optometrists and Independent Opticians (AIO))

6.7 What would be the implication for GOC student registration of introducing the new Education Standards and in particular, what would be the opportunities and risk of no longer students to requiring register with us?

Summary of responses

- Many respondents (including students) believed that there was a strong argument for retaining student registration
- Key reasons for this included the fact that registration encouraged students to have a clear understanding of their responsibilities and that this promoted professionalism/protected the public – particularly if students were to have more placements
- Reasons for not supporting student registration included reducing the financial burden on students, and the view that the profession was out of step with other health professions who did not require this
- Others felt that students are already closely supervised and that it was sufficient for universities and placement supervisors to carry out this role.

On balance, it appears that there is slightly more support for retaining student registration. Individual respondents (optometrists and dispensing opticians) showed more support for retaining registration and this was also the case for student respondents. Education/training providers and some professional bodies were more likely to see registration as disproportionate and out of step with other healthcare professions but this view was not held by all. Some felt that there was an argument to retain registration given the ESR emphasis on increased and varied placements whilst others felt that a robust provider based system might be sufficient in combination with DBS checks.

Respondents who supported the continuation of student registration offered various reasons for this. For example, some respondents felt that registration better prepared students for the rules and regulations that they would need to follow when qualified and provided reassurance for the public, particularly in the light of the aspiration to provide students with more practical/clinical experience.

“There are advantages in students being registered in that early registration lends weight to a student's perception of themselves as a professional. As earlier clinical experience is a goal of the proposals then surely student registration is required during placements?”
(Optometrist/Lecturer)

“I think students should still need to be registered, otherwise it's a risk to the public. If it is the case that students no longer have to be registered then all practitioners should have to be criminally checked and CRB checked for public safety.” (Dispensing Optician)

Others felt that a body (other than the university or workplace supervisors) needed to oversee any issues relating to inappropriate behaviour, as non-registration would place undue pressure on registrants and workplace supervisors.

“I feel students should be registered. Inappropriate or unprofessional behaviour should be reported to a body other than only the universities for investigation. There was a piece published on doctors that had medical council complaints, a significant amount had complaints as students too.”
(Dispensing Optician)

“In light of the current system within the GOC FTP and difficulties that can arise we would oppose any unnecessary burden being placed on registrants. No registration means that rules surrounding supervision will not be in place and this will encourage multiple trainees under single supervisors

who do not have the time to supervise sufficiently. This is an issue now so therefore removing the audit of who is supervising who would surely increase the risk and provide less protection to patients.” (ABDO)

Some respondents noted that universities and other providers would need to make sure that they had suitable fitness to practise policies in place and a certain amount of training would be required if universities or training providers were to administer this (with a cost implication). Another implication of this would be if a student who had been through the fitness to practise process were to then approach another university.

“Currently, a student referred for fitness to practice can be dealt with by both internal processes to remove them from their University, and also removed from the GOC register. If the latter process were not available, a student could be removed from one University but able to approach alternative providers to attempt to join the GOC register.” (Anglia Ruskin University)

Several respondents cited a statement from the GOC from 2013 ‘there is insufficient evidence that student registration in itself effectively protects the public’ and were in support of this in principle. However, given what is proposed in the consultation, including the emphasis on various placements, they noted that there is merit in retaining student registration.

“If the pre-reg period is essentially becoming part of the degree programme and students will be seeing genuine patients in practice, with them expected to perform more duties than an optical assistant would be expected to perform, then student registration with the GOC should be maintained throughout the entirety of the degree programme.” (Optometrist)

“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.” (FODO)

Some stakeholders highlighted the issue of identifying students with criminal convictions and the fact that this would not be possible without student registration.

“A student could study for 3 years and qualify but not be allowed entry onto the register because of a previous conviction. How would these be picked up without student registration?” (Dispensing Optician)

Overall, it was evident that most student respondents were in favour of retaining registration so that they are aware of their responsibilities, to ensure that the public are protected, and to avoid placing undue pressure on supervisors.

