First meeting in 2021 of the Council held in PUBLIC
on Wednesday 10 February 2021 at 10:00 hours via Microsoft Teams videoconference

AGENDA

1.	**Welcome and Apologies**	Oral	Chair	10:00 – 10:05 (5 mins)
2.	**Declaration of Interests** Page 3	C01(21)	Chair	
3.	**Minutes – 11 November 2020** Page 6 For approval	C02(21)	Chair	10:05 – 10:10 (5 mins)
	3.1 **Updated Actions** Page 13 For noting	C03(21)		
	3.2 **Matters Arising**			
4.	**Chief Executive and Registrar's report** Page 15 For noting	C04(21)	LL	10:10 – 10:20 (10 mins)
5.	**Chair's report** Page 29 For noting	C05(21)	Chair	10:20 – 10:25 (5 mins)
	STRATEGIC			
6.	**GOC Education and Training Requirements** For approval Page 31	C06(21)	LM	10:25 – 11:25 (1 hour)
	BREAK (30 mins)			
	ASSURANCE			
7.	**Finance**			
	a. Finance performance report: nine months to December 2020 Page 130 For noting	C07(21)	YG/MIM	11:55 – 12:25 (30 mins)
	b. 2021/22 Draft Business Plan and Budget For approva Page 148l	C08(21)	YG/EW	
8.	**Balanced Scorecard** For noting Page 171	C09(21)	EW	12:25 – 12:30 (5 mins)
9.	**Operational Business Plan 2020/21 – Q3 progress** Page 173 For noting	C10(21)	EW	12:30 – 12:40 (10 mins)
10.	**External audit of Fitness to Practise Decision Making 2019/2020** Page 193 For noting	C11(21)	DS/ KW	12:40 – 13:00 (20 mins)

	OPERATIONAL			
11.	**Council forward Plan** **Page 173** For noting	C12(21)	EW	13:00 – 13:05 (5 mins)
12.	**Any Other Business** (Items must be notified to the Chair 24 hours before the meeting)		Chair	13:05 – 13:10
	Meeting Close			13:10

Date of next meeting – Wednesday 14 July 2021

COUNCIL – REGISTER OF INTEREST 2020/21 (UPDATED 28 January 2021)

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Sinead **BURNS** Lay Member	• Registered Psychologist: Health and Care Professions Council • Registrant Member: Fitness to Practice Panel, Health and Care Professions Council	• Registered Fellow: Chartered Institute of Personnel and Development	• Former Vice President Pharmaceutical Society Northern Ireland	• Lay Member: Council • Chair: Companies Committee • Member: Audit and Risk Committee	• None
Dr Josie **FORTE** Registrant - OO	• Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills) • Consultant: Specsavers Optical Superstores • Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University • Lecturer (occasional, visiting): Plymouth University • Vice chair (acting): Devon Local Eye Health Network • Vice chair (acting): Cornwall Local Eye Health Network • Board member: Federation of Ophthalmic and Dispensing Opticians • VisionForte Ltd (through which GOC honoraria payments are made)	• Member: College of Optometrists • Registered with the Optometrists and Dispensing Opticians Board of New Zealand • Freeman: Worshipful Company of Spectacle Makers	• Member: Devon Local Optical Committee (end May 2017) • Optometrist: Specsavers Torquay (end Apr 2014) • Optometrist: Lascelles Opticians Plymouth (end Jun 2006) • Specsavers Plymouth Cornwall Street Ltd (ended April 2020) • Specsavers Saltash Ltd (ended April 2020) • Specsavers Devon2 Domiciliary (ended January 2020) • Board trustee: Inspiring Schools Partnership, Plymouth • Member: Association of Optometrists	• Member: Registration Committee • Member: Companies Committee	• Spouse: registered Director of VisionForte Ltd
Mike **GALVIN** Lay Member	• Non-executive Director: Martello Technologies Group Inc • Non-executive Director: ThinkRF	• Member: Institution of Engineering and Technology • Fellow: Institute of Telecom Professionals.	• None	• Lay member: Council • Chair: Education • Member: Audit and Risk Committee	• None
Rosie **GLAZEBROOK** Lay Member	• Chair, Research Ethics Committee (Camden and Islington, Health Research Authority)	• None	• None	• Lay Member: Council • Chair: Registration • Member: Nominations	• None

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Gareth **HADLEY** Lay Member	• None	• Chartered Fellow: Chartered Institute of Personnel and Development • Liveryman: Worshipful Company of Spectacle Makers • Member: Institute of Directors	• None	• Chair: Council • Chair: Nominations • Member: Remuneration	• None
Dr Scott **MACKIE** Registrant - OO	• Assessor: College of Optometrists • Continuing Education and Training Approver: General Optical Council • Consultant: Thea Pharmaceuticals • Consultant: Topcon • Director of Professional Services: Visioncall Domiciliary Services • Director: Mackie Consultants • Director: Mackie Eyecare Limited Bothwell and Mackie Specstore Ltd Lesmahagow (no shareholding) • Member: National Clinical Committee, Association of British Dispensing Opticians • Panel Member: Royal Pharmaceutical Society (review of the guidance on the 'Safe and Secure Handling of Medicines) • Workshop demonstrator and visiting lecturer: Glasgow Caledonian University	• Liveryman: Worshipful Company of Spectacle Makers • Member: College of Optometrists	• Lecturer (visiting): Plymouth University (end Oct 2016) • Trustee: International Glaucoma Association (end April 2017)	• Council member	• Close Relative: General Optical Council Continuing Education and Training Approver

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Clare **MINCHINGTON** Lay Member	• None	• Fellow: Association of Chartered Certified Accountants • Fellow: Institute of Chartered Accountants of England and Wales	• None	• Lay Member: Council • Chair: Audit and Risk Committee	• None
Dr David **PARKINS** Registrant - OO	• Trustee: Spectacle Makers Charity • Chair: London Eye Health Network (NHS England) • Vice Chair: Clinical Council for Eye Health Commissioning • Member: London Clinical Senate Council • Director: BP Eyecare Ltd	• Fellow: College of Optometrists • Fellow, European Academy of Optometry and Optics • Life Member: Vision Aid Overseas • Liveryman: Worshipful Company of Spectacle Makers • Member: British Contact Lens Association	• President: College of Optometrists (end Mar 2016) • Board Trustee: College of Optometrists (end Mar 2018) • Previous CET provider (ended 2015)	• Member: Council • Member: Audit and Risk Committee	• Close Relative: General Optical Council Case Examiner • Close Relative: Member, College of Optometrists • Spouse: Director - BP Eyecare Ltd
Tim **PARKINSON** Lay member	• None	• Fellow: Chartered Management Institute	• None	• Lay member: Council	• None
Roshni **SAMRA** Registrant - OO	• Locum optometrist (occasional): various high street or independent practices • Professional Clinic Manager: City Sight, City University • Student: City University (MSc in Clinical Optometry)	• None	• None	• Member: Council • Member: Registration Committee	• Works with a current General Optical Council Case Examiner
Helen **TILLEY** Registrant - OO	• Owner and practicing Optometrist (with shareholding): Monnow Eyecare • Student: Cardiff University (independent prescribing) (ended 2018, but starts again Mar 2019)	• Member: Federation of Ophthalmic Dispensing Opticians • Member: College of Optometrists	• None	• Senior Member: Council • Chair: Remuneration Committee	• None
Glenn **TOMISON** Registrant - DO	• Lead director (for individual members): Federation of Ophthalmic Dispensing Opticians • Self-employed: dispensing optician • Senior clinical instructor: University of Manchester	• Fellow: Association of British Dispensing Opticians • Liveryman: Worshipful Company of Spectacle Makers	• Chair: Federation of Ophthalmic and Dispensing Opticians (ended December 2014)	• Member: Council • Chair: Standards Committee • Member: Nominations Committee	• None

PUBLIC
C02(21)

GENERAL OPTICAL COUNCIL

DRAFT minutes of Council held in public held on Wednesday 11 November 2020 at 10:00 hours via Microsoft Teams

Present: Gareth Hadley (Chair), Sinead Burns, Josie Forte, Mike Galvin, Rosie Glazebrook, Scott Mackie, Clare Minchington, David Parkins, Tim Parkinson, Roshni Samra, Helen Tilley and Glenn Tomison.

GOC Attendees: Nadia Denton (Governance Officer), Marcus Dye (Acting Director of Strategy), Yeslin Gearty (Acting Director of Resources), Manori Izni-Muneer (Head of Finance), Lesley Longstone (Chief Executive and Registrar), Sarah Martyn (Governance and Compliance Manager), Leonie Milliner (Acting Director of Education), Dionne Spence (Director of Casework and Regulation) and Erica Wilkinson (Head of Secretariat).

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed the visitors to the public General Optical Council meeting.
2.	There were no apologies for absence.
3.	The Chair **cited** paragraph 2.16 of the Council's Standing Orders that state: *"All Council members have a duty to attend ordinary meetings in person and contribute effectively until the Chair closes the meeting. Only in exceptional circumstances (with the agreement of the Chair) will a Council member be permitted to participate in an ordinary meeting via electronic means."* He noted that his permission had been granted in these extraordinary circumstances for all participation to be via electronic means.
	Declaration of Interests
4.	There were no new declarations, but as previously noted:
	Item 6, Continuing Education and Training (CET) Review: Scott Mackie was a CET approver and his wife a CET provider and approver.
	Item 8, Updating the GOC Education and Training Requirements: Josie Forte, Roshni Samra and Glenn Tomison had interests arising from their engagements with educational establishments.
	It had been previously agreed that these individuals could participate in the conversation.
	Minutes of Previous Meetings
5.	Council **approved** the minutes of the meeting held on 15 July 2020 as an accurate record of the meeting.

	Updated Actions C39(20)
6.	**C02(20)10** Conduct a full public consultation on Covid-19-related easements: Council noted that the consultation response was unlikely to be ready for the February 2021 meeting, as currently stated, due to the time needed to consider the responses from the consultation.
	Matters Arising
7.	There were no matters arising.
	Chief Executive and Registrar's report C40(20)
8.	Council noted the report and extended their congratulations to the Chair for his recognition in the Queen's birthday honours list.
9.	*Casework and Resolution* It was noted that the Audit, Finance and Risk Committee had discussed the type-one error on the register. Although disappointment had been expressed that the error had been made, they were reassured by the prompt and comprehensive action that had been taken.
10.	Council noted that the GOC were doing more than previously at the triage stage, which meant that the initial investigation and identification of issues was more focused. The numbers of cases had gone down and most remaining cases were older and more complex; a few cases had been delayed by six to eight months due to COVID, and could be subject to further delays but many had progressed through the pandemic, with virtual hearings as appropriate. The GOC hearing room was now COVID compliant with the first physical hearing taking place mid-November; hybrid hearings were likely to take place from Q4.
11.	*External Developments* A question was raised about the risk to the GOC from processes affecting goods and services to and from Europe, resulting from Brexit; the Chief Executive confirmed that the overall risk had been assessed as low, but she could discuss further outside the meeting.
	Action: the Chief Executive and Registrar to discuss with the member raising the issue outside of the meeting.
12.	*DHSC* Council noted that the timescales initially floated by the Department of Health and Social Care (DHSC) for legislative reform had been delayed due to Brexit and now COVID and that, as a consequence, consultation on proposals for reform was not now expected until the new year. The question of how many regulators there should be was still an open question. It was noted that the GOC were dependent on rules changes for issues such as CET and were forging ahead, developing draft rules and consulting before sending to the Privy Council.
13.	*External stakeholder engagement* Council noted that as an update to paragraph 46, the Chiropractic, Optical, Pharmacy, Osteopathic and Dental Co-operation Pod (COPOD) had met and agreed to work together to establish efficiencies and to drive up quality. The GOC already worked with the same internal auditors as GPhC and the Director of Casework and Regulation would be leading some work on fitness to practise.
	Chair's ReportC41(20)
14.	Council **noted** the report.

	CET Review C42(20)
15.	Council were asked to: • Consider where changes had been made to proposals in response to feedback received; and • Approve proceeding with changes needed to implement the proposals for reform and to start communicating change to our stakeholder base as appropriate.
16.	The Director of Education provided an update on the outcome of the consultation which provided clarity on the way forward.
17.	The Project Manager advised that the main change, coming from the 2020 consultation, was the inclusion of mandatory reflective exercises for all registrants. Consultation also sought views on allowing a broader range of CPD to be eligible for points, including 'non-approved' CPD from providers not registered with the GOC. It was noted that there was much valuable CPD learning from outside the healthcare sector to be had. The introduction of fractional points was also discussed for CPD lasting over 30 minutes but under an hour, and it was noted that individuals could undertake useful learning in short spaces of time. The Project Manager advised that there was much unprompted support at consultation for the idea of extending peer review to dispensing opticians, but as that specific proposal had not been consulted upon as part of the 2020 consultation (but had in 2017) it would be useful to include a question specifically about this in the upcoming CET legislative change consultation.
18.	Council considered where changes had been made in response to feedback received and were supportive of the proposals; they judged that change was long overdue and essential. The following comments were made: • communication with the profession would be key to ensure that the changes proposed for the 2022 CET cycle were well received; • mandatory peer review for both professions would help dispensing opticians and optometrists to be seen equally and should be formally consulted upon as part of the upcoming CET legislative change consultation; • this would help close the existing skills gap and upskill all individuals, including those newly qualified.
19.	Council noted in response to a number of questions that: • the proposal was to continue to award points, rather than count hours, as this would maintain some consistency; but this may change in the future as the process would be continually re-evaluated over the coming years; • without legislative change, there would be limitations on the GOC and what it could mandate. If legislative reform were not ready to enable the changes for the next cycle beginning in 2022, it was planned to pursue the legislative change and adapt the communications to strongly recommend aspects that could not be mandated; • IT system changes were fundamental to enable implementation; developers had advised on the basis of initial discussions that the GOC requirements were achievable within the timescales.
20.	Council **approved** proceeding with changes needed to implement the proposals for reform and to start communicating change to the GOC's stakeholder base as appropriate.
	Updating the GOC Education and Training Requirements C43(20)
21.	The Chair thanked the Association of Optometrists, the Optometry Schools Council, and the Federation of Ophthalmic and Dispensing Opticians for their recent correspondence, which had been shared with Council members. Council Members had also received correspondence directly from Association of British Dispensing Opticians.

