Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)

Outcomes for Approved Qualifications

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Effective from
1 January 2022

General Optical Council

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About us

The General Optical Council (GOC) is the UK-wide regulator for optometrists and dispensing opticians, student optometrists and dispensing opticians, and optical businesses.

Our mission is to protect the public by upholding high standards in the optical professions.

We have four core functions:

- Setting standards for the performance and conduct of our registrants.
- Approving qualifications leading to registration.
- Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians.
- Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

About this document

This document sets out the knowledge, skills and behaviours an optometrist must demonstrate for specialist entry to the register in the additional supply (AS), supplementary prescribing (SP) and/or independent prescribing (IP) categories. This document also sets out our standards which organisations providing GOC-approved qualifications leading to specialist entry into the register must meet and how we collect evidence and engage with stakeholders to be assured our requirements are met.

These requirements came into effect on 1 January 2022.

Introduction

Introduction

In our Fit for the Future strategic plan for 2020-2025, we committed to delivering and implementing a strategic review of optical education and training to ensure that the qualifications we approve are fit for purpose, meet patient or service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK.

In December 2021, GOC Council approved new, updated requirements for GOC-approved qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) categories. The Outcomes for Approved Qualifications, Standards for Approved Qualifications, and Quality and Assurance Enhancement Method were publicly consulted on from July 2021 to October 2021. They replace 'A Handbook for Optometry Specialist Registration in Therapeutic Prescribing' (published in July 2008) and the 'Competency Framework for Independent Prescribing' (published in 2011), and the policies on supervision and recognition of prior learning.

- **Section 1: Outcomes for Approved Qualifications (Additional Supply, Supplementary Prescribing, and/or Independent Prescribing)** ('outcomes for approved qualifications') describe the expected knowledge, skills and behaviours an optometrist must have for the award of an approved qualification for specialist entry to the GOC register in AS, SP and/or IP categories.
- **Section 2: Standards for Approved Qualifications (Additional Supply, Supplementary Prescribing, and/or Independent Prescribing)** ('standards for approved qualifications') describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification for specialist entry to the GOC register in the AS, SP and/or IP categories.
- **Section 3: Quality Assurance and Enhancement Method (Additional Supply, Supplementary Prescribing, and/or Independent Prescribing)** ('quality assurance and enhancement method') describes how we will gather evidence to decide in accordance with the Opticians Act 1989 ('the Act') whether a qualification for specialist entry to the GOC register in the AS, SP and/or IP categories meets our outcomes for approved qualifications and standards for approved qualifications. This method statement is common to qualifications for specialist entry to the GOC register.

These new requirements ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services and are fit for purpose in each of the devolved nations. This includes changes in higher education, not least as a result of the COVID-19 pandemic, as well as increased expectations of the student community and their future employers.

How we developed our requirements

Our new requirements for qualification approval have been guided by research and consultation, and draw upon best practice from other regulators, professional and chartered bodies. You can read more background, research and briefing papers on our website.

We were also advised by an Expert Advisory Group (EAG) with input from the Quality Assurance Agency (QAA) and feedback from a range of stakeholder groups – including our Education Visitors, our Advisory Panel (including Education and Standards Committees), the optical sector and sight-loss charities. You can read the EAG's terms of reference on our website.

You can find all those who have been contributed to the development of these requirements in the Acknowledgements in Annex B.

Key changes

Our new requirements introduce several important changes to make sure optical professionals are equipped for their future roles and that qualifications we approve are fit for purpose. These changes include:

1

A **single qualification** approved by the GOC leading to specialist entry to the GOC register in the relevant category.

2

Introducing a minimum **Regulated Qualification Framework** (RQF) level (or equivalent) for qualifications we approve for AS, SP and IP categories (Level 7/11).

3

Integrating **approximately 90 hours of learning and experience in practice** for approved qualifications.

4

Trainees upon or shortly after admission to an approved qualification must have identified **a suitably experienced and qualified designated prescribing practitioner (DPP)** who has agreed to supervise their 90 hours of learning and experience in practice.

5

Introducing an **integrated approach** for curriculum design and assessment which must be informed by feedback from a range of stakeholders, including patients, to ensure that detailed curriculum and assessment remains current and responsive to local, regional and national patient and service-user needs and broader stakeholder requirements.

6

Using an **established competence and assessment hierarchy** known as 'Miller's Pyramid of Clinical Competence' (knows; knows how; shows how; and does) and focusing more on professional capability by introducing **a new outcomes-based approach** and mapping outcomes to additional relevant external prescribing frameworks, including the (2021) Royal Pharmaceutical Society Competence Framework for all Prescribers[1].

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Trainees are **no longer required** to have been practising for two years before undertaking an AS, SP or IP qualification.

[1] Competency Framework for All Prescribers (rpharms.com)

Arrangements for current providers of GOC-approved and provisionally approved qualifications

We will work with each provider of GOC-approved and provisionally approved qualifications to understand the pace at which they wish to adapt their existing qualifications to meet the outcomes and standards or to develop new qualifications for approval. (Please see section 4 in the quality assurance and enhancement method for more information on transitional arrangements for current providers of GOC-approved and provisionally approved qualifications.)

We anticipate that most providers will begin to admit trainees to approved qualifications that meet the updated outcomes and standards by September 2023. For trainees currently enrolled on existing GOC approved IP programmes, their route to specialty registration will not be affected by the introduction of these updated requirements.

Some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with The College of Optometrists to ensure that for those trainees who graduated from qualifications approved before 2021, their route to specialist entry to the GOC register is maintained.

New applications for qualification approval

Applications for new qualification approval can be made at any time. Initial enquiries should be made to education@optical.org.

Contact lens qualifications

We also approve post-registration qualifications for dispensing opticians called contact lens qualifications. Our contact lens requirements are published on our website.

Pre-registration qualifications

We approve two pre-registration qualifications for entry to the GOC register as either a dispensing optician or an optometrist. Our updated requirements for these qualifications (see our Requirements for Approved Qualifications in Optometry or Dispensing Optics: Outcomes for Registration; Standards for Approved Qualifications; Quality Assurance and Enhancement Method) were approved by the GOC's Council ('Council') on 10 February 2021.

Section 1:

Outcomes for Approved Qualifications (Additional Supply, Supplementary Prescribing, and/or Independent Prescribing)

Introduction

The outcomes for approved qualifications to the GOC register (AS, SP and IP) describe the expected knowledge, skills and behaviours an optometrist must have to be awarded an approved qualification for specialist entry to the GOC register in the AS, SP and/or IP categories.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register in the AS, SP and/or IP categories.

GOC-approved qualifications[2] will prepare trainees to meet these outcomes for specialist entry to the GOC register.

The outcomes are organised into seven categories:

1. **Uphold professional standards**
2. **Person centred care**
3. **Establishes and manages patient options**
4. **Prescribing practice**
5. **Ethics and standards**
6. **Manages risk**
7. **Learning and development**

Each category includes an overarching statement and outcomes which must be met if a trainee is to be awarded the approved qualification. Each outcome is described using a level based on an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence'[3] (knows; knows how; shows how; and does). We have provided a note on Miller's Pyramid on page 17 of this document.

The number of outcomes in each category varies; some categories have fewer outcomes than others. The number of outcomes in each category and their order within the category is not an indication of weight and/or volume of assessment, teaching and learning when providers design qualifications.

Approved qualifications for specialist entry to the GOC register in the additional supply category must meet the outcomes indicated with '(AS)'.

Approved qualifications for specialist entry to the GOC register in the supplementary prescribing category must meet the outcomes indicated with '(SP)'.

Approved qualifications for specialist entry to the GOC register in the independent prescribing category must meet outcomes indicated with '(IP)'.

Outcomes which incorporate the updated Royal Pharmaceutical Society's (RPS) Competency Framework for all Prescribers (2021) are indicated by a corresponding reference to the updated RPS Competency Framework (e.g. [RPS-9.3]).

[2] The Act gives GOC powers to approve 'qualifications'
[3] Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 563–7.

Outcomes for Approved Qualifications (Additional Supply, Supplementary Prescribing, and/or Independent Prescribing)

Registered optometrists make the care of patients their primary concern. They take responsibility for their own actions and apply the knowledge, skills and behaviours required to practise effectively, safely and professionally.