“I think students should be registered so that members of the public can check they are on the register. I think members of the public should also be able to access the information of the supervisors of students so if they feel something is wrong they can contact their supervisors.” (Student – dispensing)

“I think the risks of no longer requiring students to register is that it puts a lot more pressure on the supervisor. It also lessens the distinction between someone who is pre-registration and an optical assistant which I do not feel is a good thing.” (Student-optometry)

Those who did not support student registration or were indifferent to it highlighted the financial benefits for the student in not having to pay for registration whilst studying and the fact that the

profession was 'out of step' in the context of others that do not require student registration. It was also noted that students are supervised closely anyway and the duty of care should be on the GOC registrants providing this supervision.

"I'd cease student registration but bring in compulsory disclosure and barring checks before people are accepted on a course. No other health profession has a student register and dentistry, medicine and physician associate programmes all use blended learning models now and are much greater risk to the public." (Dispensing Optician)

"I see very little risk in no longer requiring student registration. This is an unnecessary burden as a student, by definition, is not someone taking responsibility for patient care. They are effectively working in a delegated function position and registering them seems to be just an administrative exercise without any practical purpose." (Optometrist)

"Student registration with the GOC offers no real additional patient protection, because responsibility for patient safety will always lie with the supervisor. If students are given more clinical experience at an early stage in their studies, it will be vital for the GOC to make the patient safety responsibility of supervisors clear." (Association of Optometrists)

Others identified motivational/aspirational factors linked to registration and felt that requiring this prior to qualification was not helpful.

"Registration was always an aspiration which encouraged trainees to raise their game. Registering on day one removed this spur to action. I support the proposal to revert to registration on qualification." (Dispensing Optician)

Representatives from universities commented that students are signed up to robust Fitness to Practise policies so GOC registration could be removed to avoid unnecessary duplication, however questions were raised around whether a decrease in registrations would result in a cost increase for GOC fully qualified registrants.

6.8 Any final comments?

Respondents offered a range of final comments and observations. A small number of respondents took the opportunity to provide positive feedback on the consultation proposals.

"I support the GOCs approach of looking at other similar professions and seeing what works well in them. I think that optics could learn a lot from how the medical profession continues to develop doctors and nurses and supports them throughout their career" (Dispensing optician)

"Encourage the team to really push for innovation, work with emerging players to break free from our incumbent backward looking system. I spent many years leading one of the largest optometry graduate programmes and I see how we need to shift the way we prepare graduates for life in clinical and commercial practice. The existing system constrains how we achieve this." (Optometrist)

"Overall we are supportive of the GOC's proposed standards which introduce greater flexibility to respond to the changing environment. The mechanisms for implementing and assessing them will be key. With optical professionals increasingly delivering eye services alongside ophthalmologists, we hope that we can help to shape an effective system that delivers the highest standards for

patients. We would be happy to provide any further input to support this.” (The Royal College of Ophthalmologists)

Dispensing opticians took the opportunity to reiterate concerns around a perceived ‘downgrading’ of their role, in terms of qualification levels, limited progression, and frustration around a lack of delegated functions for DOs (in the context of an ageing population).

“DOs cover a lot of information in their qualification which could be developed further. Refraction is just one element. Colour overlays and Dyslexia, or Alzheimer's could be others. By the time this review comes in to practice there will be more older members of the population than at present and a greater incident of elder related eye disease...optometrists are moving up to take over some functions previously only available to medical practitioners and Ophthalmologists. The same needs to happen for DOS, otherwise we are going to be left as just someone who sells specs and how many of us would want that and would it be worth the expense of qualification.” (Dispensing optician)

Some dispensing opticians noted specific detail within the consultation document around the levels for specific tasks.

*“I am aware that the GOC state that they are NOT going to consider the level of the Dispensing courses. However, the level is an integral part of the interpretation of the learning outcomes and should be an important part of an educational review! Some of the statements within the document require a student to be functioning at level 6, for example...
3.1 Understands and is able to critically evaluate research and developments in optical and vision science, including technology, and translates theory into practice in varied clinical settings across the range of conditions and patient groups reflective of patient need. (Dispensing Optician)*

However, there were a small number of consultation responses from dispensing opticians who did not support this view.