22.	Council were asked to: • consider the outcomes from consultation, commissioned research and impact assessments and Expert Advisory Groups (EAGs) progress in synthesising feedback; and • discuss key proposals and provide advice to the executive and EAGs on direction and changes needed to implement the proposals in light of feedback.
23.	The Director of Education thanked everyone involved in the project for their contributions to the complex multi-stranded work that had been carried out, at pace, to explore the awarding of approved qualifications leading to registration as an optometrist or a dispensing optician.
24.	The project team would need to work hard to meet the deadline for the next Council meeting and there was a need to properly consider and respond to the constructive comments received. In particular, it was noted that the Association of Optometrists had suggested the idea of 'comply or explain' in adopting the indicative document.
25.	On behalf of Council, the Chair thanked those who responded to the consultation. Much had been gained, particularly from the qualitative messages drawn from the freeform comments supporting the quantitative responses, and from the interviews and the focus groups.
26.	Council members considered the informative paper produced by the Director of Education and agreed that doing nothing was not an option. The current handbooks, both for dispensing optics and optometry, were no longer fit for purpose and whilst they remained extant, the GOC was at risk of prospective suppliers bringing forward proposals for new programmes that would meet the current handbooks' prescriptions but which would fail to meet current and future public protection expectations of optometrists and dispensing opticians. This whole programme of work was about lifting standards and properly discharging the GOC's public protection remit.
27.	There followed discussion of a number of concerns raised in response to the consultation including higher level strategic issues such as clinical content, funding, timing and the single point of accountability (SPA). The impact of Covid-19 on the sector and on education providers was also recognised.
28.	There was support for single learning outcomes to include the skills and knowledge with the application of knowledge and the Director of Education explained the rationale behind bringing two sets of competences into one framework and the benefits that this approach would bring. The GOC had recognised that its requirements for optical colleges were out of kilter with other healthcare professions. The move to an outcome-based approach, which was underpinned by science and current professional practice, was required with the profession taking more responsibility for their actions and decisions, and as a response to the changing needs of the profession. The GOC had no role in ensuring the providers were prepared for these changes or associated sources of funding, however, it was ensuring that the conversations were started.
29.	It was recognised that the work needed to continue speedily and the EAGs would work synthasising information, ensuring that the financial gaps were clear, over the next couple of months and bring back a proposal for Council approval in February 2021. There were some concerns raised that universities would struggle to produce programmes by the summer of 2021, though this would be essential to protect the safety of the public
30.	Implementing the change would be difficult particularly given the difficulties currently faced by practices during the current pandemic. Skills and training would need to be brought forward as clear clinical pathways would need to be set about what primary care needed to do for patients including follow up on low vision patients, managing patients and key learning for those registrants who had had to step up to learn and undertake new skills. There was also concern that the current cohort of students would not gain with the necessary clinical skills due to the pandemic as the required training was not available.

31.	Council agreed that the GOC should <u>not</u>: • Do nothing; in which case the current QA Handbooks (2011/2015) would remain in place for next 5+ years. • Start afresh, in which case the current QA Handbooks (2011/2015) would remain place for at least the next 5+ years whilst GOC drafts and consults upon new requirements to replace QA handbooks for approval. • Delay approval for up to 12 months (to Dec 2021) to give further time for the sector to organise itself to support providers in their development of integrated programmes which would inevitably mean starting again.
32.	Council agreed that the guidance that had been given to the Executive during the course of this project still held true. This included the steer regarding the principle of a single set of outcomes for qualification approval. In practice this means that there would not be a GOC national examination; instead, expectations for providers would be set. As the experts in assessment, it would be for the providers to develop both programmes and examinations that were judged to meet expectations, thus enabling them to be licensed and, in turn, for their graduates to be entered into the GOC register. Amongst other things, this would bring the professions that the GOC regulated in line with other healthcare graduate professions. Registrants were noted to be increasingly working in close co-operation with and alongside other healthcare professions and their learning, development and assessment processes should be aligned.
33.	As this represented a fair amount of work, Council asked the Executive to bring the matter back for a definitive decision at its meeting on 10 February 2021.
34.	Although Council did not want to focus on one particular response to the consultation, they thanked the AOP for their suggestion that providers be asked to map their programmes to the indicative document which the sector would draft to support the outcomes on a 'comply and explain' basis. This would mean that the obligation on providers should be either to comply with the indicative document or alternatively to explain why they were not compliant and how they have consulted with stakeholders to design an alternative approach. This concept provided the necessary flexibility in the face of rapidly changing healthcare demands, challenges to supply (which registrants were well placed to deliver), and improved the sector's capacity to respond, not becoming ossified in the manner of the previous optometry and dispensing handbooks.
35.	In relation to the Regulated Qualifications Framework (RQF) project, the Project Board had recently reviewed the Quality Assurance Agency's (QAA's) recommendations for RQF level and whilst the final report was still to be published by the QAA, the headlines were that optometry was recommended for level 7 (Scottish level 11) and Dispensing Optics for level 6 (Scottish level 10). Council asked the EAGs to consider incorporating the QAA's recommendations within the *Standards for approved qualifications.*
36.	Council advised that the Executive now needed to work with the sector and bring back a set of proposals that fleshed out: • not only the forecast costs but also the benefits of the changes that were proposed, thereby building on the financial impact assessment report; and • the clinical outcomes; EAGs needed now to complete the work that they had been engaged in for some 18 months and come up with clear recommendations in response to the tight brief that they were set; and **agreed:** • to work toward approval of the ESR deliverables in February 2021 and in the adaptation period support the sector in organising itself, including resourcing, to meet the outcomes and standards.
	Financial Performance Report: six months to September 2020 C44(20)
37.	Council **noted** that there were no surprises in the two reports, the onset of COVID has unsurprisingly led to variances in income and expenditure. Delays in hearings had moved

	some costs to the end of the year and into next year but there were also genuine savings, particularly around travel and hotel accommodation. With staff working remotely, there were savings in office services as well as some non-COVID related efficiencies. Council and committee meetings had been forecast as a hybrid model. Council noted that the Senior Management Team reviewed the finance reports once a month.
	First draft budget and business plan for 2021/22
38.	Council noted the draft business plan and outline budget and the following comments were addressed: • assumptions regarding the split of remote/on-site working varied from team to team; a high degree of remote working for the whole organisation was likely to remain in place until Easter; • there were questions over the requirement for face to face Council and Committee meetings and whether there should be a hybrid model; after the pandemic experience it would be hard to argue that business could not be conducted remotely; • remote meetings missed the nuances, body language and any social interaction; • the office space would need to be future proofed; it was unlikely that staff would want to go back to offices in the same way; • remote public meetings were more accessible to people throughout the UK.
39.	Council **noted** the report.
	Balanced Scorecard C46(20)
40.	Council **noted** the balanced scorecard.
	Operational Business Plan 2020/2021 – Q2 progress
41.	Council **noted** the Q2 progress of the internal operational business plan 2002/2021.
	Fee Rules 2021/2022 C48 (20)
42.	Council noted that the Audit, Finance and Risk Committee had considered the fee rules for 2021/2022 and had recommended that for the next financial year alone the fees should be frozen at the current level. Council welcomed the approach and felt it was supportive, in line with the GOC values, and the right thing to do under the current circumstances arising from the pandemic.
43.	Council **agreed** the fee rules for 2021/2022 as set out in annex one of the paper.
	Council Chair Appointment
44.	Council **noted** that the appointment process was on track and the final decision would be made by the Panel shortly. It was hoped that the Privy Council would give their approval in time for the candidate to be in place by February. Thanks were extended to the Panel, the search and selection consultants and the governance team for their part in the process.
	Council Forward Plan
	Action: It was agreed that the Head of Secretariat would produce 12 month plans for Council and Committees going forward.
45.	Council noted that the GOC had procured a consultancy to start work in the new year to undertake a refresh of its target operating model in light of Covid, the five-year strategy and other influences. The work will run over an eight-week period beginning in January. There will be a need to engage with Council as part of this process

	Any Other Business
46.	Thanks were given to the members of the public who attended.
	Meeting closed: 13:34 hours
	Next meeting: 10 February 201

PUBLIC
C03(21)

COUNCIL

Actions arising from public Council meetings

Meeting: 10 February 2021 **Status:** For noting

Lead responsibility and paper author: Erica Wilkinson (Head of Secretariat)

Purpose

1. This paper provides Council with progress made on actions from the last public meeting along with any other actions which are outstanding from previous meetings.

2. The paper is broken down into 3 parts: (1) action points relating to the last meeting, (2) action points from previous meetings which remain outstanding, and (3) action points previously outstanding but now completed. Once actions are complete and have been reported to Council they will be removed from the list.

Part 1A: Action points from the Council meeting held on 11 November 2020

Ref	Lead	Action	Deadline	Progress update
C11	Chief Executive/Registrar	The Chief Executive and Registrar to discuss with the member (Tim Parkinson) raising a questions about the risk to the GOC from processes affecting goods and services to and from Europe, resulting from Brexit.	November 2020	**COMPLETED -** Reliance on EU based suppliers was checked and no issues identified. Brexit has had no noticeable impact.
C44	Head of Secretariat	The Head of Secretariat would produce 12 month plans for Council and Committees going forward.	January 2021	**COMPLETED** The plans for Council and committees have been approved and shared with all members.

Part 2: Action points from previous meetings which remain outstanding

Agenda Item Number	Lead	Action	Deadline	Progress Updates, Notes and Status
C02(20)10.	MD	The GOC will conduct a full public consultation on Covid-19-related easements. Further updates in this area will be brought to Council.	On-going	**ON-GOING** Consultation has begun and will be reported to Council in February.
10/07/19 (14)	AB/MB	highlight the link between future questions and the GOC remit on public protection	Q3 2020/21	**NOT YET DUE:** we will consider this further when the work on the next public perceptions research is started.

Part 3: Action points previously outstanding but now completed

C31(20)16.	LM	**Education Strategic Review (ESR): support for implementation -** executive to consider the points raised about support for implementation when moving forward.	February 2021	**COMPLETED** This work is subject to decisions on ESR yet to be taken.

PUBLIC
C04(21)

COUNCIL

Chief Executive's Report

Meeting: 10 February 2021 **Status:** For noting

Lead responsibility and paper authors Lesley Longstone (CEO & Registrar)

Council Lead(s): Gareth Hadley

Purpose

1. To provide Council with an update on recent developments.

Recommendations

2. Council is asked to note the CEO & Registrar's report.

Strategic objective

3. This work contributes towards the achievement of all parts of our new Strategic Plan and our 2020/21 Business Plan.

Background

4. The last report to Council was provided for its November meeting.

Analysis

5. As we continue to operate in the context of the Covid-19 pandemic, anticipating and responding appropriately to the regulatory issues it gives rise to continues to be our priority. During the third wave of lockdowns the NHS, in all parts of the UK has encouraged the continuation of routine eye care, delivered with correct safeguards for staff and patients, in line with public health guidance and appropriate prioritisation. Because they are health professionals working on the front line our registrants also qualify for priority access to vaccines and many of them are helping to deliver the vaccination programme as it continues to roll out.

6. The vast majority of our registrants have responded positively and appropriately to the challenges posed by Covid-19 but there are some individual registrants and some business registrants that have not responded with the professionalism that we

would expect. Where specific issues are raised with us, whether that be inadequate provision of PPE that leaves staff as well as members of public vulnerable or offensive use of social media that brings the reputation of the profession into disrepute, we will take action in accordance with our normal processes, including fitness to practice where appropriate. Several cases with Covid-19 related components are already progressing through the system.

7. Finally, we have embarked upon the analytical phase of a GOC Refresh programme with a view to developing an overarching programme of work to deliver our strategic plan, to enhance our vision for the organisation and to develop a new target operating model. ARC will be taking responsibility for oversight of the programme and it is being conducted very openly with staff engagement at all stages.

Education

8. The Education Strategic Review is on Council's agenda and subject to a separate paper. Here, it would suffice to mention my appreciation to the Expert Advisory Groups (EAGs) who have worked tirelessly between November Council and this meeting to consider all of the detailed feedback received as part of the consultation, along with additional commissioned work. I would also like to thank the Advisory Panel and constituent committees for their review of the proposals.

9. We have had constructive discussions with stakeholder representatives regarding the Education Strategic Review, where we have been able to provide assurances on several issues related to implementation. Subject to Council's agreement of the proposals on today's agenda, we intend to discuss and agree arrangements for their involvement at a strategic level, in the programme going forwards.

10. Consultation on our new Continuing Professional Development (CPD) rules is ongoing and preparations being made for transition to the new system in 2022. In the meantime, Continuing Education and Training (CET) operations continue unabated, with KPIs continuing to be met. While the annual CET points target was suspended because of Covid-19, 67% of registrants have nevertheless already met the level that would have been expected of them.

Registration

11. We have now opened renewal for 2021/22 and will be monitoring carefully the impact of the pandemic on the intentions of registrants. We anticipate a delay in new registrants because of the difficulties Association of British Dispensing Opticians (ABDO) and the College of Optometrists (COO) have had in delivering examinations but expect this to be rectified later in the year. There has been a small fall off in business registrants, as is to be expected, but so far, no other major shifts.

12. Corrective action and an associated review has been undertaken following the incorrect placement of one of our registrants onto the speciality register. The

individual, their employer and the Professional Standards Authority (PSA) were all informed and apologies offered to the individual concerned.

Casework & Resolution

13. The overall caseload continued to fall between Q2 and Q3 with good progress in progressing and closing our oldest cases, but this, along with a small inflow of new cases does put up the median age of our closed cases. Hearings continue to be held remotely with a small number of hybrid hearings planned in the coming weeks and months.

14. The PSA has referred one of our cases to the High Court under their powers of review, and our insurers have engaged lawyers to act on our behalf. This is not a process that is familiar to the GOC, though commonplace across the healthcare regulatory landscape. We will of course participate fully and appropriately in the process.

15. We launched our first learning lessons bulletin as part of the FtP Improvement Programme in the past quarter and early feedback has been very positive.

Strategy

16. The consultation on our Covid-19 statements has now closed with a strong response and the team are working through the many constructive comments and suggestions before bringing a paper back to Council. Because our next public meeting is not until July, arrangements will be made to clear the response via other means, including a special meeting if required. In the meantime, any changes to the current statements or their status will continue to be approved by myself, the Chair of Council and David Parkins in line with Council's previous delegation.

17. Since our last meeting we have issued guidance in relation to the third lockdown and reminded registrants through our registrant bulletin of their entitlement to a vaccine.

18. Work on the legislative reform programme continues with DHSC expected to publish further proposals in the Spring. The GOC's place in the queue for legislation is not determined but the proposals will set the framework that will apply to all regulators whenever that point is reached.

19. SMT have signed off on a new Communications Strategy building on the survey previously reported to Council. Our budget proposals for next year propose additional resource to support the implementation of this strategy and to maximise the value of our new website.

Resources

20. Council will receive a separate ***finance*** report, which shows that are finances are

healthy despite the impact of Covid-19 and we no-longer require a cash injection as previously planned via the CBILs loan application. We will continue to monitor registration income very closely and adjust our forecasts and cash flow models accordingly.