1. Uphold professional standards

Registered optical professionals establish relationships with other professionals based on professional understanding and respect; acting as part of a multidisciplinary team (MDT) they ensure that continuity of care across care settings is not compromised.

Outcome		Level
O1.1	Works collaboratively as part of wider MDT to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised. (RPS-10.1) (IP) (SP) (AS)	**Does**
O1.2	Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the patient's care. (RPS-10.2) (IP) (SP) (AS)	**Does**
O1.3	Undertakes the consultation in an appropriate setting, taking account of confidentiality, consent, dignity and respect in line with regulatory practice, legislation and contractual requirements. (RPS-1.1/1.2) (IP) (SP) (AS)	**Does**
O1.4	Assesses the communication needs of the patient/carer and adapts consultation appropriately (e.g. for language, age, capacity, physical or sensory impairments). (RPS-1.4) (IP) (SP) (AS)	**Does**
O1.5	Introduces self and prescribing role to the patient/carer and confirms patient/carer identity. (RPS-1.3) (IP) (SP) (AS)	**Does**

2. Person centred care

An optometrist with an AS, SP or IP qualification must have a person-centred approach, be adaptive and work collaboratively with others in the best interest of the patient, exercising initiative and personal responsibility, and understanding their role in the prescribing process.

Outcome		Level
O2.1	Demonstrates good consultation skills and builds rapport with the patient/carer. (RPS-1.5) (IP) (SP) (AS)	**Does**
O2.2	Actively involves and works with the patient/carer in partnership to make informed choices, agreeing a plan that respects the patient's/carer's preferences including their right to refuse or limit treatment. (RPS-3.1) (IP) (SP) (AS)	**Does**
O2.3	Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber. (RPS-3.6) (IP) (SP) (AS)	**Does**
O2.4	Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence. (RPS-3.2) (IP) (SP) (AS)	**Shows how**
O2.5	Makes prescribing decisions based on the needs of patients and not the prescriber's personal preferences. (RPS-8.4) (IP) (SP) (AS)	**Shows how**
O2.6	Identifies and minimises potential risks associated with prescribing via remote methods. (RPS-7.3) (IP) (SP) (AS)	**Shows how**
O2.7	Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice. (RPS-3.3) (IP) (SP) (AS)	**Does**
O2.8	Builds a relationship with the patient, which encourages appropriate prescribing and not the expectation that a prescription will always be supplied. (RPS-3.5) (IP) (SP) (AS)	**Shows how**
O2.9	Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information. (RPS-5.1) (IP) (SP) (AS)	**Does**
O2.10	Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment. (RPS-5.3) (IP) (SP) (AS)	**Shows how**
O2.11	Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan. (RPS-5.2) (IP) (SP) (AS)	**Does**
O2.12	Ensures the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific timeframe. (RPS-5.4) (IP) (SP) (AS)	**Does**

3. Establishes patient management options

An optometrist with an AS, SP or IP qualification must assess the patient to establish a diagnosis (sometimes in complex and unpredictable situations), determine and maintain an informed management plan for reviewing the patient's treatment, arrange appropriate aftercare and prescribe if necessary (within their individual scope of practice).

Outcome		Level
O3.1	Demonstrates appropriate consultation techniques and takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances. (RPS-1.6) (IP) (SP) (AS)	**Does**
O3.2	Undertakes and documents an appropriate clinical assessment. (RPS-1.7) (IP) (SP) (AS)	**Does**
O3.3	Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment. (RPS-1.8) (IP) (SP) (AS)	**Does**
O3.4	Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date. (RPS-1.9) (IP) (SP) (AS)	**Does**
O3.5	Requests and interprets relevant investigations necessary to inform treatment options. (RPS-1.10) (IP) (SP)	**Shows how**
O3.6	Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis). (RPS-1.11) (IP) (SP) (AS)	**Does**
O3.7	Recognises and understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment. (RPS-1.12) (IP) (SP) (AS)	**Does**
O3.8	Reviews adherence to, and effectiveness of, current medicines. (RPS-1.13) (IP) (SP) (AS)	**Does**
O3.9	Assesses adherence in a non-judgemental way, understands the different reasons for non-adherence (intentional or non-intentional) and how best to support the patient/carer. (RPS-3.4) (IP) (SP) (AS)	**Shows how**
O3.10	Recognises when and where to refer appropriately or seek guidance from another member of the healthcare team, a specialist or appropriate information source when necessary. (RPS-1.14) (IP) (SP) (AS)	**Does**
O3.11	Considers both non-pharmacological (including no treatment) and pharmacological approaches. (RPS-2.1) (IP) (SP) (AS)	**Does**

Outcome		Level
O3.12	Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing). (RPS-2.2) (IP) (SP) (AS)	**Does**
O3.13	Assesses and manages the benefits and risks to the patient of taking or not taking a medicine or treatment. (RPS-2.3) (IP) (SP) (AS)	**Does**
O3.14	Applies understanding of the mode of action, pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors. (RPS-2.4) (IP) (SP) (AS)	**Does**
O3.15	Assesses how co-morbidities, existing medicines, allergies, contraindications and quality of life impact on management options. (RPS-2.5) (IP) (SP) (AS)	**Does**
O3.16	Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration. (RPS-2.6) (IP) (SP) (AS)	**Does**
O3.17	Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition. (RPS-5.5) (IP) (SP) (AS)	**Does**
O3.18	Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences. (RPS-6.3) (IP) (SP) (AS)	**Does**

4. Prescribing practice

An optometrist with an AS, SP or IP qualification must be responsible for their role as a prescriber in achieving desired patient outcomes, prescribing safely, appropriately and in context. Working within their limits of competence and exercising professional judgement, they engage in evidence-informed clinical decision-making for all patients and can demonstrate self-direction in solving problems.

Outcome		Level
O4.1	Understands and uses available tools to improve prescribing practice (such as supervision, workplace competency-based assessments, questionnaires, prescribing data analysis, audits, and actively seeking patient and peer feedback). (RPS-9.3) (IP) (SP) (AS)	**Knows how**
O4.2	Prescribes a medicine or device with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects. (RPS-4.1) (IP) (SP) (AS)	**Does**
O4.3	Understands the potential for adverse effects and takes steps to recognise, minimise risk and manage them. (RPS-4.2) (IP) (SP) (AS)	**Shows how**
O4.4	Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects. (RPS-6.2) (IP) (SP) (AS)	**Does**
O4.5	Prescribes generic medicines where practical and safe for the patient, and knows when medicines should be prescribed by branded product. (IP) (SP) (AS) (RPS-4.4)	**Does**
O4.6	Accurately completes and routinely checks calculations relevant to prescribing and practical dosing. (RPS-4.5) (IP) (SP) (AS)	**Does**
O4.7	Prescribes appropriate quantities and at appropriate intervals necessary, to reduce the risk of unnecessary waste. (RPS-4.6) (IP) (SP) (AS)	**Does**
O4.8	Stays up-to-date in own area of practice and applies the principles of evidence-based practice. (RPS 2.8) (IP) (SP) (AS)	**Shows how**
O4.9	Accesses, critically evaluates, and uses reliable and validated sources of information. (RPS-2.7) (IP) (SP) (AS)	**Does**
O4.10	Understands and uses relevant national, regional and local frameworks for medicines use. (RPS-4.3) (IP) (SP) (AS)	**Shows how**
O4.11	Recognises when safe prescribing processes are not in place and acts to minimise risks. (RPS-7.4) (IP) (SP) (AS)	**Shows how**
O4.12	Applies the General Medical Council's 'Remote prescribing high level principles' (co-authored by a range of healthcare regulators including the GOC) to ensure patients have effective safeguards in place to protect them when they receive advice and treatment remotely. (IP) (SP) (AS)	**Shows how**

Outcome		Level
O4.13	Agrees the appropriate level of support and supervision (including when working remotely) for their role as a prescriber. (RPS-10.3) (IP) (SP)	**Does**
O4.14	Provides support and advice to other prescribers or those involved in administration of medicines where appropriate. (RPS-10.4) (IP) (SP)	**Does**
O4.15	Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and costs of prescribed medicines. (RPS-4.8) (IP) (SP) (AS)	**Does**
O4.16	Electronically generates and/or writes legible, unambiguous and complete prescriptions which meet legal requirements. (RPS-4.9) (IP) (SP) (AS)	**Does**
O4.17	Effectively uses systems necessary to prescribe medicines. (RPS-4.10) (IP) (SP) (AS)	**Does**
O4.18	Documents accurate, legible and contemporaneous clinical records. (RPS-4.13) (IP) (SP) (AS)	**Does**
O4.19	Effectively and securely communicates information to other healthcare professionals involved in the patient's care when sharing or transferring care and prescribing responsibilities, within and across all care settings. (RPS-4.14) (IP) (SP) (AS)	**Shows how**
O4.20	Understands antimicrobial resistance and the roles of infection prevention and control. Applies antimicrobial stewardship measures e.g. considers alternative options and only prescribes antimicrobials when clinically appropriate. (RPS-2.10) (IP) (SP) (AS)	**Knows how**

5. Ethics and standards

An optometrist with an AS, SP or IP qualification must uphold high professional standards and ethical responsibilities, and apply legislation and relevant policies and guidance that impact on their prescribing practice.