“I welcome any changes that would mean further review of all educational standards, as I feel the level ABDO is claiming it's current graduates leave (Level 6 diploma) is wholly contradictory with the ability students have when coming into practice as a registered professional. A greater emphasis on practical skills rather than outdated material would be beneficial. Having recently started the Optometry conversion course, I can already see the great difference in knowledge and skill required to be an optometrist vs a dispensing optician and feel keeping the minimum standard for a Dispensing Optician at a Level 5 qualification is a more accurate reflection of the skills and ability needed to be a competent dispensing optician.”(Dispensing Optician and student optometry)

Other more general concerns reiterated included the need for the current professional bodies to continue to oversee training and final examinations and the potential for various providers resulting in variable standards across the profession.

“These proposals appear to drive down standards. Public safety is very important, so we need to keep standards at an appropriate level. Use of screening, refraction, and monitoring is not included in the review. There seems to be a lack of independent assessment which could put the public at risk.” (Dispensing optician)

“This is a welcome opportunity to set out our thoughts on making the review a success and the College is supportive of working with others to find a workable solution. The following are the areas where we believe attention needs to be focused

*Feasibility – is it realistic for providers to achieve what is wanted, given the way that optometry practice is structured? It is very different from the NHS.
Funding and the flow of funding to partner organisations – where will the money come from to implement these plans?
Consistency of standards at the point of registration, and therefore patient safety.
The impact on students from backgrounds that preclude them from travel.
Success will depend on strong leadership and support from the GOC.” (College of Optometrists)*

From the perspective of universities and some professional bodies, there were some doubts about a ‘degree apprenticeship’ model and a perception that this would have a negative impact on the development of independent and critical thinking skills. This was seen to be of particular significance within optometry given the tendency for optometrists to work alone or be the most senior person in the practice. This was seen to be out of step with the NHS emphasis on having more specialist practitioners within the community.

“As and when proposals for optometry apprenticeships are developed, we think the GOC should consider carefully whether these new programmes will give students the grounding in academic knowledge and critical thinking skills that they will need, in order to practise safely in an evolving range of clinical settings with changing technology.” (AOP)

Other concerns raised included the capacity/practicality of increased placements, especially within clinical settings, and the need for the review to consider advanced areas of study for optometrists.

“Training of optometrists needs to look to the future. We need advanced study in areas such as glaucoma, medical retina, paediatrics, and low vision. How will this review address this need? How will capacity for clinical placements be developed?” (Optometrist)

Linked to this, some respondents felt that the review did not sufficiently consider the future in terms of technology, e.g. AI and auto refraction.

“There seems very little point setting education reviews that impact 2025 onwards when the industry needs to have a vision for what each role should aspire to be by then. We are teaching CLOs to take on MECS yet this is not mentioned. Auto refraction will be so good by then that refraction itself needs a complete re-think. Consumers will be able to access quality refraction at home via an app or online. AI (artificial intelligence) in a decent camera /OCT will change diagnosis completely. GOC must base its Strategic Review on what we’ll all be doing by then. Not what we do now.” (Contact Lens Optician)

Respondents reiterated their support for the proposed changes to CET, including more flexible forms of delivery. However, many dispensing opticians expressed their concerns again around the lack of funding.

Some respondents were concerned that consideration had not been given to the numbers of students that providers are allowed to take on, particularly in the light of the aspirations to provide more practical and clinical experience, e.g. this could drive down quality.

“There is currently a serious risk (if not a reality) of quality being sacrificed for quantity which is largely at the wish of corporate interests as the educational establishments can largely make up their own rules for practical experience. It is far too important to allow this to continue.” (Optometrist)

7. Conclusions

Overall, the consultation responses suggest there is some acknowledgement of the need for change to keep the profession up to date, widen participation in the workforce, and offer students more placement experience; the flexibility of an outcomes based approach is welcome in this regard. However, many respondents expressed concern over the proposed move from a two stage to an integrated model and questioned the evidence base for this. In addition, the potential for the removal of a common national exam was perceived as a threat to quality and standards and public protection. The absence of a paid pre-registration year was also identified as a negative financial impact for students.

The proposed integrated model was perceived by some as a precursor to degree apprenticeships and there was some opposition to this, e.g. a perceived impact on quality/academic rigour, inconsistent application of standards, and development of critical thinking.