21. There has been a great deal of activity to update our ***IT*** platforms, with migration to a new cloud-based CRM system now complete. We came tantalisingly close to launching our new website but issues with the register search function and the proximity of renewal caused us to pause until we have completed that process. We will now look to launch in Q1 21/22.

22. We are pleased to have now published the GOC's anti-racism statement and are looking forward to taking that work forward in practical terms with our new ***Equality, Diversity & Inclusion*** partner.

23. Council will shortly receive a presentation on our most recent ***staff survey results***, which are very encouraging, with strong improvements across the Board and many indicators now above the public sector benchmark. We have also been able to issue the results of 360 degree feedback for our middle leadership cadre of staff as well as SMT, focussing on assessment of behaviours in line with GOC values.

Secretariat

24. We are pleased to have been able to support the ***Chair appointment*** process and have reached the shortlisting stage for two ***registrant vacancies*** on Council – specifically for registrants from Scotland and Wales.

25. The ***Advisory Panel*** and its constituent committees met in January to review our ESR proposals, which is covered elsewhere, but also to discuss the impact of Covid-19 on the sector. The panel discussed the strength of feeling regarding the current guidance and urged the GOC to be clear about its rationale for taking the position it is. We have endeavoured to do that through our written communications and through participation in several webinars organised by partner bodies.

External Developments

26. ***Brexit*** has led to a small increase in overseas applications but has otherwise had limited impact.

27. The Government's "***Busting Bureaucracy***" report, published in November 2020 repeated ambitions to reduce the number of Healthcare regulators. We anticipate the launch of a review to look at this particular proposal and at proposals that regulators should be more firmly established as public sector bodies to be established by DHSC.

External stakeholder engagement

28. Since the last council session, I have chaired one meeting of the Chief Executive Steering Group (CESG), two meetings of the Chief Executives of Health and Social Care Regulatory Bodies (CEORB) and one meeting of COPOD (Chiropractic, Optical, Pharmacy, Osteopathic and Dental Cooperation Pod) Chief Executives. I have also attended a meeting of the Health and Social Care Regulatory Forum, chaired by CQC and had a one-to-one meeting with Andrea Sutcliffe (Nursing and Midwifery Council). All these meetings focussed on cross-cutting regulatory issues.

29. I met twice with the Chief Executives of the ABDO, Association of Optometrists (AOP), COO and Federation of Ophthalmic and Dispensing Opticians (FODO) collectively to discuss and share information related to a range of issues in the optical sector and have had telephone catch-ups with Ian Humphreys, the Chief Executive of COO, particularly in relation to Covid-19 related guidance.

30. I chaired a number of meetings related to the Education Strategic Review following the November Council, meeting with representatives of ABDO, AOP, COO, FODO, OSC and OASC individually and collectively. These were constructive meetings where we were able to update stakeholders on proposed changes to our requirements following consultation and to provide assurance on a range of matters associated with implementation.

31. The Directors of Strategy and Education and I met separately with Tony Garrett and colleagues from ABDO to discuss the GOC's policy position in relation to refraction. We confirmed our 2013 policy position and understanding that this was consistent with the inclusion of refraction within the proposed outcomes for Dispensing Opticians, now set out explicitly within the clinical practice category in the ESR. We confirmed that that did not change our current position and that while we were open to further discussion, any proposal for change would need to go through our normal policy development process, involving other partners, including the College of Optometrists, and through a full public consultation process.

32. I held an introductory meeting with Navina Evans, the new Chief Executive of Health Education England (HEE) where we discussed the importance of primary eyecare services and the increasing need for education to support the development of inter-disciplinary teams. The Director of Education and Beverley Harden from HEE also attended that meeting.

33. I chaired a separate meeting with HEE colleagues: Beverley

34. Harden, Joanne Marvell, Samina Malik and Richard Collier on behalf of CEORB, accompanied by the Director of Education and Charlotte Rogers from the Health Care Professions Council (HCPC) to discuss their proposals to develop an integrated register noting additional specialisms, and the relationship between that

and the work of individual healthcare regulators. It was agreed that we would work together on an agenda for a cross regulator workshop to explore the potential for collaboration and to avoid duplication.

35. Following the previous webinars in Wales to raise awareness ahead of the formal recruitment of new registrant Council members, I took part in a further webinar in Scotland, organised by Optometry Scotland.

36. Finally, I was pleased to take part in the Alconversation panel, an event organised by Jonathan Bench of Alcon, facilitated by Richard Edwards and involving representatives of ABDO, the AOP and COO. The event was specifically focussed on the impact of the pandemic and offered a valuable opportunity to demonstrate collaborative work across our different sector bodies.

37. A range of other engagements by Directors are listed in Annex 1.

Finance

38. This paper requires no decisions and so has no financial implications.

Risks

39. The Strategic Risk Register has been reviewed in the past quarter and discussed with ARC.

Equality Impacts

40. No impact assessment has been completed as this paper does not propose any new policy or process.

Devolved nations

41. We continue to engage with all four nations across a wide range of issues.

Other Impacts

42. No other impacts have been identified.

Communications

External communications

43. This report will be made available on our website, but there are no further communication plans.

Internal communications

44. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

Next steps

45. There are no further steps required.

Attachment

Annex one – Directors' Stakeholder Meetings

Meetings/visits since last Council meeting

Leonie Milliner Director of Education	Marcus Dye Director of Strategy (Interim)	Dionne Spence Director of Casework and Resolutions	Yeslin Gearty Director of Resources (Interim)	Lesley Longstone Chief Executive
Expert Advisory Group (Therapeutic Prescribing) 3x meetings 11am-4pm on 12 November and 14 December 2020 and 18 January 2021	UK Advisors meeting - Weekly *Welsh, Scottish and NI governments representatives and College of Optometrists,*	Joint Expert Advisory Group meetings (optometry and dispensing opticians) (23.11.20, 07.01.21))	MYGOC Public Register project & CRM Update x 3 (Nov, Dec, Jan) *Richard Boardman - Mareeba and Mark Payne - ArrigaCRM* *GOC: Derek Hart, Marc Archbold*	Optical Sector CEO Meeting x2 *CEO's from stakeholder bodies, FODO, AOP, ABDO, College of Optometrists* *23 Nov 2020* *13 Jan 2021*
Expert Advisory Group (Contact Lens Optician) 3x meetings 11am-4pm on 13 November and 15 December 2020 and 19 January 2021 23 November 2020: Attendance at optical sector CEOs meeting to discuss ESR	Workforce Deployment Discussion - monthly (Dec & Jan) *Stakeholders including FODO, College of Optometrists, ABDO, Association of independent Optometrists (AIO), Optometry Scotland, Optometry Wales, Optometry NI, British Contact Lens Association (BCLA), AOP, Local Optometric Committee Support Unit (LOCSU), Association of Contact Lens Manufacturers (ACLM)*	COPOD Meeting *Forum for the Chief Executives of health profession regulator bodies with a commercial presence (26.11.20)*	Fortesium - Fully Qualified Application Process (weekly) *Chris Hartnett*	Discussion with ABDO re ESR *Tony Garrett* *Alistair Bridge* 25 Nov 2020
Joint Expert Advisory Groups (Optometry & Dispensing Optician) 4 x meetings 11am-4pm on 23 November and 17 December 2020, 7th January 2021 and 1st February 2021	Digital Disruption - GOC & FODO x 1 (Dec) *Alan Tinger, Marie Bunby*	Sally Gosling, College of Optometrists – ESR (27.11.20)	Inter-regulatory Registration Forum x 1 (December) *Regulatory Registration representatives* Lloyds Banking Group x 1 (January)	Discussion with FODO re ESR *Harjit Sanhu* *David Hewlett* 25 Nov 2020

11 Nov 2020: Council of the College of Optometrists- presentation/ Q&A session to the Council on ESR matters. 5 January 2021: meeting with ABDO re refraction & outcomes drafting ABDO: Alicia Thomson Miranda Richardson			*Katie Faramarzi*	Discussion with AOP re ESR *Henrietta Alderman* *Tony Stafford* 25 Nov 2020
12 January 2021: meeting with ABDO re refraction ABDO: Tony Garrett Alicia Thomson Alistair Bridge Debbie McGill Jane Burnand. GOC: Lesley Longstone, Leonie Millner, Kiran Gill	Protect Whistleblowing Seminar (Dec)	Kathryn Saunders, University of Ulster – ESR (*30.11.20)*	COPOD sub-group – resources and finance (January) Regulatory resource and finance heads from specific regulators *Kate Turnham and Jonathan Bennetts - GPhC, Gurvinder Soomal - GPhC and M Redfor GOsC*	Discussion with College of *Optometrists re ESR* *Ian Hamphreys* *Sally Gosling* 25 Nov 2020
Attendance at Optical Sector workforce discussions. Held weekly/ fortnightly to focus on issues arising from Covid-19	UK Reach STAG 4th – project board for Covid-19 research into impact on BAME healthcare professionals - monthly meeting (Nov, Dec, Jan, Feb-concurrent with Council deputy) *Regulators, PSNI, NHS, University of Leicester*	ADBO, Miranda Richardson – ESR (02.12.20)		CEORB meeting x2 *Forum for the Chief Executives of health profession regulator bodies* 26 Nov 2020 29 Jan 2021
22 January 2021: Optical sector meetings to discuss ESR matters: OSC- Will Holmes OASC- Jay McDermott	ABDO Follow-up meeting on Refraction meeting, *ABDO: Tony Garrett, Alicia Thomson, Alistair Bridge, Debbie McGill, Jane Burnand.*	COPOD sub-group - GCC GPHC, GDC, GOsC (07.12.20)		COPOD meeting *Forum for the Chief Executives of health profession regulator*

FODO – David Hewlett & Harjit Sanhu AOP - Henrietta Alderman Tony Stafford ABDO - Tony Garrett Alistair Bridge College of Optometrists – Sally Gosling & Ian Humphreys	*GOC: Lesley Longstone, Leonie Millner, Kiran Gill*			*bodies with a commercial presence.* 26 Nov 2020 8 Jan 2021
17 November 2020: Meeting with Julian Ellis, Quality Assurance Agency, regarding QAA levels research and ESR matters.	Optical Sector CEO meeting - (Jan) *CEO's from stakeholder bodies, FODO, AOP, ABDO, College of Optometrists*	AOP – Ella Franci, Cassie Dighton (07.12.20)		UK Advisers Meeting with Gov Wales *David O'Sullivan*
20 November 2020: Meeting with the British Association of Behavioural Optometrists (BABO) chairman Irfaan Adamally re ESR.	College of Optometrists Webinar on Covid-19 and follow up podcast - (Jan)	Defence Stakeholder Group – ABDO, FODO, AOP, BLM, Hempsons, Capsticks, Kingsley Napley, CMS (*14.12.20)*		CET Session with Optometry Wales *Sally Davis* *2 Dec 2020*
20 November 2020: Discussion with Paul Carol (Specsavers) re GOS Negotiating Committee/ GOS payments and ESR requirements for integrated component	Eye Health Forum - (Jan) – representative bodies from optometry and ophthalmology and the Department for Health and Social Care (DHSC)	OCCS, Jennie Jones, Richard Edwards, Sue Clarke (14.12.20, 21.01.21)		Workforce Deployment Discussions *Various stakeholders* *Dec & Jan*
25 November 2020: Meeting with ABDO to discuss ESR matters Tony Garrett Miranda Richardson Alicia Thompson Alistair Bridge	JCCP - regarding aesthetic practitioners and a potential MoU (Dec) *David Sines, Keith Watts*	AOP, Cassie Dighton, Tony Stafford – ESR (15.12.20)		Discussion with OSC re ESR *William Holmes* *8 Dec 2020*

25 November 2020: Meeting with AOP to discuss ESR matters Henrietta Alderman Tony Stafford Saqib Ahmad	Optometry Scotland Council meeting - (Feb)			Discussion with OASC re ESR *Various* *4 Dec 2020*
25 November 2020: Meeting with the College of Optometrists to discuss ESR matters Ian Humphry Sally Gosling		ACE Diversity Working Group – shared experiences of and strategies towards EDI across various sectors (21.12.20)		Alconversation Panel Access *ABDO* *AOP* *College of Optometrists* *8 Dec 2020*
5 January 2021: Meeting with Seeability to discuss ESR matters		Terrance Chikurunhe – Senior Commissioning Manager, NHS(E) (20.11.20, 18.01.21)		CESG Meeting *Forum for the Chief Executives of health profession regulator bodies plus DHSC, PSA and devolved nations.* *18 Dec 2020*
Annual Education Providers' GOC Forum		And Partnership, Ian Kaye– leadership development programme (22.01.21)		Meeting with NMC *Andrea Sutcliffe* *18 Dec 2020*
8 January 2021: HEE/ GOC Advanced practice meeting Beverley Harden Richard Collier Joanne Marvell Samina Malik		FTP inter-regulatory Directors meeting (17.12.20, 22.01.21)		Meeting with HEE *Beverley Harden* *Joanne Marvell* *Samina Malik* *Richard Collier* 8 Jan 2021
25 January 2021: Advisory Panel/Education Committee		Advisory Panel / Education Committee (25.01.21)		Meeting with ABDO re Refraction *Various* *12 Jan 2021*

4 December 2020: Meeting with OSC to discuss ESR matters				Meeting with HEE – introductory *Navina Evans* *15 Jan 2021*
8 January 2021: Meeting with Royal College of Ophthalmologists to discuss ESR matters Jo Longden Kathy Evans				Joint Sector ESR Meeting *FODO* *AOP* *College of Optometrists* *OSC* *ABDO* *OASC* 21 Jan 2021
EVP interviews – 34x 1.15hr interviews				Health and Social Care Regulators Forum *Various* *27 Jan 2021*
30 November 2020: HEE UK Wide Credentials: Four Nation and Regulator Roundtable				
2 December 2020: QAA PSRB Forum				
8 December 2020: Meeting with OASC to discuss ESR matters				
17 December 2020: Meeting with Peldonrose Interiors re GOC Old Bailey space planning				
17 December 2020: Meeting with Rap Interiors re GOC Old Bailey space planning				
8 January 2021: Meeting with Joy Myint (University of Hertfordshire) and Will Holmes (OSC) to discuss				

potential brief for GOC meeting with Minister of State for Universities, Michelle Donelan				
11 January 2021: Meeting & presentation to Minister of State for Universities, Michelle Donelan, hosted by QAA				
11 January 2021: HCPC/ Joint regulator meeting re advanced practice				
21 January 2021: QAA/Simon Bullock – meeting to discuss follow up meeting/ briefing with Minister of State for Universities, Michelle Donelan				
22 January 2021: Meeting with Imran Jawaid, Education Committee matters				
Meeting with Jenna Atwal, Insypher to discuss ESR impact assessment `				
1 February 2021: Meeting with Andrew Logan, Education Committee matters				
22 January 2021: Meeting with Mary Wright, Education Committee matters				
22 January 2021 (evening): Meeting with Joy Myint (University of Hertfordshire) and Will Holmes (University				

of Manchester) Delphi Research Project Board				
25 January 2021: Meeting with Geraldine McBride, Education Committee matters				
29 January 2021: CEORB Workforce and Leadership sub-group				
1 February 2021: Discussion re funding of optical education/ T-grant changes for high-cost subjects for 2021/22 AY- joint letter to Secretary of State and other actions. OSC - Will Holmes College of Optometrists - Sally Gosling				
3 February 2021; Meeting with AOP/ Tony Stafford re ESR				
6 February 2021: Evening seminar (Chair) for CET providers				
Meeting with Perceptive re MY CET				
8 February 2021: Meeting with Scottish Funding Council to discuss ESR matters Duncan Condie Helen Raftopoulos				
15 January 2021:Meeting with HEE, Dr Navina Evans, CEO HEE, Beverley Harden				

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COUNCIL

Report from the Chair of Council

Meeting: 10 February 2021 **Status:** For noting

Lead responsibility and paper author: Gareth Hadley (Chair)

Introduction

1. This report covers my principal activities since the Council meeting held on **11 November 2020**.

Management

2. I have continued to have regular conversations with the Chief Executive and Registrar and with members of the Senior Management Team and the Leadership Team concerning the work of the Council. I have continued to have either telephone or videoconference discussions with the Chief Executive and Registrar on most days.