Outcome		Level
O5.1	Accepts personal responsibility and accountability for prescribing and clinical decisions, and understands the legal and ethical implications. (RPS-8.2) (IP) (SP) (AS)	**Does**
O5.2	Understands and works within legal and regulatory frameworks affecting own prescribing practice (e.g. prescribing controlled drugs, unlicensed and off label medicines, supplementary prescribing, and prescribing for self, close family and friends). (RPS-8.3) (IP) (SP) (AS)	**Knows how**
O5.3	Prescribes unlicensed and off-label medicines where legally permitted, and in the patient's best interest, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs. (RPS-4.11) (IP) (SP) (AS)	**Shows how**
O5.4	Follows appropriate safeguards if prescribing medicines are unlicensed, 'off-label', or outside standard practice. (RPS-4.12) (IP) (SP) (AS)	**Shows how**
O5.5	Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry. (RPS-8.6) (IP) (SP) (AS)	**Does**
O5.6	Knows how medicines are licensed, supplied and monitored. (IP) (SP) (AS)	**Knows**
O5.7	Considers the wider perspective including the public health issues related to medicines and their use, and promoting health. (RPS-2.9) (IP) (SP) (AS)	**Knows**

6. Manages risk

An optometrist with an AS, SP or IP qualification must be able to identify when people might be at risk and be candid when things have gone wrong. They should recognise when safe systems are not in place to support prescribing and act appropriately to ensure a safe environment for patients and the public.

Outcome		Level
O6.1	Acts upon inappropriate or unsafe prescribing practice using appropriate processes. (RPS-9.2) (IP) (SP) (AS)	**Knows how**
O6.2	Recognises and manages potential misuse of medicines using appropriate processes. (RPS-4.7) (IP) (SP) (AS)	**Shows how**
O6.3	Knows about common types and causes of medication and prescribing errors, and how to minimise their risk. (RPS-7.2) (IP) (SP) (AS)	**Knows how**
O6.4	Recognises and reports suspected adverse reactions to medicines and medical devices using appropriate reporting systems. (RPS-6.4) (IP) (SP) (AS)	**Does**
O6.5	Reports near misses, critical incidents, medication and prescribing errors using appropriate reporting systems, and regularly reviews practice to prevent recurrence. (RPS-7.6) (IP) (SP) (AS)	**Shows how**
O6.6	Recognises and manages factors that might unduly influence prescribing (e.g. interactions with pharmaceutical industry, media, patient, colleagues, cognitive bias, prescribing incentives and targets). (RPS-8.5) (IP) (SP) (AS)	**Shows how**

7. Learning and development

An optometrist with an AS, SP or IP qualification must maintain their clinical knowledge and skills appropriate to their scope of practice, make use of networks for support, reflection and learning, and be able to work within their area of expertise and competence to achieve desired patient outcomes.

Outcome		Level
O7.1	Takes responsibility for own learning and continuing professional development (CPD) relevant to the prescribing role by continuously reviewing, reflecting, identifying gaps, planning, acting, applying and evidencing learning or competencies. (RPS-9.4) (IP) (SP) (AS)	**Does**
O7.2	Encourages and supports the learning and development of others with their prescribing practice and continuing professional development. (RPS-9.6) (IP) (SP) (AS)	**Shows how**
O7.3	Ensures confidence and competence to prescribe are maintained. (RPS-8.1) (IP) (SP) (AS)	**Shows how**
O7.4	Improves by reflecting on own and others' prescribing practice, and acting upon feedback and discussion. (RPS-9.1) (IP) (SP) (AS)	**Does**
O7.5	Prescribes within own competence and scope of practice, and recognises the limits of own knowledge and skill. (RPS-7.1) (IP) (SP) (AS)	**Does**
O7.6	Keeps up-to-date with emerging safety concerns related to prescribing. (RPS-7.5) (IP) (SP) (AS)	**Does**

Note on 'Miller's Pyramid of Clinical Competence'[4]

Knows: Knowledge that may be applied in the future. (Assessments may include essays, unseen examinations, practical reports, oral examinations and multiple-choice questions (MCQs), etc.)

Knows how: Knows how to apply knowledge and skills in a defined context or situation. (Assessments may include essays, oral examinations, unseen examinations, short answer questions, multi-format MCQs (single best answer, extended matching questions), practical simulations, portfolios, workbooks and poster presentations, etc.)

Shows how: Applies knowledge, skills and behaviour in a simulated environment or in real life repeatedly and reliably. (Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments, oral and poster presentations, designing, conducting and reporting an experiment, dispensing tests and taking a patient history, unseen examinations involving patient cases, etc.)

Does: Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably. (Assessments may include OSCEs, simulated patient assessments and observed practice, case-based assessments, portfolios, sustained research project (thesis, poster and oral presentation), etc.)

[4] Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 56

Section 2:

Standards for Approved Qualifications (Additional Supply, Supplementary Prescribing, and/or Independent Prescribing)

Introduction

The standards for approved qualifications describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification for specialist entry to the GOC register in AS, SP and/or IP categories.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register in the AS, SP and/or IP categories.

GOC-approved qualifications[5] will prepare trainees to meet the outcomes for specialist entry to the GOC register.

The standards are organised under five categories:

1. **Public and patient safety**
2. **Selection and admission of trainees**
3. **Assessment of outcomes and curriculum design**
4. **Management, monitoring and review of approved qualifications**
5. **Leadership, resources and capacity**

Each category is supported by criteria which must be met for a qualification to be approved.

[5] The Act gives the GOC powers to approve 'qualifications'

Standards for Approved Qualifications (Additional Supply, Supplementary Prescribing, and/or Independent Prescribing)

1. Public and patient safety

Approved qualifications must be delivered in contexts which ensure public and patient safety and support trainees' development and the demonstration of patient centred professionalism.

Criteria to meet this standard:

S1.1	There must be policies and systems in place to ensure trainees understand and adhere to the GOC's Standards of Practice for Optometrists and Dispensing Opticians.
S1.2	Concerns about a trainee's fitness to train or practise must be reported to the GOC. (The GOC acceptance criteria should be used as a guide as to when a fitness to practise/train matter should be reported.)
S1.3	Trainees must not put patients, service-users, the public or colleagues at risk. This means that anyone who teaches, assesses, supervises or employs trainees must ensure trainees practise safely, only undertake activities within the limits of their competence and are appropriately supervised when with patients and service-users.
S1.4	Upon admission (and at regular intervals thereafter) trainees must be informed it is an offence not to be registered with the GOC at all times whilst studying on a programme leading to an approved qualification for specialist entry to the GOC register (AS, SP and/or IP).

2. Selection and admission of trainees

Recruitment, selection and admission of trainees must be transparent, fair and appropriate.