The idea of more/varied placements for students was well received however the consultation responses suggest that there is work to do around the logistics of this, e.g. funding implications for education/training providers and placement providers themselves. There are also issues of capacity to consider in relation to the NHS being able to accommodate this, and the potential need to up-skill placement staff who may not be used to delivering support of this nature and /or to students at an earlier point in their journey. The main source of concern in relation to equality, diversity and inclusion related to the potential for students to have to travel further to more placements.

In terms of the learning outcomes, respondents recognised that this gives flexibility, however many were concerned that the outcomes were 'vague' and questioned how consistency could be assured. It is evident that more work is needed around the detail - both in terms of the technical scope of specific outcomes but also more generally how they will be quality assured.

Many respondents had concerns around the implementation timescale, especially education/training providers who emphasised the time needed to make course/syllabus changes, balanced with the view that the sector is changing now. However, some respondents felt that they could not comment on the timescale until the final version of the standards and outcomes had been agreed.

Proposals to link learning outcomes to CET were generally well received and seen as a positive step forward in providing flexibility – with some provisos that core competencies are not neglected and a broad spectrum of learning is encouraged. Dispensing opticians expressed concerns about disparities in funding for CET.

The consultation responses suggest that there is more support for retaining student registration, on the basis of public protection and especially if placements are increasing. However, some respondents acknowledged that this requirement is out of step with other health professions, burdensome, and there could be potential to explore ways in which education/training providers and placement employers can work together to support a change.

8. Appendices

8.1 Appendix A – Equalities Profile

Gender

	Count	Percentage
Male	182	37%
Female	216	43%
Prefer not to say	68	14%
Not Answered	32	6%
Base	498	

Age

	Count	Percentage
16-24	23	5%
25-34	101	20%
35-44	96	19%
45-54	98	20%
55-64	58	12%
65+	20	4%
Prefer not to say	70	14%
Not Answered	32	6%
Base	498	

Sexual Orientation

	Count	Percentage
Heterosexual/straight	332	67%
Gay/Lesbian/Homosexual	14	3%
Bisexual	8	2%
Other	4	1%
Prefer not to say	105	21%
Not Answered	35	7%
Base	498	

Disability

	Count	Percentage
Yes	13	3%
No	364	73%
Prefer not to say	87	17%
Not Answered	34	7%
Base	498	

Gender Identity

	Count	Percentage
Yes	37	7%
No	338	68%
Prefer not to say	89	18%
Not Answered	34	7%
Base	498	

Pregnancy/Maternity

	Count	Percentage
Yes	7	1%
No	373	75%
Prefer not to say	81	16%
Not Answered	37	7%
Base	498	

Ethnicity

	Count	Percentage
White - English/Welsh/Scottish/Northern Irish/British	312	63%
White - Irish	8	2%
White - Gypsy or Irish Traveller	-	-
White - other	11	2%
White and Asian	1	0%
White and Black Caribbean	1	0%
White and Black African	1	0%
Any other mixed/multiple ethnic background	2	0%
Indian/Indian British	16	3%
Pakistani/Pakistani British	9	2%
Bangladeshi/Bangladeshi British	3	1%
Chinese/Chinese British	1	0%
Any other Asian background	3	1%
African/African British	3	1%
Caribbean/Caribbean British	1	0%
Any other Black background	-	-
Arab/Arab British	-	-
Any other ethnic group	3	1%
Prefer not to say	88	18%
No response	35	7%
Base	498	



Marital status

	Count	Percentage
Single	69	14%
Married	229	46%
Partner	39	8%
Civil partnership	4	1%
Divorced/legally dissolved	21	4%
Separated	7	1%
Widowed	2	0%
Prefer not to say	93	19%
Not Answered	34	7%
Base	498	

Carer responsibilities

	Count	Percentage
Yes	46	9%
No	333	67%
Prefer not to say	84	17%
Not Answered	35	7%
Base	498	

Religion

	Count	Percentage
No religion	148	30%
Christian	171	34%
Buddhist	1	0%
Hindu	12	2%
Jewish	3	1%
Muslim	12	2%
Sikh	2	0%
Any other religion/belief (please specify)	5	1%
Prefer not to say	108	22%
Not Answered	36	7%
Base	498	