3. I participated (**16 December 2021**) in a full staff meeting. Amongst other things, I thanked all of our colleagues for the superhuman efforts that they have all undertaken in both continuing fully to deliver the operational and policy development work during the current Covid-19 emergency and in overcoming the novel challenges – both corporate and personal – that the past months have brought.

4. I will be chairing the interview panel (**8 February 2021**) convened to recommend successor members of Council in the rooms of Scott Mackie (who demits on **31 March 2021**) and Helen Tilley (who demits on **30 April 2021**). Others participating will be Sinead Burns, Glenn Tomison, and Beverley Thompson (independent assessor). Given that Scott and Helen are currently the only Council members from Scotland and Wales respectively, in order to comply with the Council's constitution requirements the vacant positions were advertised solely to registrants working and/or living in the two countries concerned.

Council and Committees

5. I chaired Nominations Committee (**21 January 2021**). Business for the meeting included consideration of proposals in respect of the four Council members (Josie Forte, Mike Galvin, Clare Minchington, and Roshni Samra) whose first terms of appointment end on **31 March 2021**. The Committee's recommendation has been placed before Council members by email.

6. Nominations Committee also decided to recommend Council to establish an Investments Committee to oversee management of the Council's reserves, an activity hitherto overseen by Audit, Risk and Finance Committee. The recommendation,

including proposed Terms of Reference and membership, appears elsewhere on today's agenda paper.

7. I also participated in meetings of the Advisory Panel and the Registration Committee (both on **25 January 2021**) and the Education Strategic Review combined dispensing opticians' and optometrists' Expert Advisory Group (**1 February 2021**).

Stakeholders

8. It was recently announced (**25 January 2021**) that Caroline Corby would be succeeding Dame Glenys Stacey as substantive chair of the **Professional Standards Authority** on **1 February 2021**. Caroline has extensive experience within healthcare professional regulation including periods as chair both of our Investigation Committee and of the parallel committee of the Nursing and Midwifery Council. Her wide non-executive experience outside of healthcare includes being current chair of the Parole Board. I spoke to Caroline (**29 January 2021**) to offer her our congratulations on her appointment, to bring her up to speed with the main developments here at the GOC since she left us, and to share with her some thoughts on healthcare regulation generally.

9. Together with Helen Tilley and the Chief Executive and Registrar, I participated (**2 December 2020**) in a further webinar arranged by **Optometry Wales** to explain the duties, responsibilities and roles played by members of Council. Scott Mackie, the Chief Executive and Registrar, and I participated (**10 December 2020**) in a similar webinar arranged by **Optometry Scotland**.

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Council

Education Strategic Review

Meeting: 10 February 2021 **Status:** For decision

Lead responsibility: Leonie Milliner (Director of Education)
Paper Author(s): Leonie Milliner (Director of Education) Simran Bhogal (Interim ESR Project Manager) Ben Pearson (Policy and Project Support Officer)
Council Lead(s): Josie Forte

Purpose

1. To consider proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician (the ESR deliverables).

Recommendations

2. Council is asked to:
   - Receive **advice** from **Education Committee** and **Standards Committee,** alongside advice from Companies and Registration Committee Council (the Advisory Panel) on our proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician;
   - **Note** the progress of Expert Advisory Groups (EAGs) for Contact Lens Opticians and Therapeutic/ Independent Prescribing qualifications as set out in the 'Analysis' section of this paper; and
   - **Approve** the proposed ESR deliverables (full copies attached at annex one):
     - Outcomes for Registration
     - Standards for Approved Qualifications
     - Quality Assurance and Enhancement Method.

Strategic objective

3. This work contributes towards the achievement of the following GOC strategic objective: World-class regulatory practice. This work is included in our 2020/21 Business Plan.

Background

4. The Education Strategic Review (ESR) was launched in March 2016 as a key priority within our former 2017-2020 Strategic Plan.

5. In our 2020-2025 'Fit for the future' strategy we intend to build on this work to redefine our education requirements for new registrants for the next decade and

beyond, an enormously important and complex piece of work that will enable us to maintain public protection as the roles of registrants evolve.

6. In July 2019 Council gave steers on the ESR proposals. This included the introduction of a new integrated form of optical education, combining academic study with professional and clinical experience into a single approved qualification. Two Expert Advisory Groups (EAGs) for optometrists and dispensing opticians drafted new Outcomes for Registration, Standards for Approved Qualifications and an updated quality assurance process with the aim of ensuring that the skills and abilities of our registrants remain up to date and responsive to the needs of the healthcare system.

7. The Advisory Panel on 29 September 2020 received an update and discussed workstreams supporting the ESR in the context of COVID-19 including public consultation, continuing engagement with stakeholders, co-commissioning of Regulated Qualifications Framework (RQF) levels research and commissioning of verification and impact assessments. The panel also discussed the proposed Outcomes for Registration, Standards for Approved Qualifications and Quality Assurance and Enhancement Method (the ESR deliverables). In particular, views from the panel were sought on the development of the Outcomes for Registration by the two EAGs, including the use of Miller's Pyramid of Clinical Competence, transitional arrangements and evidence of impact to help shape the development of the ESR deliverables by our two EAGs post-consultation. The Advisory Panel also noted the resumption of EAGs for Contact Lens Opticians and Therapeutic/ Independent Prescribing qualifications and provided advice to Council and EAGs on the impact of our proposals and next steps.

8. From 27 July 2020 to 19 October 2020 we held a 12-week public consultation seeking views on our proposals (the ESR deliverables), specifically;
   - Our proposed **Outcomes for Registration**, which described the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC.
   - Our proposed **Standards for Approved Qualifications**, which described the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.
   - Our proposed **Quality Assurance and Enhancement Method**, which described how we proposed to gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets our Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act.
   - Our **draft impact assessment**, which described our assessment of the impact of our proposals to update our requirements for GOC approved qualifications.

9. Alongside the consultation survey, we also commissioned a research partner, Enventure Research, to undertake qualitative work with stakeholders and to assist with data analysis and write-up. We received 187 unique responses to the survey

from a variety of stakeholders, including providers of approved qualifications individual registrants, students, patients and service users, businesses, professional associations/ representative bodies and national commissioners, and held focus groups and interviews with stakeholders from across the sector and all nations of the UK. Further detail about the breakdown of responses can be found in Enventure Research's consultation report. Our response to Enventure Research's consultation report can be found here.

10. For information on the consultation, including copies of the consultation documents, please see the accompanying documentation on the GOC consultation hub https://consultation.optical.org/esr/education-and-training-requirements-for-goc-approv/.

11. Following the close of the consultation Council on 11 November 2020 considered Enventure Research's consultation report and listened to feedback received through consultation from stakeholders, alongside receiving reports from the three additional packages of work (co-commissioned RQF Level research and externally commissioned financial and equality impact assessments). Council then asked the Expert Advisory Groups (EAGs) for optometry and dispensing to further develop the ESR deliverables, paying particular attention to the development of separate profession-specific outcomes and indictors within the clinical practice category of the Outcomes for Registration.

12. Council also asked the EAGs to advise on the incorporation of the QAA's recommendation on minimum RQF Level for qualifications we approve in optometry and dispensing optics and to synthesise the detailed commentary and drafting suggestions received from individuals and organisations as part of the consultation as well as the equality and financial impact assessments. Council also noted the suggestion that the sector-led co-produced indicative document will be commissioned once the Outcomes for Registration are approved and that this indicative document will provide detailed guidance to providers on the design of curricula and approaches to assessment. In addition, the standards now include a requirement that curriculum and assessment should be mapped by providers to explain their approach and contribute to evidence requirements for periodic review as part of the proposed Quality Assurance and Enhancement (QA&E) method.

13. Following November's Council meeting we sought further feedback on our proposals and evidence of impact in meetings with stakeholders, including the College of Optometrists (the College), the Association of British Dispensing Opticians (ABDO), the Opticians Academic Schools Council (OASC), Optometry Schools Council (OSC), Royal College of Ophthalmologists, SeeAbility, Association of Optometrists (AOP) and FODO to ensure that our requirements for the qualifications we approve are fit for purpose and we were fully cognisant of stakeholder views post-consultation in the preparation of final proposals. Stakeholders who requested an opportunity to provide further commentary on the post-consultation drafts of the three ESR

deliverables were provided with working drafts and asked to provide feedback in subsequent meetings and by correspondence.

14. In our correspondence with stakeholder bodies (the College, ABDO, FODO, AOP, OASC and OSC) we have confirmed that the choice of operating model for the award of the approved qualification to meet the standards and outcomes is a decision that providers will make in close consultation with relevant stakeholders, and that we are not seeking 'change for change's sake'. We have also confirmed there is no regulatory bar to prevent a regulated qualification awarded by an Ofqual (or equivalent) recognised Awarding Organisation (AO) with centre delivery (an operating model frequently deployed by professional and private sector bodies) from being approved, subject to the decision of Council informed by advice from our EVPs that all the standards and outcomes are met.

15. We have also confirmed to stakeholder bodies our proposal that qualifications we approve must integrate at least 48 weeks of patient-facing learning and experience in practice, the volume and complexity of which will increase as a student progresses through to qualification (criteria S3.15 & S3.3) and that the purpose of 48 weeks of patient-facing learning and experience is to prepare students to meet the outcomes at the required level. How providers meet criterion S3.15 within their choice of operating model, qualification type, size and pedagogic approach is a decision they will need to take in close consultation with relevant stakeholders (criterion S3.4).

16. Finally, in our correspondence with stakeholder bodies we have confirmed that we will update our Impact Assessment Screening Tool (see annex two) each quarter and that we will work closely with the sector to identify, manage and mitigate key strategic risks to help to build trust and confidence in the new system.

Council decision; advice from statutory committees

17. The Opticians Act (1989) requires Council to 'consult and seek advice' from both Standards and Education Committees as follows:

18. Under the Opticians Act Section 12(1)(a) (Education and Training), Standards Committee has a specific responsibility to advise Council on the 'competencies which a person must be able to demonstrate in order to be granted a qualification as an optometrist or a dispensing optician' i.e. the proposed Outcomes for Registration.

19. Under the Opticians Act Section 12(1)(b) (Education and Training), Education Committee has a specific responsibility to advise Council on the 'the content and the standard of education and training (including practical experience) required for the purpose of achieving those competencies' i.e. the Standards for Approved Qualifications.

20. During the meeting of the Advisory Panel on 25 January 2021 the statutory committees (Education; Standards; Companies; Registration) met to discuss the ESR deliverables (attached at annex one). Written advice to Council from each committee

is included in annex three. Main points within the statutory committees' advice for Council's consideration are:

- Clear and simple communication of our proposed changes
- Better articulation of patient and public benefit
- More engagement with employers (multiples and independents)
- Close engagement with key stakeholders to manage strategic risks and mitigate impacts, particularly around funding and programme viability
- Technical support and cascade of learning from early adopters
- International perspectives: international candidates seeking GOC registration; for UK students who wish to study abroad and overseas qualifications/providers seeking GOC approval

Analysis

21. The proposed ESR deliverables will ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services in England and in each of the devolved nations. They respond to the changing needs and expectations of patients and service users, changes in technology, improvements in the capacity of clinicians to treat eyesight loss with new and developed procedures and changes in higher education, not least as a result of the COVID-19 emergency, as well as increased expectations of the student community and their future employers.

22. Commissioned research and impact analysis, feedback from our work with our EAGs and information obtained as part of broader stakeholder engagement including our public consultation has shaped the development of our proposals. In addition, in April 2020 we commissioned the Quality Assurance Agency (QAA) to map our emerging proposals to the education and training requirements for statutory registration of three other regulators: GMC, SRA and HCPC, identifying gaps and supporting the EAG in their drafting of the outcomes, standards and quality assurance and enhancement method.

23. If approved the ESR deliverables will replace our current Quality Assurance Handbooks for optometry (2015) and ophthalmic dispensing (2011), mitigating the risk that our current requirements: core competencies, numerical requirements for students' practical experiences, education policies and guidance will become even less fit for purpose than they currently are. In particular, the urgent risk associated with the list of required core-competencies and numerical requirements for students' practical experiences that no longer reflect contemporary optical practice or meet patient or service-user needs in the rapid transformation of hospital eye care services, and that our current requirements for qualification approval do not reflect modern methods for statutory healthcare regulators in setting education and training benchmarks for qualification approval for entry into a profession.