Criteria to meet this standard:

S2.1	Selection and admission criteria must be appropriate for entry to an approved qualification for specialist entry to the GOC register (AS, SP and/or IP categories) including relevant health, character and fitness to practise checks. For overseas trainees, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.
S2.2	Recruitment, selection and admission processes must be fair, transparent and comply with relevant legislation (which may differ between England, Scotland, Northern Ireland and Wales), including equality and diversity legislation, and evaluate the suitability and relevance of the applicant's prior clinical and therapeutic experience.
S2.3	Selectors (who may include a mix of academic and admissions/ administrative staff) should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias in line with legislation in place in England, Scotland, Northern Ireland and Wales.
S2.4	Information provided to applicants must be accurate, comply with relevant legislation and include: • the academic, clinical and therapeutic experience required for entry to the approved qualification; • a description of the selection process and any costs associated with making the application; • the qualification's approved status; • the total costs/fees that will be incurred; • the curriculum and assessment approach for the qualification; and • the requirement for trainees to remain registered with the GOC throughout the duration of the programme leading to the award of the approved qualification. If offers are made to applicants below published academic and professional entry requirements, the rationale for making such decisions must be explicit and recorded.

Outcome

S2.5	Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that trainees admitted at a point other than the start of a programme have the potential to meet the outcomes for the award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by The Quality Assurance Agency for Higher Education (QAA) and/or The Office of Qualifications and Examinations Regulation (Ofqual) / Scottish Qualifications Authority (SQA) / Qualifications Wales / Department for the Economy in Northern Ireland and must not exempt trainees from summative assessments leading to the award of the approved qualification. (If necessary, separate arrangements will be made for the safe transition of trainees who have not yet completed GOC-approved therapeutic prescribing qualifications programmes prior to the introduction of the new outcomes and standards.)
S2.6	Upon or shortly after admission, trainees and the organisation responsible for the award of the approved qualification (the provider) must have identified a suitably experienced and qualified designated prescribing practitioner (DPP) who has agreed to supervise the trainee's learning in practice. The trainee's DPP must be a registered healthcare professional in Great Britain or Northern Ireland with independent prescribing rights. (See also Standard 4.)

3. Assessment of outcomes and curriculum design

The approved qualification must be supported by an integrated curriculum and assessment strategy that ensures trainees who are awarded the approved qualification meet all the outcomes at the required level (Miller's Pyramid: knows; knows how; shows how; and does).

Criteria to meet this standard:

S3.1	There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure trainees' achievement of outcomes at the required level (Miller's Pyramid) and how this leads to an award of an approved qualification.
S3.2	The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme (for example, Harden's spiral curriculum[6]), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.
S3.3	Curriculum design and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, trainees, commissioners, placement providers, members of the eye-care team and other healthcare professionals.
S3.4	The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted.
S3.5	Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification for specialist entry to the GOC register (AS, SP and/or IP).
S3.6	Assessment (including lowest pass) criteria must be explicit and set using an appropriate and tested standard-setting process. This includes assessments which occur during learning and experience in practice.
S3.7	Assessments must appropriately balance validity, reliability, robustness, fairness and transparency, ensure equity of treatment for trainees, reflect best practice and be routinely monitored, developed and quality-controlled. This includes assessments which might occur during learning and experience in practice.
S3.8	Appropriate reasonable adjustments must be put in place to ensure that trainees with a disability are not disadvantaged in engaging with the learning and teaching process and in demonstrating their achievement of the outcomes.

[6] R.M. Harden (1999) What is a spiral curriculum? Medical Teacher, 21:2, 141-143

S3.9	There must be policies and systems in place to plan, monitor and record each trainee's achievement of outcomes leading to award of the approved qualification.
S3.10	The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by The Office of Qualifications and Examinations Regulation (Ofqual), SQA or Qualifications Wales. Approved qualifications for specialist entry to the GOC register (AS, SP and/or IP) must be at a minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS 11.
S3.11	A range of teaching and learning methods must be used to deliver the outcomes.
S3.12	To enable the development of trainees' clinical, diagnostic and prescribing skills to meet the outcomes, the approved qualification must integrate learning and experience in practice (as a guide, approximately 90 hours). The supervision of a trainee's learning and experience in practice must be co-ordinated by an appropriately trained and qualified registered healthcare professional (DPP) with independent prescribing rights. (See also S4.4-S4.6.)
S3.13	Outcomes delivered and assessed during learning and experience in practice must be clearly identified, included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.
S3.14	The selection of outcomes to be taught and assessed during periods of learning and experience in practice and the choice and design of assessment items must be informed by feedback from a variety of sources, such as patients, employers, trainees, DPPs, members of the eye-care team and other healthcare professionals.
S3.15	Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include trainees' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance trainees' experience of studying on a programme leading to an approved qualification.
S3.16	Trainees must receive regular and timely feedback to improve their performance, including on their performance in assessments and in periods of learning and experience in practice.
S3.17	As part of the approved qualification, trainees must meet regularly with their DPP to discuss and document their progress as learners.

4. Management, monitoring and review of approved qualifications

Approved qualifications must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes that show who is responsible for what at each stage.

Criteria to meet this standard:

S4.1	There must be a clear management plan in place for the award of the approved qualification and its development, delivery, management, quality control and evaluation.
S4.2	The organisation responsible for the award of the approved qualification must be legally incorporated (i.e. not be an unincorporated association) and have the authority and capability to award the approved qualification.
S4.3	The provider must have a named point of contact for the approved qualification.
S4.4	There must be agreements in place between the trainee, their DPP and the provider that describe their respective roles and responsibilities during periods of learning and experience in practice. These must be regularly reviewed and supported by management plans, systems and policies which prioritise patient safety.
S4.5	A trainee's DPP must be a registered healthcare professional with independent prescribing rights and be an active prescriber competent in the clinical area(s) they will be supervising the trainee in, have the relevant core competencies[7] and be trained and supported to carry out their role effectively.
S4.6	If more than one registered healthcare professional with independent prescribing rights is involved in supervising a trainee, one independent prescriber must assume primary responsibility for coordinating their supervision. That person will be the trainee's DPP.

[7] See https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework

Criteria to meet this standard:

S4.7	The approved qualification must be systematically monitored and evaluated across learning environments using the best available evidence, including feedback from stakeholders, and action taken to address any concerns identified. Evidence should demonstrate as a minimum: • feedback systems for trainees and DPPs; • structured systems for quality review and evaluation; • trainee consultative mechanisms; • input and feedback from external stakeholders (patients, employers, DPPs, commissioners, trainees, former trainees, third sector bodies, etc); and • evaluation of business intelligence including progression and attainment data. This will ensure that: • provision is relevant, current and informed by evidence, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or the results of research; • the quality of teaching, learning support and assessment is appropriate; and • the quality of learning and experience in practice, including supervision, is appropriate.
S4.8	There must be policies and systems in place for: • the selection, appointment, support and training of external examiner(s) and/or internal and external moderator(s)/verifiers; and • reporting back on actions taken to external examiners and/or internal and external moderators/verifiers.
S4.9	Trainees, and anyone who supervises trainees, must be able to provide feedback on progress and raise concerns. Responses to feedback and concerns raised must be recorded and evidenced.
S4.10	Complaints must be considered in accordance with the good practice advice on handling complaints issued by the Office for the Independent Adjudicator for Higher Education in England and Wales (or equivalent).
S4.11	There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification and to identify areas requiring attention or development.
S4.12	There must be systems and policies in place to ensure that the GOC is notified of any major events and/or changes to the approved qualification, assessment and quality control, its organisation, resourcing and constitution, including responses to relevant regulatory body reviews.

5. Leadership, resources and capacity

Leadership, resources and capacity must be sufficient to ensure the outcomes are delivered and assessed to meet these standards in an academic, professional and clinical context.

Criteria to meet this standard:

S5.1	There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resources to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced together with evidence of recommendations considered and implemented.
S5.2	There must be a sufficient and appropriately qualified and experienced staff team. This must include: • an appropriately qualified and experienced programme leader, supported to succeed in their role; and • sufficient staff responsible for the teaching and assessment of the outcomes[8] , including GOC registrants and other suitably qualified healthcare professionals.
S5.3	There must be policies and systems in place to ensure anyone involved in the approved qualification is appropriately qualified and supported to develop in their role. These must include: • opportunities for CPD, including personal, academic and profession-specific development; • for registered healthcare professionals and DPPs supervising trainees, opportunity for training and support; • effective induction, supervision, peer support and mentoring; • realistic workloads for anyone who teaches, assesses or supervises trainees; • for teaching staff, the opportunity to gain teaching qualifications; and • effective appraisal, performance review and career development support.
S5.4	There must be sufficient and appropriate learning facilities to deliver and assess the outcomes. These must include: • sufficient and appropriate library and other information and IT resources; • access to specialist resources, including textbooks, journals, internet and web-based materials; and • specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes.
S5.5	Trainees must have effective support for health, wellbeing, conduct, academic, professional and clinical issues.