8.2 Appendix B – List of responding organisations (survey)

- Association for Independent Optometrists and Independent Opticians (AIO)
- Association of Sport and Schoolvision Practitioners (ASvP)
- Aston Optometry School, Aston University
- British and Irish Orthoptic Society
- College of Optometrists
- Anglia Ruskin University
- Health and Social Care Board, Northern Ireland
- Health Education England
- Optometry Northern Ireland
- Optometry Schools Council (OSC)
- Scottish Government
- SeeAbility
- Specsavers Group
- Stickland Eye Care Ltd.
- The Royal College of Ophthalmologists
- The University of Manchester
- The Worshipful Company of Spectacle Makers

The following organisations submitted a response by letter.

- The Association of British Dispensing Opticians (ABDO)
- The Association of Optometrists (AOP)
- Bradford College
- Cardiff University
- Federation of (Ophthalmic & Dispensing Opticians) FODO
- Local Optical Committee Support Unit(LOCSU)
- Optometry Scotland

8.3 Appendix C - Consultation Questionnaire



General Optical Council Education Strategic Review Consultation

Open date: 12 November 2018
Closing date: 25 February 2019



Education Strategic Review Consultation

Overview

This consultation forms part of our Education Strategic Review (ESR) and follows on from our analysis of key findings from the [Concepts and Principles Consultation](#) published earlier this year.

As the regulator for optometrists and dispensing opticians, our role is to protect the public. One of the key ways that we do this is by setting the standards of optical education and then approving and quality assuring education programmes and qualifications that lead to professional registration with us.

We have now developed new draft Education Standards and Learning Outcomes, which you can access by clicking on the link below.

[Draft Education Standards and Learning Outcomes](#)

You will need to look at these draft Education Standards and Learning Outcomes to be able to answer some of the questions in the survey. You can also access a copy of these after you begin the survey.

Our aim is to provide a robust approach to approval and quality assurance of relevant optical education that ensures the public are protected as our registrants take on new roles in a changing landscape, such as greater delivery of enhanced services.

We want the education providers that we approve and quality assure to have flexibility and agility in developing their programmes so that they can respond to changing patient, service and business needs in the optical sector. At the same time we feel that our role as the regulator for the UK optical professions is to act in a proportionate way, to avoid unnecessary duplication and burden on those we regulate, whilst fulfilling our primary role of protecting the public.

We have been working with experts in the optical sector to develop new standards that education providers must adopt when designing and delivering their programmes and learning outcomes that we would expect all students to achieve before being admitted to the GOC register.

Whilst the new outcomes-based approach offers the benefits of greater freedom and flexibility than our current prescriptive approach, it also means new ways of doing things for many of our education providers. The key differences are set out in the main body of this consultation document.

We recognise that there will be challenges in establishing and transitioning to a new approach. We look forward to working closely with our providers to ensure the health and safety of the public is protected at all times, and to ensure that the intended outcomes of changing our approach are realised.

Education Strategic Review Consultation

The responses to this consultation will help to inform our risk and impact assessment regarding the introduction of these new Education Standards and Learning Outcomes. We will carefully consider and account for all views before system implementation.

The Education Standards and Learning Outcomes contained within this document are in draft and do not represent the final version.

What we have heard

We have engaged widely across the optical and wider health sector, including with education and training providers, students, patient organisations, the NHS and departments of health across the UK, NHS Commissioners in England, optical businesses and other optical service providers. We have heard many consistent messages throughout the ESR, which have led us to believe:

- student practitioners need earlier, more varied and regular experience of engaging with patients;
- we should put more focus on evaluating the outcomes of education and training rather than detailed inputs, such as how programmes should be delivered;
- professionals of the future need to be able to make clinical decisions confidently and safely;
- professionals of the future need to be equipped to deliver new, different and innovative services; and
- we need to have a consistent, fair and proportionate approach to approving and quality assuring education and training that leads to registration with us.

Why We Are Consulting

This consultation sets out our draft Education Standards for providers and Learning Outcomes for students which reflect and build on the evidence and feedback we have obtained through our ESR. The main focus of the ESR is the education and training that leads to professional registration as an optical professional.