24. The key proposals are:

a. Candidates will acquire a single qualification approved by the GOC leading to entry to the register as an optometrist or a dispensing optician rather than the two approved qualifications gained either sequentially or simultaneously as at present (which is the case for the majority of candidates).
b. The approved qualification will be either an academic award or a regulated qualification at a minimum of RQF level 7 (or equivalent) for optometrists or at a minimum of RQF level 6 (or equivalent) for dispensing opticians (see criterion S3.12). At present we do not require that qualifications we approve are either an academic award or a regulated qualification and so this is a significant enhancement upon our current requirements. In terms of current RQF levels, we do not currently specify a minimum RQF level for optometry. For dispensing opticians, since 2011 qualifications we approve must be at a minimum of RQF level 5 (or equivalent).
c. There is no proposed minimum/maximum or recommended time or credit volume for an approved qualification, other than the requirement within the standards (criterion S3.15) that requires an approved qualification to integrate at least 1600 hours/ 48 weeks of patient-facing learning and experience in practice in one or more periods of time and one or more settings of practice.
d. The provider of the approved qualification must be legally incorporated (i.e. not an unincorporated association) and have the authority and capability to award the approved qualification. This strengthens our current requirements: at present we do not require providers to be legally incorporated.
e. In the design, delivery and assessment of an approved qualification, the provider of the qualification must (criterion S3.4) involve and be informed by feedback from a range of stakeholders including patients, employers, students, placement providers, members of the eye-care team and other healthcare professionals. This requirement ensures that providers' approaches to detailed curriculum and assessment will remain current and responsive to local, regional and national patient, service-user needs and broader stakeholder requirements.
f. An outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant for qualification approval, using an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence' (knows: knows how: show how and does). This approach moves away from our current prescriptive numerical and competency-based methods for setting requirements for GOC qualification approval, grounded in what can be observed and in the assessment of technical proficiency. Our proposed outcomes-based approach focuses more on the development of professional capability, a combination of critical thinking, clinical-reasoning and decision-making vital in the formation of a professional healthcare practitioner well-prepared to take responsibility for decisions and actions, responding effectively to changing patent and service-user needs and engaging in up-to-date, effective and research-informed clinical practice.
g. Assessment of the outcomes is supported by new requirements in Standard 3 (which includes the Council steer for a 'Common Assessment Framework') for an integrated curriculum and assessment strategy that ensures students who are awarded the approved qualification meet all the outcomes at the required level

(Miller's Pyramid). The size and number of outcomes in each category and their order is not intended to be an indication of weight and/or volume of assessment and teaching for providers when designing qualifications. The assessment strategy for the award of an approved qualification must describe how the outcomes will be assessed, how assessment will measure a student's achievement of outcomes at the required level (on Miller's Pyramid), and how this leads to an award of an approved qualification. Standard-setting is assured through the requirement (criterion S3.7) that lowest pass criteria must set using an appropriate and tested standard-setting process (such as Angoff) and that assessments must be routinely monitored, developed and quality-controlled (criterion S3.8).

h. Finally, the approved qualification must provide experience of working with patients (patients with disabilities, children, their carers, etc); inter-professional learning; team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical, practice, community, manufacturing, research, domiciliary and hospital settings which must increase in volume and complexity as a student progresses through a programme. Providers are signposted to Harden's ladder of integration as a potential model for developing an integrated approach in meeting the outcomes for curriculum design and assessment.

Public and patient benefit

25. From a public and patient perspective, our proposals, with their outcomes-orientated approach, give more focus to the development of professional capability and the softer skills vital to shared-decision making, as well as critical thinking, research-informed clinical decision-making and evidence-based practice to ensure that new registrants' will able to respond far more effectively to changing patient and service user eye care needs given the challenges of our aging population and changing models of service delivery, and its potential for enhanced roles for optical professionals.

26. An urgent risk is that our current requirements for qualification approval (our QA handbooks and related policies) are not fit for purpose and as a result, we fail to meet our overarching statutory responsibility to promote and maintain high standards of professional education. For example, if a qualification we approve meets our requirements but nevertheless fails to prepare students to meet employer, patient and service user needs, putting future patients at risk of inadequate care.

27. Our prime intention is to ensure the qualifications we approve are far more responsive to local, regional and national patient, service-user and broader stakeholder requirements and therefore more current, and better aligned with post registration speciality qualifications, including prescribing, leading to improved patient care. We also want to ensure continuing patient, public confidence in our ability to maintain and monitor high standards for qualification approval through our refreshed quality assurance and approval process and give greater assurance that our requirements are being met and risks managed appropriately.

28. A summary of each of the three ESR deliverables and main changes made to each document post-consultation follows:

Outcomes for Registration

29. The proposed **Outcomes for Registration** describe the expected knowledge, skills and behaviours an optometrist or dispensing optician must have at the point they qualify and enter the register with the GOC. The outcomes are organised under seven categories. Each category references the GOC's Standards for Practice, which students will be expected to meet once they join the register. Each outcome is described using a level based on an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence' (knows: knows how: show how and does). The number of outcomes in each category varies; some categories have fewer outcomes than others. The size and number of outcomes in each category and their order is not intended to be an indication of weight and/or volume of assessment and teaching for providers when designing qualifications.

30. Feedback gained through consultation identified that the clinical practice outcomes required strengthening without losing its outcomes-orientated focus, with greater differentiation between clinical outcomes for dispensing opticians and optometrists, although some respondents argued that each profession should have two sequential sets of outcomes (and associated standards) underpinning qualification approval leading to entry to the register. Following consultation, at their joint meetings on 2 and 23 November 2020, 17 December 2020, 7 January 2021 and 1 February, the EAGs have advised, at pace, on the development of the Outcomes for Registration, including the clinical practice category, with a focus on strengthening separate clinical outcomes and indicators for optometrists and dispensing opticians, drawing on recommendations from the Delphi research and detailed drafting amendments suggested through consultation. Each profession now has a separate set of outcomes within the clinical practice category supported by indicators which provide a greater level of detail for qualification providers, without losing its outcomes-orientated focus.

31. An alternative option, to develop for each profession a two-stage knowledge and competence set of outcomes (and associated standards) for two sets of GOC approved-qualifications gained by candidates either sequentially or simultaneously leading to entry to the register was considered by Council in November 2020 and not considered viable, given it would not address the urgent risks or problems of the current system and require such significant revisions to the proposed standards and outcomes to the extent that we would need to restart the drafting process. It was also noted that such an approach would not be in-step with the 2017 'concepts and principles' or later 2018-19 consultations, or with approaches taken by the majority of healthcare regulators. It was also noted that there was no guarantee that proposals for a two-stage process for each profession will be less burdensome or less costly to students, providers or employers, offer greater protection for the public or increased resilience in the sector than the current proposed approach.

32. Council in November also considered the Quality Assurance Agency (QAA) recommendations regarding minimum Regulated Qualifications Framework (RQF) level (and equivalent) for qualifications we approve. The QAA's report can be read here. The EAGs have incorporated the QAA's recommendation into the ESR deliverables. In addition we asked the QAA to review the detailed drafting of the Outcomes for Registration to ensure they reflected the QAA's recommended minimum academic level. The QAA's drafting suggestions were fully incorporated into the preparation of the final proposals in annex one.

33. As in previous ESR consultations, there was broad agreement in this consultation that the GOC Quality Assurance handbooks, numerical competence requirements and related policies that comprise GOC's requirements for qualification approval require updating and should be replaced by the ESR deliverables, subject to further development of the clinical practice category of the outcomes and fine tuning of the standards as outlined above, in order that qualifications we approve remain fit for purpose, meet future patient and service user needs and build registrants' skill and capability for new and evolving roles. Where that increased scope necessitates an enhanced or changed approach to skill development the high-level nature of the outcomes together with the requirements of criterion S3.4 for providers to maintain the currency of approved qualifications through local responsiveness to stakeholder need will provide that assurance. Where changed or increased scope also necessitates a change of GOC policy, rules or legislation, such as in the area of delegation of the protected function of refraction in the context of the sight test, we will undertake a separate policy or legislative change exercise, including full stakeholder consultation.

Verification

34. We also commissioned the University of Manchester to verify the Outcomes for Registration. The purpose of the verification was to test the veracity of the outcomes and the allocation of level (Miller's pyramid) through use of the Delphi method. The Delphi method involves gathering a consensus of expert opinion and has been applied to the development of competency frameworks and curricula for optometric and medical subspecialties (Clancy et al. 2009; Hay et al. 2007; Myint et al. 2010; Stewart et al. 1999). It involves a series of rounds to gather opinion anonymously. The advantage of the Delphi technique is that participants can express views without being influenced by others, most particularly to facilitate consensus on borderline outcomes. The Advisory Panel received a verbal update on University of Manchester's findings from the second round at its meeting on 25 January and the final report was presented to the joint EAG at their final meeting on 1 February 2021. The results of the Delphi method have been incorporated into the final version of the proposals in annex one and provide an additional level of assurance to Council and stakeholders regarding the accurate allocation of Miller's pyramid level and description of the knowledge skills and behaviours expected of a day-one registrant.

Standards for Approved Qualifications

35. The proposed **Standards for Approved Qualifications** describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification. The standards are organised under five categories and each standard is supported by criteria which must be met for a qualification to be approved. Feedback gained through consultation identified that the standards required further fine-tuning; synthesising detailed commentary from individuals and organisations received as part of the consultation alongside incorporating the QAA's recommendation on minimum RQF Level and the results of the equality and financial impact assessments. The Standards for Approved Qualifications also include the early steer agreed by Council for a 'Common Assessment Framework,' setting out within Standard 3 our requirements for the measurement (through assessment) of students' achievement of the outcomes at the required level (Miller's Pyramid) and within Standard 4, our requirements for the quality control and review of assessments.

36. Paragraphs 32-52 below summarise the main changes to the standards made as a result of feedback received through consultation, the results of co-commissioned research and equality and financial impact assessments, discussion at the joint EAG meetings in November, December, January and February 2021 and stakeholder engagement.

Co-commissioned RQF Levels Research

37. The QAA's recommendation regarding minimum RQF level (and equivalent) for qualifications we approve has been incorporated into the ESR deliverables to ensure they reflect the QAA's recommended academic level. For background, this research was co-commissioned by the College, ABDO, OASC and the OSC following an competitive tender process and gave us the information we needed to specify within our proposed Standards for Approved Qualifications a required minimum RQF level for qualifications we approve, and given the significance of this decision, it was important that the QAA's recommendation was informed by best available evidence.

38. The QAA's recommendation has been incorporated within Standard 3, specifically criterion S3.12, and the intention is that, subject to approval by Council, all new qualifications in optometry seeking GOC approval from March 2021 must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11, and in dispensing optics at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10. A separate recommendation and impact assessment will be brought to Council at a later date for a decision as to whether and if these recommendations should also apply to all currently approved and provisionally approved registrable qualifications in optometry and dispensing optics.

Undue commercial influence

39. Feedback gained through consultation identified the potential negative impact of undue commercial influence on providers in qualification design, assessment and/or the management and quality control of student's learning and experience in practice. In response to stakeholder feedback, we have further revised criterion S4.9 to require providers to have in place policies and systems to ensure the supervision of students during periods of learning and experience in practice safeguards patients and service users and is 'not adversely affected by commercial pressures.' In addition, criterion S4.13 (provider's risk identification and management) has been strengthened to include 'appropriate management of commercial conflicts of interest.' These amendments to Standard 4 should mitigate the risk of undue commercial influence on providers, a theme which may be explored through the thematic review of the outcomes, one of the four proposed QA&E methods outlined in the QA&E Method statement.

Providers of Approved Qualifications

40. In response to stakeholder feedback, we have reverted to using our current term 'provider' to describe the awarding body/ academic organisation responsible for the award of the approved qualification (in simple terms, the organisation whose name/logo appears on the candidate's approved qualification certificate.) The intention remains clear, however, on a candidate's journey to registration a candidate will only gain one qualification approved by GOC; the approved qualification in either optometry or dispensing optics which admits the candidate (student) to the register. In contrast, at present, most candidates gain on their journey to registration two GOC approved qualifications, either sequentially or simultaneously, which together lead to entry to the register.

41. The provider of the approved qualification (which was referred to in the consultation as the 'Single Point of Accountability') remains responsible for the award of the approved qualification (which in accordance with criterion S3.12 must be either an academic award or a regulated qualification) and the measurement (through assessment) of student's achievement of the outcomes at the required level (Miller's Pyramid).

42. Whilst Standard 4 has been amended to now use the term 'provider' rather than 'Single Point of Accountability' to describe the awarding body/academic organisation responsible for the award of the approved qualification, the requirements of Standard 4 for a provider to be legally incorporated, have a named contact, provide assurance it has the authority and capability to award the approved qualification, be able to accurately describe its corporate form, its governance and lines of accountability and have a clear management plan in place for the award of the approved qualification and its development, delivery, management, quality control and evaluation remain.

43. We have, however, revised the drafting of criterion S4.4 and criterion S4.6 to make clear the difference between our requirements for the provider's ownership (which is most likely to be a charity, a chartered body (such as a university) or a limited

company, but may be a consortium of organisations or some other combination of separately constituted bodies) and the agreements that might sit below provider-level to describe the relationship between different organisations/people who contribute to the delivery and assessment of the outcomes, such as employers or centres (in the case of an Awarding Organisation).

Integration of learning and experience in practice within the approved qualification

44. The standards, specifically Standard 3, incorporate the July 2019 Council steer to combine academic study with professional and clinical experience in a single approved qualification leading to admission to the register.

45. As a result of feedback gained through consultation, the phrase 'professional and clinical experience' used throughout the document has been replaced with 'learning and experience in practice' for two reasons. First, to more accurately reflect Office for Students (OfS) funding regulations (which supports 'learning in practice' at the higher tuition fee rate of a maximum of £9250, rather than the lower 'sandwich year' tuition fee of £1850). Second, that the phrase 'learning and experience in practice' better describes our ambition for earlier and better-quality patient-facing experience integrated within an approved qualification, thereby benefiting from enhanced quality controls and fully embedding a consistently applied pedagogic approach in line with, for example, Harden's concept of a spiral curriculum.[1]

46. Criterion S3.15 (S3.14 in the previous version for consultation) requires approved qualifications to integrate at least 1600 hours/48 weeks of patient-facing learning and experience in practice in one or more periods of time and one or more settings of practice. Our intention is that integrated learning and experience in practice shifts the emphasis from a narrow focus on service delivery benefit within a single linear placement to offering students (and their employers) a significantly enhanced learning experience that could usefully include a range of learning activities gained earlier in a programme, e.g. learning activities which relate to quality improvement initiatives or engagement in research that incrementally build knowledge, understanding, skills and confidence, as well as 'hands-on' patient care in a range of settings to contribute to students meeting the outcomes.

47. In the consultation those that reported a potential negative impact from our proposal to integrate learning and experience within the approved qualification did so either because they thought change was unnecessary or because of issues to do with finance and resourcing. A repeated concern was placement navigability, viability and service delivery benefit, which in part can be resolved by the intention, in the GOC-commissioned co-produced sector-led indicative document, to provide guidance to providers on the potential 'mix'; distribution and geography of periods of learning and experience in practice within the integrated qualification to aid navigability and reduce

[1] See R.M. HARDEN (1999) What is a spiral curriculum? Medical Teacher, 21:2, 141-143 and R.M. HARDEN The integration ladder: a tool for curriculum planning and evaluation. Medical Education

workforce supply pressures. Proposed action to mitigate financial impacts are outlined later in this paper.