[8] See https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework

Section 3:

Quality Assurance and Enhancement Method (Additional Supply, Supplementary Prescribing, and/or Independent Prescribing)

Introduction

Our quality assurance and enhancement method describes how we will gather evidence to decide in accordance with the Act whether a qualification for specialist entry to the GOC register in the AS, SP and/or IP categories meets our outcomes for approved qualifications and standards for approved qualifications. This method statement is common to all qualifications for specialist entry to the GOC register.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register.

The design of the new quality assurance and enhancement method supports our outcomes-orientated approach. It moves away from seeking assurance that requirements are met by measuring inputs to evidencing outcomes. This reflects approaches taken by other statutory healthcare regulators, professional and chartered bodies.

The method does not attempt to describe every permutation of assurance and enhancement. Instead, it establishes a proportionate framework for gathering and assessing evidence to inform a decision as to whether to approve a qualification or withdraw approval of a qualification. The method sets out arrangements for periodic review, annual return, thematic and sample-based reviews, as well managing serious concerns and the type and range of evidence a provider of an approved qualification might consider providing to support these processes.

Underpinning our approach is a greater emphasis on the views of patients, service-users, the public, NHS, commissioners of training and education, employers, as well as the views of trainees and recent graduates in the evidence we consider. This is to ensure the qualifications we approve are not only responsive to the needs of patients and service-users but also to the rapidly changing landscape in the delivery of eye-care services across the United Kingdom (UK).

The method is organised in eight sections:

1. **Legal basis for quality assurance and enhancement**
2. **Quality assurance and enhancement – definitions**
3. **Geographic scope**
4. **Arrangements for current (pre-2021) providers of approved and provisionally approved qualifications**
5. **Approval of new qualifications (from December 2021)**
6. **Periodic review, annual return, thematic and sample-based review**
7. **Scope of evidence**
8. **Decision-making**

Quality and Assurance Enhancement Method for Specialist Entry to the GOC Register (Additional Supply, Supplementary Prescribing and Independent Prescribing)

1. Legal basis for quality assurance and enhancement

Our powers to undertake quality assurance and enhancement are set out in sections 12 and 13 of the Act. The Act requires the GOC to approve qualifications 'granted to candidates following success in an examination or other form or assessment which in the Council's opinion indicates that the candidate has attained all the outcomes leading to the award of the qualification'.

In part approval will be based on reports of appointed visitors (called 'Education Visitors') who report to the GOC on the 'nature of the instruction given', the 'sufficiency of the instruction given' and 'the assessments on the results of which approved qualifications are granted' as well as 'any other matters' which the GOC may decide.

The Act also gives powers to the GOC to approve 'any institution where the instruction given to persons training as opticians appears to the Council to be such as to secure to them adequate knowledge and skill for the practice of their profession'.

2. Quality assurance and enhancement – definitions

Quality assurance provides assurance that the qualifications we approve meet requirements in accordance with the Act for 'adequate knowledge and skill' (section 12(7)(a) of the Act), as described in our outcomes and standards for approved qualifications.

A quality enhancement process goes further than establishing that minimum requirements are met. Enhancement helps us demonstrate we are meeting our statutory obligation to understand both the 'nature' and the 'sufficiency' of instruction provided and in the assessment of trainees, and provides an opportunity to foster innovation and enhance the quality and responsiveness of provision to meet the needs of patients, the public and service-users.

3. Geographic scope

In addition to approving qualifications in the UK we may also approve qualifications outside the UK, provided that these are taught and assessed in either English or Welsh. Assurance and enhancement activity undertaken outside the UK will be charged for on a full cost recovery basis.

4. Arrangements for current (pre-2021) providers of approved and provisionally approved qualifications

From January 2022 we began working with each provider of GOC-approved and provisionally approved post-registration qualifications to understand at what pace providers will be able to adapt their existing qualifications or develop new qualifications to meet the outcomes and standards.

We anticipate most providers will work towards admitting trainees to approved qualifications that meet the outcomes and standards by September 2023, although providers may wish to admit trainees earlier.

Separate arrangements will be made with The College of Optometrists to ensure that the route to specialist entry to the GOC register is maintained for trainees who graduate from qualifications approved before 2021.

Providers of currently approved qualifications and provisionally approved qualifications will have three options for adapting their existing qualifications or developing new qualifications to meet the outcomes and standards for approved qualifications:

a. adapt an existing approved or provisionally approved qualification and seek approval (as a course change) to a timescale agreed with us;
b. 'teach out' an existing approved qualification or provisionally approved qualification to a timescale agreed with us, alongside developing, seeking approval for and recruiting to a 'new' qualification (using the process described in section 5, below); and
c. 'teach out' an existing approved qualification or provisionally approved qualification to a timescale agreed by us and partner with another organisation(s) or institution(s) to develop, seek approval for and recruit to a 'new' qualification (using the process described in section 5, below).

Providers may, in consultation with the GOC, wish to migrate trainees from an existing approved or provisionally approved qualification to the 'new' qualification.

During the transitional phase, 'A Handbook for Optometry Specialist Registration in Therapeutic Prescribing' (2008) and the 'Competency Framework for Independent Prescribing' (2011) including the list of required core competencies, the numerical requirements for trainees' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning will apply to all existing (pre-2021) GOC-approved and provisionally approved qualifications during the teach out or migration phase.

5. Approval of new qualifications (from 1 January 2022)

We will consider applications for approval of qualifications not currently approved by us in accordance with the risk-based staged approach described below.

For qualifications already approved by the GOC, please see section 4 above, 'Arrangements for current (pre-2021) providers of approved and provisionally approved qualifications'.

The number, frequency and specification for each stage for approval of new qualifications will vary depending on the proposed qualification's risk stratification, which can be summarised broadly as:

a. lower risk: a new qualification developed by an existing provider of approved speciality qualifications or provisionally approved speciality qualifications (option b. in section 4 above);
b. medium risk: a new qualification developed by a provider in a partnership or contractual arrangement with one or more organisations or institutions, one or more of which may have experience of awarding a speciality qualification approved by us; and
c. higher risk: a new qualification developed by a provider with limited or no experience of awarding a speciality qualification approved by us.

All new qualifications not currently approved by us applying for GOC approval on or after 1 January 2022 will be expected to meet the outcomes and standards in accordance with the stages outlined below.

Staged approach to qualification approval (for approval of new qualifications)

Stage one

Initial proposal for the proposed qualification. This stage will explore the strategic intent for the proposed qualification, the rationale for its design, its proposed approach to integration and resourcing, the provider's corporate form and management, and how the views of stakeholders, including patients, service-user, employers, NHS, commissioners of training and education and the public will inform the development, teaching and assessment of the proposed qualification, the draft business case and an outline of the investment necessary to ensure its success, and identification of key risks. The evidence to support stage one will normally be a written submission, based on the evidence framework, and supported by a meeting with us (at our offices or virtually) if necessary. Stage one may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are on course to be met and the provider is ready to move on to stage two. The output of stage one will be a report to the provider which may or may not be published.

Stage two

Stage two will examine the proposed qualification design and its resourcing in more depth (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stages one and two). This stage will consider the business case, investment and proposed pedagogic approach, the development of learning, teaching and assessment strategies, the involvement of patients, service-user, employers, commissioners and the public in qualification design, delivery and assessment, and preparedness for delivery for the first cohort of trainees. By the end of stage two all arrangements with partners (if required) will be in place, as will the investment necessary to ensure the qualification's successful implementation. The evidence to support stage two will normally be a written submission, based on the evidence framework, and supported by a meeting with us (at our offices, on site or virtually) if necessary. Stage two may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are on course to be met and the provider is ready to move on to stage three. The output of stage two will be a report to the provider which may or may not be published.