We are seeking the views of stakeholders on these current drafts to ensure our final proposals are future-proof and fit for purpose.

We welcome all responses to the consultation which we will consider in the context of our ongoing work on the ESR.

Education Strategic Review Consultation

Section 1: Views on draft Education Standards and Learning Outcomes

If you need to refer to a copy of the draft Education Standards and Learning Outcomes, please click [here](#).

[Please read this information before answering the following questions.](#)

7. 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?

You may wish to consider the questions raised in the accompanying Impact Assessment, which can be accessed [here](#).

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

- Fully address the key themes
- Partially address the key themes
- Do not address the key themes
- Don't know

Comments:

Education Strategic Review Consultation

Section 1 (continued): Views on draft Education Standards and Learning Outcomes

9. Do you have any comments to make regarding the draft Education Standards and Learning Outcomes?

You may wish to consider:

- Completeness;
- Language used;
- Structure or flow.

Comments:

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

- Strongly agree
- Agree
- Don't know
- Disagree
- Strongly disagree

Comments:

Education Strategic Review Consultation

Section 2: Views on proposed timeframe for implementing changes

If you need to refer to a copy of the draft Education Standards and Learning Outcomes, please click [here](#).

We propose to transition to the new Education Standards for providers and Learning Outcomes for students in 2024. We plan to work closely with each provider to agree an implementation plan, in which their transition will be staggered based on their needs. We will develop a more detailed timeline once we have received feedback on the impact of these changes on all our stakeholders so that we can respond flexibly and supportively.

11. Does this timescale seem realistic?

- Yes
- No
- Don't know

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

Comments:

Education Strategic Review Consultation

Section 3: Views on linking the Learning Outcomes to CET

If you need to refer to a copy of the draft Education Standards and Learning Outcomes, please click [here](#).

Our current approach to CET tightly defines what it is that each of our registrant groups need to know, i.e. what is required of an optometrist as opposed to a dispensing optician. The current CET competencies also focus on clinical skills and knowledge as opposed to the broader skills, knowledge and behaviours involved in being a healthcare professional that are reflected in our standards of practice.

We have heard from stakeholders that this is not flexible enough to take account of changing roles within the profession, that it restricts registrants from tailoring their CET activity to their own individual role and development and that broader skills are a very important component of being an optical professional.

We are therefore proposing to link our CET requirements to high-level learning outcomes based on our Standards of Practice for Optometrists and Dispensing Opticians. This approach will be consistent with the learning outcomes we are developing through the ESR and would mean that rather than requiring registrants to do CET in relation to all the current competencies, registrants could tailor their CET to not only their current scope of practice, but also to how they might like to develop their scope of practice and choose CET that would help them to do so.

13. Do you support this approach?

- Yes
- No
- Don't know

14. What would be the benefits?

Comments:

15. What would be the barriers to using these learning outcomes for CET?

Comments:

Education Strategic Review Consultation

Section 4: Views on continuing GOC student registration

Unlike other healthcare regulators, students studying to become optometrists or dispensing opticians in the UK are required to be registered with the GOC. We have previously considered whether or not we should continue to require student registration, although it is important to note that any change to the current system would require legislative change and, therefore, would be a matter for government.

We concluded that student registration was not necessary to address the risks to the public that can arise while students are undertaking their education and training, subject to giving further consideration to whether student optometrists should be registered during the pre-registration period after they have graduated and before they join the register as a qualified practitioner.

The draft Education Standards that we are now consulting on relate to the whole route to registration – from students beginning their education and training to qualifying as optometrists and dispensing opticians. They envisage that students will gain clinical experience in a range of settings from early on in their education and training, i.e. there will be a less clear divide between their university education and clinical experience gained in an optical practice.

For this reason, we are asking your views on what would be the implications for GOC student registration of introducing the new Education Standards and in particular, what would be the opportunities and risks of no longer requiring students to register with us.

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

You may want to reference our website for more information about our [review on our registration approach](#).

Comments:

Final thoughts

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

Comments:

Publication and Equality, Diversity and Inclusion information

Please submit your form through the consultation hub – you will be asked further questions about you and your publication preferences.