Assessment/ Common Assessment Framework

48. A repeated call in consultation, particularly from dispensing opticians, was for a separate common assessment framework, or a common final assessment or independent examiner to ensure consistency between providers. Incorporating the Council steer for a common assessment framework and proposed requirements for assessment and its quality control with Standard 3 (Assessment and Curriculum Design) received a positive overall response (43%) in relation to impact in the consultation (compared to 25% who said Standard 3 would have a negative impact.) Additional considerations here are:

    a. separate common assessment framework, to sit alongside the outcomes and standards would potentially create unnecessary complexity and would not provide the assurance respondents might expect from such a framework of the validity, reliability, currency and authenticity of provider's measurement of a student's achievement of the outcomes, or how such a separate framework might interlink with the standards.
    b. calls for a common final assessment or assessment framework are frequently confused with the concept of a national examination, or a mis-understanding that the College's Scheme of Registration or ABDO's exams are a form of a national examination; and
    c. GOC approved qualifications awarded by providers in the higher education sector are regulated by the OfS (and devolved nation equivalent) and GOC approved qualifications awarded by providers who are Awarding Organisations are regulated by Ofqual (and devolved nation equivalent). Both regulatory systems deploy sophisticated oversight including internal and external examiners, internal and external verifiers and examination boards to assure standards and the integrity of assessment are maintained, and our view is that it is not the role of the GOC to duplicate these powers within our standards.

Annex A to Standard 1

49. Annex A to Standard 1 (criterion S1.2) offers guidance to providers on how a student's fitness to train should be investigated and where necessary, reported to the GOC. The annex describes how the GOC acceptance criteria and related guidance should be used when a fitness to train matter is investigated. This is the first time we have prepared such guidance and therefore it has developed significantly as a result of feedback gained through consultation and extensive post-consultation stakeholder engagement and discussion. As a result, the guidance is significantly longer and more detailed than that consulted upon but feedback received, including feedback from our Expert Advisory Groups, has been positive. The intention is to use the guidance in annex A to underpin Education Visitor Panel (EVP) scrutiny of criterion

S1.2, which EVPs may wish to explore through their thematic review of the standards or evidence collected in a periodic review or annual monitoring.

Financial Impact of offering an approved qualification with an integrated component

50. A repeated concern cited in this and previous consultations was the potential impact of our proposals on the financial viability of providers in offering an approved qualification with an integrated component. In our discussions with stakeholders, including existing providers of GOC approved and provisionally approved qualifications, we have outlined our proposed amendments to the timescales for implementation outlined in the QA&E Method to take account of the effects of the pandemic and to give providers adequate time to develop an approved qualification with an integrated component. In doing so we have incorporated the recommendation from Hugh Jones Consulting that providers be given a minimum adaptation period of at least 23 months; not least to align with UCAS admissions timescales.

51. We anticipate most providers will now work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year, which in effect is at least a 30-month adaptation period for providers aiming to prepare qualifications for GOC approval ready to recruit students from the 2023/24 or 2024/25 academic year. A 30-month adaptation period between GOC approval of the deliverables and students being admitted to a programme will give greater certainty for providers, reduce risk of provider volatility and give time for the sector to organise itself to respond to issues of funding and placement viability. A longer adaptation period would not preclude either existing or new providers who wish to be early adopters applying for qualification approval from 1 March 2021, when it is proposed that the current QA handbooks will cease to be operational for applications for new qualification approval.

52. Whilst optometry is an attractive proposition to potential students, even with the ‘demographic dip’ the subject continues to recruit well, despite the profound effect of the pandemic on the higher-education sector as a whole, with universities reporting significantly reduced income streams coupled with the cost of supporting students’ remote learning leading to exhausted staff teams and an ever-present risk of institutional failure. Dispensing optics has recruited less well. In the two academic years from 2017/18 to 2019/20 we saw a 25% reduction in new entrants and in our assessment of financial impact and our revised plans for implementation, we have sought to mitigate the risk to dispensing optics’ providers based in the further education sector who are likely to be the most adversely effected by our proposals for an approved qualification with an integrated component. One of our proposed mitigations is committing to very close engagement with affected providers and relevant professional bodies and lengthening the adaptation period as necessary to permit the most adversely effected providers sufficient time to prepare viable programmes.

53. The three-tranche implementation programme: early adopters/ tranche 1 (for admission from Sept 2022); tranche 2 (for admission from Sept 2023) and tranche 3 (for admission from Sept 2024) agreed by Council in November 2019 prior to the pandemic could not have anticipated the broadscale disruption caused to education providers and tightening of the resource context we have witnessed. We have therefore committed to working with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications. Some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the College of Optometrists and ABDO Exams to ensure that for students who graduate from qualifications approved before 2021, their route to GOC registration is maintained.

54. Hugh Jones Consulting's report on financial impact for providers confirmed that the three key technical risks highlighted in our published report 'Further and Higher Education Funding of Optometrists and Dispensing Opticians' (March 2020) and draft impact assessment (July 2020) in relation to the integration of learning and experience within the approved qualification are resolvable. Those key risks were specifically; first, the classification of 'learning in practice' by OfS; second, tuition fee funding regulations and receipt of a salary by students during periods of learning in practice; and third, eligibility of optical practices operating under a GOS contract for payments (for 6 or 12 months) to support the supervision of students during periods of learning and experience, as with Manchester University's MSci in Optometry and the College's Scheme for Registration listed with PCSE (and equivalent). Despite this assurance, significant concerns regarding the funding and viability of providers in offering an approved qualification with an integrated component remain, principally because of the ongoing negative effect of the pandemic on provider's capacity and available resource to invest in developing new qualifications or adapt existing qualifications to meet the proposed ESR deliverables.

55. Hugh Jones Consulting's report also highlighted the opportunity for the sector to apply leadership to encourage investment and strategic support for experiential learning and learning in practice from relevant national commissioners consistent across the four nations and in line with other healthcare professions. Meetings are being established with each funding Council and relevant national commissioner in Wales, Scotland and Northern Ireland alongside ongoing dialogue with Office for Students, and in England, a meeting has been held with the Chief Executive of HEE.

56. The financial impacts arise mainly from the proposal to integrate learning and experience in practice within the approved qualification. Our consideration of impact has been primarily to ensure our proposals create no regulatory or other bar for providers, students or employers to continue to access existing funding streams, for example, in England, OfS tuition fees and GOS payments to support pre-registration supervision and second, to identify potential additional or reallocated funding which the sector may wish to organise itself to advocate for. Our impact assessment

screening tool in annex two attempts to illustrate the costs, benefits and risks of our proposals. However, it is important to note, as described above, that within our proposed standards we do not specify the duration, size or credit load of an approved qualification or its type (an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies or a qualification regulated by Ofqual, SQA or Qualifications Wales), only its RQF level. This makes assumptions for potential sources of income based on current funding mechanisms (predominantly funding council grant support, tuition fee income (of all types) and GOS support for pre-registration supervision) broad and non-exhaustive, as are options for potential delivery or operating models. What the impact assessment screening tool attempts to illustrate, albeit using broad assumptions, is the potential inflow to providers from existing, known sources of funding, compared to current inflows of funding and consequential fee burden to students and their families/employers (in terms of student debt; a broader political issue to do with the funding of healthcare/higher education), a variable fee burden which will depend upon the expenditure decisions a provider chooses to make when designing their qualifications to meet the outcomes and standards.

57. In addition, one aim of the GOC-funded proposed knowledge hub/ information exchange is to assist providers to streamline/ reduce overheads and achieve economies of scale and/or share costs to reduce any income- expenditure shortfall; for example, one stakeholder has suggested that providers could usefully work together to develop a standard form of placement learning agreement for use in the integrated periods of learning and experience in practice. We will continue to explore with OSC, OASC, College and ABDO financial and other impacts and mechanisms to mitigate these impacts.

Quality Assurance and Enhancement Method

58. Our proposed **Quality Assurance and Enhancement Method** (QA&E Method) describes how we propose to gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets our Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act. We will use the Outcomes for Registration, Standards for Approved Qualifications and Quality Assurance and Enhancement Method together to decide whether to approve a qualification leading to registration as an optometrist or a dispensing optician.

59. The QA&E Method is organised in seven sections. It does not attempt to describe every permutation of assurance and enhancement. Instead, it sets out the proposed arrangements for periodic, annual, thematic, sample-based reviews, as well how we propose to manage serious concerns. The design of our new quality assurance and enhancement method supports our outcomes-orientated approach. It moves away from seeking assurance that our requirements are met by measuring inputs to an emphasis on evidencing outcomes. This is very much in line with approaches taken by other statutory healthcare regulators, professional and chartered bodies.

60. Underpinning our approach is a greater emphasis on the views of patients, service users, the public, commissioners and employers, as well as the views of students and previous students in the evidence we consider. Our intention is that demonstrating whether the outcomes and standards are met should not be unduly onerous for providers, and guidance is given in the QA&E Method 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, students or stakeholders. However, whilst we anticipate that the majority of evidence sources will be generic, some evidence may, by necessity, be bespoke to support engagement with our proposed assurance and enhancement method. Wherever possible it is our intention to limit the requirement for bespoke evidence (for example programme mapping); and will continue to do this to ensure our assurance and enhancement method is not overly burdensome for providers and is proportionate to the decisions we need to make.

61. A key difference between the proposed QA&E Method and our current quality assurance and approval process is our approach to qualifications taught and/ or assessed overseas. The Act enables us to receive applications for qualification approval from outside the United Kingdom. However, we have proposed in the QA&E Method that will we only accept applications for qualifications that are taught and assessed in either English or Welsh, and in addition, propose to charge for quality assurance and enhancement activity undertaken outside the United Kingdom on a full cost recovery basis. Higher-education qualification providers with provision based outside of the UK will be encouraged to have an early conversation with our education team to ensure appropriate application of our standards (context, duration, location or size of a qualification).

<u>Contact Lens Opticians and Therapeutic/Independent Prescribing Qualifications</u>

62. A further strand of the Education Strategic Review is to update our requirements for post-registration GOC approved qualifications. We had intended to commence work on refreshing our 2008 Quality Assurance Handbook for Specialist Registration in Therapeutic Prescribing and 2007 Quality Assurance Handbook for Contact Lens Opticians in March 2020, however this work was delayed due to the Covid-19 pandemic. We have now relaunched the Expert Advisory Groups (EAGs) for Independent Prescribing (IP) and Contact Lens Opticians (CLO) in October 2020 (the groups have now met four times each via MS Teams). The terms of reference and project plan were approved by our Senior Management Team (SMT) in August 2019.

63. The intention is to replicate (at pace) the drafting, research and consultation process undertaken for the pre-registration qualifications for dispensing opticians and optometrists, with leadership from two dedicated Expert Advisory Groups (EAGs) for CLO and IP.

64. The current requirements for CLO and TP/IP qualifications were published in 2007 and 2008 respectively and are at significant risk of being no longer fit for purpose. In addition, there are reports from stakeholders, commissioners and providers of workforce supply issues and hospital placement availability, especially for Independent Prescribers (IPs). This strand of ESR activity will have three deliverables:
    - **Outcomes and Standards for Approved Qualifications for Contact Lens Opticians** (CLO) which will describe the knowledge, skill and behaviours a dispensing optician must have at the point they register as a Contact Lens Optician and the expected context for the delivery and assessment of the outcomes leading to an award of an approved CLO qualification.
    - **Outcomes and Standards for Approved Qualifications for Independent Prescribers** (IP) which will describe the knowledge, skill and behaviours an optometrist must have at the point they register as an additional supply, supplementary and/or independent prescriber and the expected context for the delivery and assessment of the outcomes leading to an award of an approved IP qualification.
    - **A Quality Assurance and Enhancement Method** for post-registration qualifications.

65. We hope to be in a position to consult on the draft deliverables in late spring 2021 and conclude this work in September 2021. The key changes anticipated in the drafting of the three deliverables are to:
    a. integrate the knowledge and competence elements of the award into a single, unified approved qualification (which must either be a regulated qualification or an academic award);
    b. update the outcomes for each qualification, using Miller's Pyramid to describe the level of each outcome, and test the accuracy and appropriateness of each of the outcomes and its ascribed level through a verification method (Delphi);
    c. agree at which RQF level each qualification type sits;
    d. establish the entry criteria, teaching and assessment requirements and volume/ scope of clinical experience for each qualification, within the standards; and
    e. update the quality assurance and enhancement method for each qualification.

66. When and if the deliverables are approved by Council, providers will then start to design their new, integrated CLO and IP post-registration qualifications prepare their applications for GOC approval and once approved, admit students, potentially as soon as late autumn/ winter 2021.

67. There are specific considerations within the IP EAG that impact upon the development of the standards and outcomes for approved qualifications in optometry. The intention is that the IP EAG will make recommendations to address current workforce supply issues created in part by our current very narrow and restrictive

requirements within our 2008 Quality Assurance Handbook for Therapeutic Prescribing. These requirements, which date back to 2008, narrowly restrict clinical placements to the HES and appropriate GP practices, limit access to clinical placements to optometrists who have been registered for at least two years, and require trainees to be supervised by a designated medical practitioner (DMP), most frequently an ophthalmologist.

68. An important part of refreshing our requirements is integrating a wider range of clinical placements and their supervision by a designated prescribing practitioner (a DPP rather than a DMP) into the approved qualification (which we've said must be at a minimum of RQF level 7 and either an academic award or regulated qualification). The EAG is also exploring how a GOC approved qualification leading to speciality registration within the additional supply (AS), supplementary (SP) and/or independent prescriber (IP) categories could potentially be delivered alongside an GOC-approved qualification in optometry (for a separate fee), with registration as an optometrist co-terminus with speciality registration within the AS, SP and/or IP categories. This is a particularly attractive option in Scotland, and four nation optometric advisors and relevant commissioning bodies (HEIW, NES, HEE and Dept of the Economy) are fully engaged in our IP EAG.

69. Part of the agreed ESR budget includes funds for an externally commissioned literature review to support our IP EAG in developing the outcomes for AS, SP & IP specialty registration. We intend to publish the outcome of the literature review alongside our draft proposals for consultation, likely in late Spring/ early summer 2021.

Finance

70. The agreed ESR budget includes funds for consultation support, EAGs and associated research/ projects, which are awarded following a procurement process undertaken by experienced staff members in line with GOC policy. The project is on track against all defined cost tolerances.