Stage three

The purpose of stage three will be to assess the readiness of the provider to begin recruiting trainees. The focus will be on detailed curriculum and assessment design, approach to recruitment and selection of trainees, and preparedness to commence delivery of the approved qualification. Stage three will confirm that the resourcing of the qualification, as described in stages one and two, is in place (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stages two and three). By stage three the provider will also be expected to evidence good progress in implementing plans approved at stage two. As stage three represents a higher risk to the GOC in terms of its decision-making, the evidence to support stage three will normally be a written submission, based on the evidence framework and an on-site (or virtual) visit based on the format of a periodic review. The specification of the periodic review required will be informed by the qualification's risk profile. Stage three may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are likely to be met and the provider is ready to move on to stage four. The output of stage three will be permission to commence recruiting trainees. Providers are reminded that the qualification is not approved until a decision of Council is made at stage five, and to ensure recruitment and advertising material conforms to our standard conditions of approval.

Stage four (a,b,c, etc.)

Stage four is repeated each year until the first cohort of trainees, or trainees migrated across into the programme, reach the final year's study. The focus of stage four is on the delivery and assessment of the integrated qualification, including its staffing, resourcing and infrastructure, risk mitigation and progress in implementing plans approved at earlier stages, alongside preparedness for the delivery for the next, and most importantly, final, academic year. At stage four patient, service-user, employer, commissioner and public engagement in qualification delivery, assessment and review is expected, along with evidence of an increasing volume of inter-professional learning and patient-facing learning and experience as trainees progress through the qualification. At stage four (a, b, c, etc.) the provider's preparedness for, and implementation of, its plan for the integration of patient-facing learning and experience will be examined, as well as its reflections on implementing plans approved at earlier stages, and any changes it proposes to make to the qualification as a result of trainee and stakeholder feedback. As stage four represents a higher risk to us in terms of our decision-making, the evidence to support stage four will normally be a written submission, based on the evidence framework and, for applications stratified as lower risk, a meeting with us either on site or at our offices (or virtually if necessary). For applications stratified as medium or higher risk, the meeting will take the form of an on-site (or virtual) visit based on the format of a periodic review. As at other stages, stage four may result in conditions being imposed, which can include halting recruitment for one or more cohorts, until we are reassured that the outcomes and standards are likely to be met and the provider is ready to move on to stage five.

If a provider is asked to halt recruitment and/or if the decision is that there is no confidence the provider is ready to move to stage five, the provider may cease to be considered for GOC approval, and trainees will not be eligible for specialty registration. In these circumstances, the provider must inform us how the interests of trainees currently studying on the qualification will be best served, either by transferring to an alternative provider or by being offered an alternative academic award; any costs incurred will be the responsibility of the provider.

The output of stage four will be a report to the provider which may or may not be published. Providers are reminded that the qualification is not approved until a decision of Council is made at stage 5, and to ensure recruitment and advertising material confirms to our standard conditions.

Stage five

Stage five considers an approved qualification's ability to meet the outcomes and standards. It is the final stage of the process and takes place in the academic year in which the first cohort of trainees will graduate. The evidence to support stage five will normally be a written submission, based on the evidence framework, alongside a periodic review and our attendance at the provider's final examination board (or equivalent). The specification for the periodic review will be based on the evidence framework and the risk stratification of the qualification, which includes factors such as, but not limited to the results of stages one to four, discharge of previously applied conditions and/or any serious concerns reviews and a sample-based review of the outcomes. The prime purpose of a stage five periodic review is assurance about whether the outcomes and standards are met. Depending on whether the application is stratified as lower, medium or higher risk, the periodic review may be desk-based, involve an on-site visit or visits, and/or physical or virtual meetings.

A decision by Council as to whether to approve the qualification will rely upon its consideration of the evidence gathered during stages one to five and will be informed by the advice of the Education Visitors. If the decision of Council is to approve the qualification (with or without conditions), the decision will specify the date from which the qualification is approved (normally the date of the examination Board for the first graduating cohort of trainees). The duration of the qualification's approval may be limited if necessary, according to its risk profile.

A provider's progress through the staged process for approving a new qualification is advisory only until Council decides whether or not to approve the new qualification. This must be made clear to all trainees and applicants until the qualification is approved by the GOC's Council.

6. Periodic review, annual return, thematic and sample-based review

Four methods of assurance and enhancement will together provide insight as to whether a qualification continues to meet our outcomes and standards:

- periodic review (of approved qualifications);
- annual return (of approved qualifications);
- thematic review (of standards); and
- sample-based review (of outcomes).

Periodic review

All approved qualifications and qualifications applying for approval will be subject to periodic review. Periodic review considers an approved qualification's ability to meet or continue to meet the outcomes and standards. It may be desk-based, involve an on site visit or visits, and/or physical or virtual meetings. The frequency and focus of a periodic review will be informed by the risk profile of the qualification, which includes factors such as, but not limited to the results of annual returns, thematic and sample-based reviews, discharge of previously applied conditions and/or serious concerns reviews. The specification for a periodic review will be based on the risk profile of the qualification. The prime purpose of a periodic review is assurance as to whether or not the standards and outcomes are met.

Annual return

All approved qualifications must submit an annual return, which is a key part of our assurance method. We will publish the specification for annual returns from time to time, together with the timeframe for the annual returns. Failure to submit an annual return may contribute to a decision to refuse or withdraw a qualification's approval. Information submitted as part of a qualification's annual return will inform our risk stratification, the timing and specification of periodic review and the basis for our thematic and sample-based reviews. We may publish a summary report of annual returns from time to time.

Thematic and sample-based reviews

Thematic and sample-based reviews will be a key part of our enhancement method, providing evidence of the 'nature' and 'sufficiency' of approved qualifications and their assessment. They are both an assurance and an enhancement activity. Their focus is to draw out key themes, identify and share good practice, and address risk in an approved qualification or a group of approved qualifications. Thematic and sample-based reviews may be on a profession-specific/regional/national and/or UK basis. All providers of approved qualifications must participate in thematic and sample-based reviews if required.

The specification for a thematic review will be based on the criteria contained in the standards and published by us from time to time, together with the timeframe for participation.

The focus of sample-based reviews will be the outcomes, to better understand how an outcome is introduced, developed, assessed and integrated within an approved qualification, how a trainee's achievement of the outcome at the appropriate level (at Miller's Pyramid) is measured and the pedagogic approaches underpinning its teaching and assessment. Like thematic reviews, we will publish the specification for a sample-based review along with the timeframe for participation from time to time. Sample-based and thematic reviews may be undertaken as part of a periodic review or undertaken directly by us and/or co-commissioned from an external contractor.

Alongside annual review, thematic and sample-based reviews will inform our risk stratification of approved qualifications and the timing and focus of periodic reviews.

7. Scope of evidence

We may publish a summary report of thematic and sample-based reviews from time to time.

Demonstrating that the outcomes and standards are met should not be unnecessarily onerous, and guidance is given below on the type of evidence a provider may wish to provide. In many cases, this evidence should be readily available standard, institutional documentation which either provides context, such as published institutional-level policies, or qualification-specific information used at programme level by staff, trainees or stakeholders. Whilst we anticipate that the majority of evidence sources will be generic, some evidence may, of necessity, need to be bespoke for this assurance and enhancement method. However, wherever possible we will limit the requirement for bespoke evidence (e.g. programme mapping), and will continue to do so to ensure our assurance and enhancement method is manageable for providers and is proportionate to the decisions we need to make.

Providers are encouraged to have an early conversation with our Education team to ensure appropriate application of our standards in the light of the context, duration or location (e.g. for qualifications awarded by specialist institutions or higher education providers outside the UK) of the qualification.

Evidence sources providers may wish to consider including or referencing within their evidence framework template may include (but are not limited to) those outlined below.

In relation to the outcomes:

- Programme specifications, module descriptors, unit handbooks, module or unit evaluation reports, curricula, timetables, mapping of outcomes to programme specification, indicative documents / subject benchmarks, examples of teaching and assessment materials.
- Description of assessment strategy and approaches to standard setting, copies of academic regulations, policies for the quality control of assessments, examples of assessment schemes, mark sheets, model answers.
- External examiner reports and evidence of responses to issues raised, reports from internal and external moderators/verifiers, copies of external examiner / internal and external moderator/verifier recruitment, retention and training/support policies, examination board terms of reference, minutes.

- Trainee feedback and evidence of responses to issues raised.
- Evidence of stakeholder engagement and feedback, including from patients and carers, in qualification design, delivery and assessment, and evidence of responses to issues raised.
- Description of facilities and resource utilisation to support the teaching and assessment of the outcomes, supervision policies and safe practice, etc.

In relation to the standards:

- Information about the provider, its ownership, corporate form, organisation, leadership and lines of responsibility, evidence of the contractual relationships underpinning the delivery and assessment of the award of the approved qualification, service/local level agreements, agreements between stakeholders / placement providers, management plans, etc.
- Information about the approved qualification, its credit load, length, form of delivery, type of academic award; evidence of internal or external validation/approval by relevant awarding body, example certificate, programme management plans, diagrams, etc.
- Admission policies, admissions data, recruitment and selection information, application packs, recognition of prior learning (RPL) / accreditation of prior learning (APL) policies, advertising and promotional activity, fee schedules, evidence of selectors' training in equality, diversity and unconscious bias, fitness to train/practise policies, etc.
- Evidence of engagement with service-users, commissioners, patients and the public, trainees and former trainees, employers and other stakeholders in qualification design, delivery and assessment; copies of relevant policies, stakeholder identification strategies, minutes of stakeholder engagement meetings/events, feedback and evidence of responses/action to issues raised.
- Description of the provider's quality control procedures at institutional and qualification level, evidence of responses to external examiner / internal and external moderator reports, end of programme evaluations, National Student Survey results, reports from other quality control or assurance bodies, and responses to issues raised, copies of trainee feedback, minutes of staff-trainee committees, and evidence of action in relation to issues raised, copies of examination regulations, examination board minutes, verification reports, evidence of policies and their implementation in areas such as academic misconduct, adjustments, data protection, equality and diversity, complaints, etc.
- Description of strategies for teaching, learning and assessment, including approaches to assessment design, standard setting, assessment tariff and assessment load, approach to integration; copies of placement contracts; supervision policies; evidence of training and feedback from placement providers; progression data, equality and diversity, etc.
- Evidence that there are mechanisms for securing sufficient levels of resource to deliver the outcomes to the required standards, including historic and projected resource allocation and review, evidence of physical and virtual learning resources, accommodation, equipment and facilities and assessment of their utilisation, copies of risk assessment and risk mitigation plans, etc.
- Evidence that the staff profile can support the delivery of the outcomes and the trainee experience, including workload planning, staff CVs and staff deployment/ contribution to the teaching and assessment of the outcomes, SSR, copies of policies describing the training, induction and support for those supervising trainees, external examiners, expert patients and other stakeholders and evidence of their efficacy, etc.
- Any other evidence the provider may wish to include to demonstrate its qualification meets the outcomes and standards.

A decision as to whether to approve a qualification or withdraw approval of a qualification will depend upon the evidence provided. For that reason, we rely on providers' responsiveness to provide the information we need to support our decision-making processes.

Our decisions will be based upon a fair and balanced consideration of the evidence provided, using an approach based on the stratification of risk to decide which criteria within our standards and outcomes we will require providers to evidence, how we will gather that evidence (the frequency and type of assurance and enhancement activity), how we will consult our Education Visitors in the consideration of the evidence provided, and how this informs our decision-making.

8. Decision-making

All decisions regarding qualification approval or withdrawal of approval or any other matter regarding approval of qualifications are the responsibility of Council. Council may delegate some or all of these decisions according to our scheme of delegation.

Decisions will be informed by the advice of our Education Visitors. In making its decision, Council, and those to whom Council has delegated authority, may choose to accept, reject or modify advice from our Education Visitors in relation to the qualification under consideration.

Council, and those to whom Council has delegated authority, may defer a decision in order to request further information/evidence from the provider, or to consult the statutory advisory committee and/ or Education Visitors, or seek other such advice as is considered necessary.

Date of approval

A decision to approve a qualification will include the date from which the qualification is approved, which shall normally be the date of the final examination board for the first graduating cohort of trainees.

Standard conditions

Standard conditions will be applied to approved qualifications and qualifications applying for approval, and adherence to standard conditions will be monitored through periodic review, annual return, thematic and sample-based review.

Conditions, recommendations and requests for information

As part of the assurance and enhancement process, conditions may be imposed, recommendations may be made and/or further information may be requested.

Conditions specified must be fulfilled within the stated timeframe to ensure the outcomes and standards continue to be met by the approved qualification.

Recommendations must be considered by the provider and action reported at the next annual review.

Information requested must be supplied within the stated timeframe. Failure to meet a condition or supply information within the specified timescale without good reason is a serious matter and may lead to the GOC conducting a serious concerns review and/or withdrawing approval of the qualification.

Notifications of changes and events

An important standing condition of approval is the expectation that providers notify us of any significant changes to approved qualifications, their title or other events that may impact upon the ability of a provider to meet our outcomes and standards. Failure to notify us of any significant changes or events in a timely manner may lead to the GOC conducting a serious concerns review and/or withdrawing approval of the qualification.

If we receive complaints, concerns and/or other unsolicited information about an approved qualification, or qualification applying for approval, we will consider this information as part of our risk stratification of qualifications and in the timing and focus of our future assurance and enhancement activity.

Serious concerns review

We reserve the right to investigate any matter brought to our attention which may have a bearing on the approval of a qualification. When making the decision to progress to a serious concerns review, we will consider factors such as, but not limited to:

- results of any assurance and enhancement activity;
- concerns regarding patient safety;
- evidence of significant shortfall in meeting one or more of the outcomes or standards;
- evidence of significant shortfalls in staffing and/or resources; and
- failure to meet a condition or provide information within the specified timescale.

A serious concerns review is a detailed investigation into the concerns raised about an approved qualification. Failure to co-operate with a serious concerns review or take action required as a result may mean that Council decides to withdraw its approval of the qualification.

Withdrawal

A provider may, by giving notice, withdraw its qualification from our assurance and enhancement process and GOC-approval. In these circumstances, the provider must inform us how the interests of trainees currently studying on the approved qualification will be best served. Withdrawal from our assurance and enhancement process does not preclude the provider from making a fresh application for qualification approval at some point in the future.

If, through assurance and enhancement (annual return, thematic and sample-based review and/or periodic review) a provider fails to demonstrate that their qualification meets our outcomes and/or standards for approved qualifications, and/or does not co-operate with us in the discharge of our regulatory duties, we may decide to withdraw our approval from the qualification. Should we decide to withdraw approval, we will follow the statutory process as outlined in the Act. In these circumstances, we will work closely with the provider, who retains responsibility for, and must act at all times in the best interests of, trainees studying for the approved qualification.

Appeal

Providers have the right to appeal a decision to withdraw our approval of its qualification, in accordance with the provisions of section 13 of the Act. In the event that Council decides to withdraw or refuse approval of a qualification (whether entirely or to a limited extent), an appeal may be made to the Privy Council within one month of the decision of Council being confirmed in writing.

Annex A:

Note on Process for Constructing Outcomes for Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) Categories

Note on Process for Constructing Outcomes for Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) Categories

Step one of the process involved conducting a gap analysis between our current education requirements and the needs of the optical sector for AS, SP and IP in the next five to ten years.

Step two involved selecting relevant frameworks to underpin the development of outcomes. These included Miller's Pyramid of Clinical Competence which is an established competence and assessment hierarchy (see below), and the updated Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers (2021) which are mapped to the outcomes.

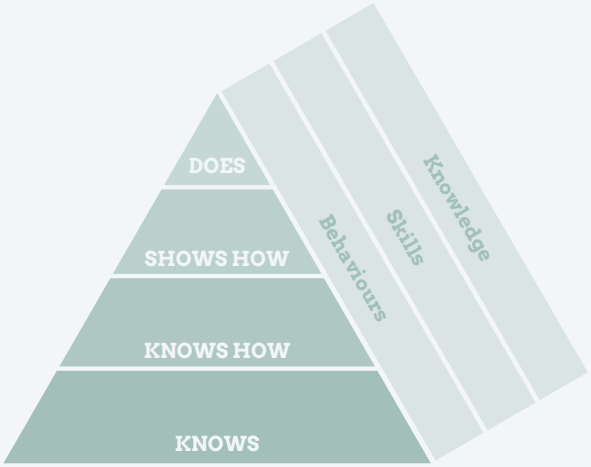
Step three of the process involved identifying categories of outcomes with contextual statements to embed the RPS requirements within the education and training requirements for GOC approved qualifications for specialist entry to the GOC register in AS, SP and IP.