Risks

71. Primary risks to timely delivery of the project are as follows:

    a. Small project team (3FTE) means that unexpected absences impact upon delivery and timescales. This is mitigated by increased support from the Director of Education and Head of Education, and regular management team meetings, so that any gaps in resourcing are clear and can be more easily plugged;

    b. Significant, negative stakeholder feedback and challenge resulting in delays in agreeing and implementing our proposals to meet the anticipated timescales for provider transition. This is mitigated by regular stakeholder and provider liaison by the Chief Executive, Director of Education and ESR project team so that any issues can be quickly identified and resolved.

72. Project risks, and less impactful secondary risks, are all documented on the project risk register which is reviewed regularly by the ESR Project Board. Risks in relation to potential impacts on stakeholders are documented in the 'Impact Assessment Screening Tool' at annex two.

Equality Impacts

73. As is good practice, we included questions about impact, including equality impact, in our public consultation to inform our reassessment of impact so that insights from both qualitative and quantitative consultation data collection could be taken into account in the fine-tuning of the ESR deliverables post-consultation. An equality impact assessment was also externally commissioned which also informed the development of the ESR deliverables post-consultation.

74. As also required, an updated impact assessment screening tool using the GOC's standard form is attached at annex two. This impact assessment draws upon the draft impact assessment we published as part of our consultation and uses evidence of impact gained through consultation and stakeholder engagement to inform its assessment of cost, benefit and risks, including consideration of a counterfactual option.

Devolved nations

75. The proposed education and training requirements for GOC approved qualifications in optometry and dispensing optics (the ESR deliverables) will apply to providers across the United Kingdom, and potentially overseas.

76. Consideration of specific impacts upon providers, employers and relevant stakeholders in each devolved nation was included in the brief for the externally commissioned impact assessments and public consultation, the results of which have informed the development of the ESR deliverables and impact assessment post-consultation. In addition, the optometric leads (or their representatives) are engaged as members of our EAG, and/or roundtables.

Communications

77. We will continue to offer all stakeholder organisations the opportunity for a bilateral conversation with the GOC's Director of Education. The intention, if the ESR deliverables are approved by Council, is to publish the three documents online and provide copies to all approved and provisionally approved qualification providers, as required under the Act.

78. Following Council's decision, a post-approval communication plan will be enacted. This will involve a careful and clear communication of each of the proposals listed in

paragraph 24 to registrants, providers, professional associations and patients/ public representative bodies using GOC's communication assets.

Next steps

79. If the ESR deliverables are approved by Council, we will then move into implementation phase. This phase has two workstreams, and the intention is that implementation will be overseen by an ESR implementation board involving key stakeholders (including patient representatives and students), supported by the ESR project team. The workstreams are:

    a. Operational delivery (which has an internal focus). This workstream focuses on our preparedness to receive and assess applications for qualification approval and/ or programme changes to meet the new outcomes and standards. We anticipate this workstream will be advised by a reference group (operational) who will advise us in our preparation of the evidence frameworks, templates, scopes of work and risk-stratification processes to support the implementation of our proposed Quality Assurance and Enhancement Method (annual monitoring, periodic review, thematic review of the standards and sample-based review of the outcomes.) The reference group will need to work closely with the knowledge hub/ information exchange to identify issues, potential projects and solutions where the knowledge hub/ information exchange might usefully apply effort for the benefit of the sector. Whist its work will feed into and provide guidance to EVPs in their receipt and consideration of evidence, it will not have oversight of the qualification approval process or decision-making by Council.

    b. Strategic implementation (which has an external focus). This workstream focuses on our providers' and stakeholders' preparedness to adapt existing approved or provisionally approved qualifications to meet the new outcomes and standards as well as working in partnership to address areas of risk and impact outlined in the impact assessment screening tool in annex two, building on insights gained from our joint EAGs in optometry and dispensing optics. This workstream includes advising on the brief to support our commissioning of the knowledge hub/ information exchange (of which the indicative curricula document will be a part) and the longitudinal research-measures previously approved by Council in July 2020.

80. Senior representatives from stakeholder bodies as well student, provider and patient representatives, members of Education Committee, EAGs and EVPs will be asked to lead on strategic implementation and carry responsibility for co-ordinating a sector response in relation to issues of funding and the ongoing assessment and management of risk and impact, delivering associated actions to support providers and stakeholders in England and in each devolved administration, until such time as the knowledge hub/ information exchange is able to apply such leadership.

81. However, it is important to remember that a decision as to whether to approve a qualification or withdraw approval of a qualification will remain a decision of Council and sit outside of this process.

Council decision

82. Council is being asked to approve the ESR deliverables in annex one: the proposed Outcomes for Registration, the Standards for Approved Qualifications; the guidance to providers in annex A and the Quality Assurance and Enhancement Method.

83. It is our intention that the ESR deliverables should remain under review and adjusted if necessary, for example, should the outcomes or indicators in the clinical practice category of the Outcomes for Registration require updating in response to the development of the indicative document or as a result of the longitudinal research. Should the deliverables require updating we will consult on such changes, seek advice from Education and Standards Committee in accordance with the Act and seek Council's approval.

Attachments

Annex one: Education and training requirements for GOC approved qualifications in optometry and dispensing optics (ESR Deliverables:)
Annex two: Impact assessment screening tool
Annex three: Statutory committees' advice to Council

Expert Advisory Group - Optometry

Name	Organisation	Sector
Leonie Milliner	Chair GOC/Director of Education	Chair
Prof. Gunter Loffler	Glasgow Caledonian University	Education
Prof. John Siderov	Huddersfield University	Education
Dr Nik Sheen	Cardiff University/HEIW/WOPEC	Education/NHS Wales, CET provider
Prof. Hilary Thompsett	Formerly of Kingston University	SW Education/EdCom
William Holmes	Manchester University/Optometry Schools Council/Optical Confederation/AOP Council/COO Council	Education
Dr Rebekah Stevens	University of West England	Education
Sally Gosling	College of Optometrists	Professional body, CET provider
Dr Nav Gupta	IP optometrists	Education visitor panel – OO member
Jennifer Chaston	Patient	Patient
Sarah Canning	Moorfields Eye Hospital	NHS – Head of Optometry
Dr Imran Jawaid	Queens Medical Centre, Nottingham	NHS ophthalmologist and research scientist (previously optometrist), CET provider, EdCom
Claire Slade	Boots Director of Professional Services	Employer
Josie Forte	Specsavers/FODO/GOC	Companies Committee/ employer/Council lead, CET provider
Prof. Kathryn Saunders	Ulster University	Education
Markham May		Education/EVP
Richard Edwards	Optical Consumer Complaints Service (OCCS)	

Expert Advisory Group - Dispensing Opticians

Name	Organisation	Sector
Leonie Milliner	Chair GOC/Director of Education	Chair
Dean Dunning	Bradford College	Education/practising DO
Simon Butterfield	ABDO College	Education
Jay Dermott	CANDI college	Education
Dr Julie Hughes	Anglia Ruskin University	Education/EVP

Alicia Thompson	ABDO Exams	Education/professional body/EdCom, CET provider
Miranda Richardson	ABDO Exams	Education/professional body
Sarah Joyce	ASDA Superintendent Optometrist	Employer
Gill Robinson	Specsavers Director of Professional Training and Development	Employer/DO trailblazer group apprenticeships, CET provider
Jay Varia	Moorfields Hospital, Principal Optometrist/UCL Institute of Ophthalmology	NHS/practising optometrist/ honorary lecturer
Eloise Stone		ARU Third Year Ophthalmic Dispensing Student
Sally Powell		Education visitor panel lay Chair
Kathy Start	Nursing education	EdCom lay member
Paula Baines	CLO (former Vision Express CLO)	Standards Committee/EVP CLO member
Glenn Tomison	FODO/GOC/Manchester University	Standards Committee/DO/Council member GOC

Verification Project Board

Name	Organisation
Leonie Milliner	Chair GOC/Director of Education
William Holmes	Manchester University/Optometry Schools Council/Optical Confederation/AOP Council/COO Council
Joy Myint	University of Hertfordshire/CoO Council/Optometry Schools Council/
Simran Bhogal	GOC Acting Project Manager

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C06(21)

Annex One

Education and training requirements for GOC approved qualifications in optometry and dispensing optics

Introduction

This document describes our requirements for approval of qualifications leading to registration as an optometrist or a dispensing optician:

- Section one, **Outcomes for Registration**, describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC.
- Section two**, Standards for Approved Qualifications**, describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.
- Section three, **Quality Assurance and Enhancement Method**, describes how we propose to gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets our Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act.

What do these documents replace?

Together, these documents will replace our Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the list of required core-competences, the numerical requirements for students' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning, which are published separately.

The proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' together will ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services in each of the devolved nations. They respond to the changing needs of patients and service users and changes in higher education, not least as a result of the COVID-19 emergency, as well as increased expectations of the student community and their future employers, and ensure that the qualifications we approve are fit for purpose.

What have we consulted on previously?

These proposals are based on our analysis of key findings from our Call for Evidence, Concepts and Principles Consultation published in 2017-2018; feedback from our 2018-2019 and 2020 consultation on proposals stemming from the Education Strategic Review (ESR) and associated research. For more information please see the GOC's consultation hub.

Post-registration qualifications

We also approve two post-registration qualifications: for dispensing opticians, contact lens qualifications and for optometrists, therapeutic (independent) prescribing qualifications. Our requirements for these qualifications were published in 2007 and 2008 respectively. Work to

update our requirements for contact lens qualifications and therapeutic prescribing qualifications has commenced and will be published separately.

How have we developed our proposals?

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

In preparing this document we were advised by two Expert Advisory Groups (EAGs) with input from the Quality Assurance Agency and feedback from a range of stakeholder groups including our Education Visitors, our Advisory Panel (including Education and Standards Committee) the optical sector and sight-loss charities.

We would like to thank everyone who took the time to help us develop our proposals to ensure our proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' protects and benefits the public, safeguards patients and helps to secure the health of service-users.

You can read the EAGs' terms of reference and membership on our website.

Arrangements for current providers of GOC-approved and provisionally qualifications

From March 2021 we will begin working with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the 'Outcomes for Registration' and 'Standards for Approved Qualifications.' (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 qualifications.)

We anticipate most providers will work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year.

Some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the College of Optometrists and ABDO Exams.

Section One: **Outcomes for Registration**

Introduction

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

We will use the '**Outcomes for Registration,'** '**Standards for Approved Qualifications'** and **'Quality Assurance and Enhancement Method'** together to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.

GOC approved qualifications[1] will prepare students to meet these outcomes for entry to the register.

The outcomes are organised under seven categories. Each category references the GOC's Standards for Practice[2], which students will be expected to meet once they join the register.

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: show how & does). We've provided a note on Miller's Pyramid on page 13 of this document and details of the process of constructing the Outcomes for Registration are on page 14.

The number of outcomes in each category varies; some categories have fewer outcomes than others. The size and number of outcomes in each category and their order is not intended to be an indication of weight and/or volume of assessment and teaching for providers when designing qualifications.

The seven categories are:

1. Person Centred Care
2. Communication
3. Clinical Practice
4. Ethics and Standards
5. Risk
6. Leadership and Management
7. Lifelong Learning

The outcomes will be supplemented by a GOC commissioned sector-led co-produced indicative document which will provide a greater level of detail for each profession to support providers as they develop new qualifications or adapt existing approved qualifications to meet these outcomes. Providers of GOC approved qualifications will be expected to map their programmes to the indicative document on a 'map or explain' basis.

[1] Act gives GOC powers to 'approve' 'qualifications'

[2] Standards of Practice, https://standards.optical.org/areas/practice/

[3] Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 563–7.

Outcomes for Registration

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

1. Person centred care

Patient well-being/care is an optical professional's primary concern and must be at the heart of all decisions made about patient care (Standard 1). Optical professionals must be able to employ an adaptative and personalised approach to patient care, considering the patient's social, clinical, personal and cultural needs whilst challenging their own conscious and unconscious bias (Standards 4 and 13). Where care requires the involvement of other professionals, they must be able to collaborate effectively (Standards 3, 6, 7, 10, 11 and 14).

O1.1 Actively listens to patients and their carers to ensure patients are involved in and are at the heart of decisions made about patient's care.	**DOES**
O1.2 Manages desired health outcomes of patients, taking into consideration any relevant medical, family and social history of the patient, which may include personal beliefs or cultural factors.	**DOES**
O1.3 Protects patients' rights; respects the choices they make and their right to dignity and privacy.	**DOES**
O1.4 Ensures high quality care is delivered and puts into place adaptative measures as needed for different environments (such as domiciliary, prisons and special schools).	**SHOWS HOW**
O1.5 Commits to care that is not compromised because of own personal conscious and unconscious values and beliefs.	**DOES**
O1.6 Obtains and verifies continuation of valid consent from adults, children, young and vulnerable people and their carers and records as appropriate.	**DOES**
O1.7 Demonstrates effective clinical decision making, diagnosis, evaluation and makes appropriate and timely referral, where this is needed to meet a patient's needs.	**DOES**
O1.8 Refers and signposts as necessary to sight loss and other relevant health services.	**DOES**

2. Communication

Communication is key to effective patient and public interactions (Standard 2). Optical professionals must be able to communicate effectively with patients and other professionals. Optical professionals must be able to adapt their approach and style according to specific individual needs and in a manner that is supportive of achieving desired outcomes (Standards 1, 10 and 13). This includes written and verbal communication, as well as recognising non-verbal cues (Standards 3, 4, 11, 12 and 13).

O2.1 Conducts communications in a sensitive and supportive manner adapting their communication approach and style to meet the needs of patients, carers, health and care colleagues and the public.	**DOES**
O2.2 Acts upon nonverbal cues from patients or carers that could indicate discomfort, a lack of understanding or an inability to give informed consent.	**KNOWS HOW**
O2.3 Communicates effectively within a multi-disciplinary healthcare team and works collaboratively for the benefit of the patient.	**DOES**
O2.4 Critically reflects on how they communicate with a range of people and uses this reflection to improve interactions with others.	**DOES**

3. Clinical Practice

Optical professionals are professionally accountable and personally responsible for achieving desired patient outcomes according to their individual scope of practice. Working within their limits of competence (Standard 6), and exercising professional judgement, they must engage in evidence-informed clinical decision-making for all patients (Standards 5, 7 and 8).