Step four involved reviewing and refining individual outcome criteria to further embed where necessary the outcomes in the context of specialist entry to the GOC (AS, SP and IP).

Step five involved allocating levels on Miller's pyramid to each outcome criterion to inform the assessment requirements.

The final step of the process (step six) involved reviewing the construction of the outcome criterions, the assigned levels from Miller's pyramid, the use of verbs, and the overarching contextual statements for each category. Central to this process was the advice received from the Expert Advisory Group (EAG) for AS, SP and IP, feedback gained through consultation, and the verification of the outcomes using the Delphi method.[1]

Miller's Pyramid has four levels:



1. Knows (Knowledge that may be applied in the future)
2. Knows how (Knows how to apply knowledge and skills in a defined context or situation)
3. Shows how (Applies knowledge, skill and behaviour in a simulated environment or in real life repeatedly and reliably)
4. Does (Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably)

[1] Ben Pearson, General Optical Council, 2021

Annex B:

Acknowledgements

We would like to thank our Council members, members of our Expert Advisory Groups, GOC registrants, providers of GOC-approved qualifications, our academic community and stakeholders, including optical sector representative bodies and patient and public / third sector groups, for their commitment and volunteer effort in formulating, drafting and commenting upon these new requirements for qualifications we approve.

We would also like to thank our partners who helped shape and verify these updated requirements, especially the outcomes for approved qualifications: the UK Quality Assurance Agency, the University of Hertfordshire who undertook the verification of the outcomes using the Delphi Method, Fraser Consulting who assisted with assessing the equality impacts of our proposals, Surrey University who produced a literature review identifying barriers or facilitators to non-medical prescribing, and Enventure Research, our consultation research partner.

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Samara Morgan, Head of Education (maternity cover)

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* GOC Expert Advisory Group member roles correct at time of service

Glossary

Acceptance criteria
The acceptance criteria are a fitness to practise case management tool used by the General Optical Council (GOC) to decide whether to accept a complaint as an allegation of impaired fitness to practise as defined by section 13D of the Opticians Act 1989 ('the Act').

Additional supply
Additional supply optometrists can sell or supply various prescription only medicines provided it is during their professional practice and in an emergency.

Annual return
Providers of approved qualifications must submit an annual return, a key part of the GOC's assurance method. The specification for the annual return will be published along with the timeframe for the annual return by the GOC from time to time.

Approved qualifications
Qualifications approved by the GOC in accordance with the Act.

Core competencies
The core nine competencies for each area of practice are published in the GOC's Handbook for Optometry Specialist Registration in Therapeutic Prescribing (2008). From January 2022 the core competencies were replaced by the outcomes for registration for new education programmes.

Council
The GOC Council is made up of 12 registrant and lay members and sets the strategic direction of the organisation.

Continuing Professional Development (CPD)
A statutory requirement for all registered optometrists and dispensing opticians to ensure they maintain the up-to-date skills and knowledge needed to practise safely and effectively throughout their career. The GOC is rebranding its Continuing Education and Training (CET) scheme to CPD with a focus on individual responsibility for professional development within a registrant's personal scope of practice.

Designated prescribing practitioner (DPP)
Someone undertaking the in-practice learning required to become an IP optometrist can be supervised by an approved and registered IP practitioner, called a designated prescribing practitioner or DPP.

Dispensing optician
A GOC registrant who fits and supplies glasses or low vision aids.

Dispensing optics / optical dispensing
The act of issuing an optical appliance to protect against hazards or to correct, remedy or relieve defects of vision.

Education visitors / Education Visitor Panel
The Act gives the GOC powers to appoint visitors to report to the GOC on the 'nature of the instruction given', the 'sufficiency of the instruction given' and 'the assessments on the results of which approved qualifications are granted', as well as 'any other matters' which the GOC may decide.

Equality, diversity and inclusion (EDI) / protected characteristics
There are eight relevant protected characteristics in the Equality Act 2010, namely: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Marriage and civil partnership as a protected characteristic applies only to employment and is not a relevant characteristic in terms of section 149 of the Equality Act 2010.

See The Fraser Consulting Equality, Diversity and Inclusion Impact Assessment Report for requirements for specialist entry to the General Optical Council's register in the additional supply, supplementary prescribing and/or independent prescribing categories.

Expert Advisory Groups (EAGs)
Advisory groups tasked with developing and preparing for approval updated education and training requirements for GOC-approved qualifications.

Fitness to practise
A registrant's ability to carry out their professional duties as outlined in the Act and the GOC's Standards of Practice for Optometrists and Dispensing Opticians.

FHEQ, CQFW or SCQF/FQHEIS
FHEQ: Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies in England, Wales and Northern Ireland; CQFW: Credit and Qualifications Framework Wales; SCQF: Scottish Credit and Qualifications Framework; FQHEIS: The Framework for Qualifications of Higher Education Institutions in Scotland. Please see descriptors by the Quality Assurance Agency for Higher Education for more detail on each of the frameworks.

Independent Prescribers
Independent prescribers take responsibility for the clinical assessment of the patient, establish a diagnosis and determine the clinical management required (including prescribing where necessary).

Miller's Pyramid/triangle of clinical competence
Established competence and assessment hierarchy (knows, knows how, shows how, and does).

OSCE
Objective structured clinical examination.

Optometrist
A GOC registrant who is responsible for the examination of the eyes including the detection and management of ocular conditions and the prescription and fitting of optical appliances.

Optometry
The occupation of examining the eyes including the detection and management of ocular conditions and the prescription and fitting of optical appliances.

Outcomes for registration
The outcomes for registration describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and join the register with the GOC.

Patient outcomes
The results of the healthcare service that a patient receives.

Periodic review
Considers an approved qualification's ability to meet or continue to meet the outcomes for Approved Qualifications for Specialist Entry to the GOC Register (Additional Supply, Supplementary Supply and Independent Prescribing). It may be desk-based, involve an on-site visit or visits, and/or physical or virtual meetings.

Risk stratification
The process of assigning risk status to education and training providers within the quality assurance and enhancement method.

Royal Pharmaceutical Society's (RPS) Competency Framework for all Prescribers
The framework sets out what good prescribing looks like describing the demonstrable knowledge, skills, characteristics, qualities and behaviours for a safe and effective prescribing role.

RQF level
The Regulated Qualifications Framework (RQF) for general and vocational qualifications regulated by The Office of Qualifications and Examinations Regulation (Ofqual) in England.

Sample-based review
Focused on the outcomes for Approved Qualifications for Specialist Entry to the GOC Register (Additional Supply, Supplementary Supply and Independent Prescribing); to better understand how an outcome is introduced, developed, assessed and integrated within an approved qualification, how a student's achievement of the outcome at the right level (at Miller's Pyramid) is measured and the pedagogic approaches underpinning its teaching and assessment.

Scope of practice
The activities a healthcare professional carries out within their professional role which will change over time as their knowledge, skills and experience develops. The healthcare professional must keep within their scope of practice to ensure these activities are delivered lawfully, safely, and effectively.

Service-user
Someone who is receiving or using health care services.

Student:staff ratio (SSR)
SSR is the total number of students per member of academic teaching staff. The SSR is calculated using the student and staff full-time equivalent (FTE).

Standards for approved qualifications
Standards that describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.

Standards of Practice for Optometrists and Dispensing Opticians
The GOC's Standards of Practice for Optometrists and Dispensing Opticians, published in April 2016, define the standards of behaviour and performance expected of all registered optometrists and dispensing opticians.

Supplementary Prescribers
Supplementary prescribers form a voluntary partnership with an independent prescriber. A clinical management plan is agreed for an individual patient, and with the patient's agreement, the supplementary prescriber manages the patient's clinical condition, including prescribing, according to the clinical management plan.

Thematic review
Focused on the criteria contained within the standards for approved qualifications.

Third sector bodies
Non-governmental, not-for-profit organisations which may include charities, voluntary groups, social enterprises and special service providers.