O3.1 Undertakes safe and appropriate ocular examinations using appropriate techniques and procedures to inform clinical decision-making within individual scope of practice.	**DOES**
O3.2 Engages with developments in research, including the critical appraisal of relevant and up-to-date evidence to inform clinical decision-making and improve quality of care.	**DOES**
03.3 Engages with technological advances in eye health and broader healthcare delivery and the significance of specific developments for enhancing patient outcomes and service delivery.	**DOES**
O3.4 Analyses visual function from a range of diagnostic sources and uses data to devise a clinical management plan for a patient in areas that include the following:	**DOES**

- Dispensing of optical appliances
- Low vision/visual impairment
- Refractive management

- Anterior eye and contact lenses
- Ocular and systemic disease
- Binocular vision
- Paediatrics
- Patients with learning disabilities and complex needs
- Occupational optometry

03.5 Meets the following clinical practice outcomes for registration either as a dispensing optician or an optometrist. **DOES**

NOTE: The indications of how each outcome could be demonstrated are illustrative, rather than exhaustive. They should also be read in the context of the necessary application of the outcomes in all six categories to clinical practice. The indicators will inform the development of the indicative document that will underpin the Outcomes for Registration for each profession. Once the indicative document is agreed the indicators will be reviewed.

03.5a Ophthalmic dispensing (dispensing optician):

Outcome	Indicators
03.5a (i) Acts as a first point of contact for patients for their eye health needs by investigating, diagnosing and managing individuals' functional and developmental visual conditions, including those related to age.	• Takes a relevant history from individual patients and any other appropriate person involved in their care (relatives/carers and others) • Interprets the results of history-taking and the examination of the refractive and ocular motor status of individual patients to inform clinical decision-making and care management plans • Records all aspects of the consultation, the findings of all tests and relevant communications with patients, their carers and colleagues, ensuring that records are accurate, legible, dated, signed, concise, contemporaneous and securely stored • Accepts responsibility and accountability for professional decisions and actions as a first point of contact, including in responding to individual patients' needs, managing risk, and making appropriate referrals.
03.5a (ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, low-vision aids and other ophthalmic appliances.	• Interprets and dispenses a prescription using appropriate lenses, frame choice and facial and accurate frame measurements • Measures and verifies optical appliances in line with relevant standards, guidelines and evidence • Prescribes advises and dispenses appropriate vocational and special optical appliances in accordance with personal eye protection regulations and relevant standards • Manages and dispenses appropriate spectacles for paediatric patients and for patients with complex or additional needs, including by adapting the practice environment and practice activity in line with individuals' needs • Manages cases of non-tolerance • Identifies and advises patients who could benefit from simple or complex low-vision aids • Conducts a low-vision assessment, including through full history-taking and evaluation of visual requirements • Evaluates the clinical findings of low-vision assessments, applying knowledge of low vision optics to dispense appropriate simple and complex low-vision aids and provide relevant advice

	• Advises on accessing and makes appropriate referrals to low-vision services, in line with patients' best interests • Manages and assess vision, refractive error, binocular status and visual acuity (within scope of practice) • Evaluates optical products and advancement in technology of ophthalmic lenses and frame manufacture in order to provide patients with the most appropriate optical appliances • Analyses a wide range of prescriptions recognising potential problems and appraising suitable lens solutions, modifying a prescription in accordance with legal requirements relative to the visual task analysis for individual patient's requirements • Appraises and understands facial development with an ability to relate anatomical features and material properties to the dispensing of optical appliances • Appraises and completes all facial measurements required for bespoke eyewear, including the ability to modify where necessary frames for children and patients with craniofacial abnormalities • Modifies, repairs, adjusts and accurately fits optical appliances • Manages and dispenses prescriptions including high and/or complex prescriptions recalling knowledge of optical performance and production of the appliance in order to meet patients' visual and aesthetic needs
03.5a (iii) Advises on the safe and effective use of contact lenses and removal in an emergency	• Recognise methods of selecting and fitting contact lenses and the importance of aftercare regimes for patients with both soft and rigid contact lenses to maintain ocular health • Advises and discusses possible contact lens options for the intended use and clinical needs of the patient • Instructs the patient in the handling of soft/rigid lenses and how to wear and care for them • Demonstrates the removal of a contact lens in an emergency
03.5a (iv) Accurately identifies patients' conditions and their potential need for medical referral in a timely way, including when urgent or emergency attention is required	• Investigates and interprets the results of history-taking and clinical findings (i.e. a recognition of abnormality and correct interpretation of common investigative tests) to formulate an appropriate management plan, recognising and acting when a referral is appropriate • Recognises the clinical signs/presentation of common ocular abnormalities and appropriately advises and/or refers patients • Manages patients presenting with red eye • Recognises the clinical signs of sight- and life-threatening conditions that require immediate treatment and takes appropriate action • Appraises the need for and urgency of making a patient referral, using relevant local protocols and national professional guidance, and acts accordingly • Advises individual patients on the implications and care options arising from the detection of common ocular abnormalities, making referrals when in patients' best interests for their receipt of timely, efficacious care
03.5a (v) Recognises the use of common ophthalmic drugs, to safely facilitate optometric examination and the diagnosis / treatment of ocular disease	• Adheres to legal requirements for the use and supply of common ophthalmic drugs • Appraises the appropriate use of common ophthalmic drugs used to aid refraction and treatment of ocular conditions and its compatibility with other treatments the patient is receiving • Detects adverse ocular reactions to medication and advises, manages and refers in line with individual patients' need

	• Recognises the indications and contraindications of commonly-used ophthalmic drugs and responds in light of these to uphold patient care and safety

03.5b Optometry:

Outcome	Indicators
03.5b (i) Acts as a first point of contact for patients for their eye health needs by investigating, diagnosing and managing individuals' functional and developmental visual conditions, including those related to age.	• Takes a relevant history from individual patients and any other appropriate person involved in their care (relatives/carers and others). • Interprets the results of history-taking and the examination of the refractive and ocular motor status of individual patients to inform clinical decision-making and care management plans. • Records all aspects of the consultation, the findings of all tests and relevant communications with patients, their carers and colleagues, ensuring that records are accurate, legible, dated, signed, concise, contemporaneous and securely stored. • Accepts responsibility and accountability for professional decisions and actions as a first point of contact, including in responding to individual patients' needs, managing risk, and making appropriate referrals.
03.5b (ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances.	• Interprets and dispenses a prescription using appropriate lenses, frame choice and accurate facial and frame measurements • Measures and verifies optical appliances in line with relevant standards, guidelines and evidence • Prescribes, advises and dispenses appropriate vocational and special optical appliances, in accordance with personal eye protection regulations and relevant standards • Manages and dispenses appropriate spectacles for paediatric patients and for patients with complex or additional needs, including by adapting the practice environment and practice activity in line with individuals' needs • Manages cases of non-tolerance • Identifies and advises patients who could benefit from simple or complex low-vision aids • Conducts a low-vision assessment, including through full history-taking and evaluation of visual requirements • Evaluates the clinical findings of low-vision assessments, applying knowledge of low-vision optics to dispense appropriate simple and complex low-vision aids and provide relevant advice • Advises on accessing and makes appropriate referrals to low-vision services, in line with patients' best interests • Identifies, recommends and fits contact lenses to support and enhance individual patients' eye health • Instructs and advises patients in soft/rigid lens handling and how to wear and care for lenses
03.5b (iii) Makes informed decisions on the treatment and management of ocular abnormalities and disease	• Investigates and interprets individual patients' presenting symptoms and risk factors and identifies the clinical signs of potential abnormality and disease • Selects and deploys appropriate methods of clinical examination • Analyses the results of an examination to make a differential diagnosis • Advises individual patients on the implications and care options arising from the detection of common ocular abnormalities and disease, making referrals when in patients' best interests for their receipt of timely, efficacious care

	• Designs and implements an appropriate management plan arising from a clinical examination and differential diagnosis, in line with individual patients' clinical need and preferences • Assesses and evaluates signs and symptoms of neurological significance • Manages patients presenting with red eye • Detects the ocular manifestations of systemic disease and advises and refers in line with individual patients' need • Treats a range of common ocular conditions
03.5b (iv) Accurately identifies patients' conditions and their potential need for medical referral in a timely way, including when urgent or emergency attention is required.	• Interprets the results of history-taking and clinical findings (i.e. a recognition of abnormality and correct interpretation of common investigative tests) to formulate an appropriate management plan, recognising and acting when a referral is appropriate • Identifies the signs of disease progression or change in individual patients' clinical status and adapts and advises on their management plan in line with this • Appraises the need for and urgency of making a patient referral, using relevant local protocols and national professional guidance, and acts accordingly • Recognises the clinical signs of sight- and life-threatening conditions that require immediate treatment and takes appropriate action • Detects adverse ocular reactions to medication and advises, manages and refers in line with individual patients' need.
03.5b (v) Uses common ophthalmic drugs, safely to facilitate optometric examination and the diagnosis / treatment of ocular disease.	• Adheres to legal requirements for the use and supply of common ophthalmic drugs • Appraises the appropriate use of common ocular drugs to aid refraction and assessment of the fundus • Obtains individual patients' informed consent to use common ophthalmic drugs to aid investigation, examination, diagnosis and treatment, including by advising on the potential side effects and associated risks of specific drugs • Administers common ocular drugs appropriately, effectively and judiciously, exercising caution to avoid errors • Appraises whether to check the depth of the anterior chamber and measure intra-ocular pressures when administering drugs that dilate the pupil • Recognises the indications and contraindications of commonly-used ophthalmic drugs and responds in light of these to uphold patient care and safety

4. Ethics and Standards

Optical professionals must uphold high professional standards and ethics through honesty, integrity and lifelong development. They are responsible for ensuring the care and safety of patients and the public. Optical professionals must work within their scope of practice and current legislation (Opticians Act, GOC Standards of Practice) to ensure their own practice (including supervised and delegated activities) meets all legal and professional requirements and is equitable for all.

O4.1 Upholds the values and demonstrate the behaviours expected of a GOC registrant, as described in the GOC Standards of Practice. **DOES**

O4.2 Acts openly and honestly and in accordance with the GOC Duty **DOES**

of Candour guidelines.

O4.3 Understands and implements relevant safeguarding procedures, local and national guidance in relation to children, persons with disabilities, and other vulnerable people.	**SHOWS HOW**
O4.4 Applies the relevant national law and takes appropriate actions i) to gain consent and ii) if consent cannot be obtained or is withdrawn.	**DOES**
O4.5 Recognises and works within the limits of own knowledge and skills. Seeks support and refers to others where appropriate.	**DOES**
O4.6 Understands the professional and legal responsibilities of trainee and student supervision and of being supervised.	**KNOWS HOW**
O4.7 Demonstrates the fulfilment of professional and legal responsibilities in supervising unregistered colleagues undertaking delegated activities.	**DOES**
O4.8 Complies with health and safety legislation.	**DOES**
O4.9 Complies with equality and human rights' legislation, demonstrates inclusion and respects diversity.	**DOES**
O4.10 Understands the patient or carers' right to complain without prejudicing the standard of care provided.	**KNOWS**
O4.11 Adheres to the ethical principles for prescribing and to legislation relating to medicines management.	**SHOWS HOW**
O4.12 Complies with legal, professional and ethical requirements for the management of information in all forms including the accuracy and appropriateness of patient records and respecting patient confidentiality.	**DOES**
O4.13 Manages situations under which patient confidentiality may be breached in order to protect a patient or the public, in line with relevant guidance on disclosing confidential information and/or with the patient's consent.	**SHOWS HOW**
O4.14 Applies eye health policies and guidance and utilises resources efficiently to improve patient outcomes.	**DOES**
O4.15 Maintains professional boundaries with patients and others taking into consideration the additional needs of vulnerable people and specific requests/requirements.	**DOES**
O4.16 Understands the role of carers and the power of attorney.	**KNOWS HOW**
O4.17 Complies with legislation and rules concerning the sale and supply	**DOES**

of optical appliances.

O4.18 Provides clarity on services available and any associated payments.	**DOES**

5. Risk

Optical professionals have a responsibility to protect and safeguard patients, colleagues and others from harm (Standard 11). Optical professionals must understand and work within the limits of their competence recognising the evolving nature of personal practice. (Standard 6). They should be able to identify when people might be at risk and be candid when things have gone wrong to ensure a safe environment for patients and the public (Standards 12, 16 and 19).

O5.1 Recognises when their own performance or the performance of others is putting people at risk and takes prompt and appropriate action.	**DOES**
O5.2 Knows how to manage complaints, incidents or errors in an effective manner.	**KNOWS HOW**
O5.3 Address any health and safety concerns about the working environment that may put themselves, patients or others at risk.	**KNOWS HOW**
O5.4 Applies due process for raising and escalating concerns, including speaking-up and protected disclosure if all other routes have been pursued and there is reason to believe that patients or the public are at risk.	**KNOWS HOW**
O5.5 Applies infection prevention control measures commensurate with the risks identified.	**DOES**
O5.6 Understands the importance of maintaining their own health to remain healthy and professionally effective.	**KNOWS HOW**
O5.7 Able to risk assess i) patient's clinical condition and ii) a situation in clinical practice and make appropriate clinical decisions.	**DOES**

6. Leadership and Management

Optical professionals must understand the importance of clinical leadership, as determined by their scope of practice, and be able to work within their area of expertise and competence to achieve desired patient outcomes (Standards 1, 6, 11 and 12). Working collaboratively within healthcare teams and with other professionals, optical professionals should promote and engage with clinical governance requirements, service improvements and local and national public health initiatives (Standard 10).

O6.1 Undertakes efficient, safe and effective patient and caseload management.	**DOES**

O6.2 Works collaboratively within healthcare teams, exercising skills and behaviours of clinical leadership and effective team-working and management in line with their role and scope of practice.	**SHOWS HOW**
O6.3 Engages with clinical governance requirements to safeguard and improve the quality of patient care, including through contributing to service evaluation and development initiatives.	**KNOWS HOW**
O6.4 Recognises and manages adverse situations, understanding when to seek support and advice to uphold patients' and others' safety.	**KNOWS HOW**
O6.5 Takes appropriate action in an emergency, providing care and clinical leadership within personal scope of practice and referring or signposting patients as needed, to ensure their safe and timely care.	**DOES**
O6.6 Engages with population and public health initiatives and understands how population data should inform practice and service delivery.	**KNOWS HOW**

7. Lifelong Learning

Continuing professional development and keeping knowledge and skills up to date is the personal responsibility of all optical professionals working within their scope of practice (Standard 5). Their own performance and that of others must be evaluated by an ongoing process of reflection to inform own learning and development needs, meet service delivery requirements and improve the quality of care for patients (Standard 10). Sources of information could include clinical audit, patient feedback and peer review (Standard 6).

O7.1 Evaluates, identifies, and meets own learning and development needs.	**DOES**
O7.2 Supports the learning and development of others, including through acting as a role model and mentor.	**SHOWS HOW**
O7.3 Gathers, evaluates and applies effective patient and service delivery feedback to improve their practice.	**SHOWS HOW**
O7.4 Engages in critical reflection on their own development, with a focus on learning from experience, using data from a range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis) and identifying and addressing their new learning needs to improve the quality and outcomes of patient care.	**DOES**

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

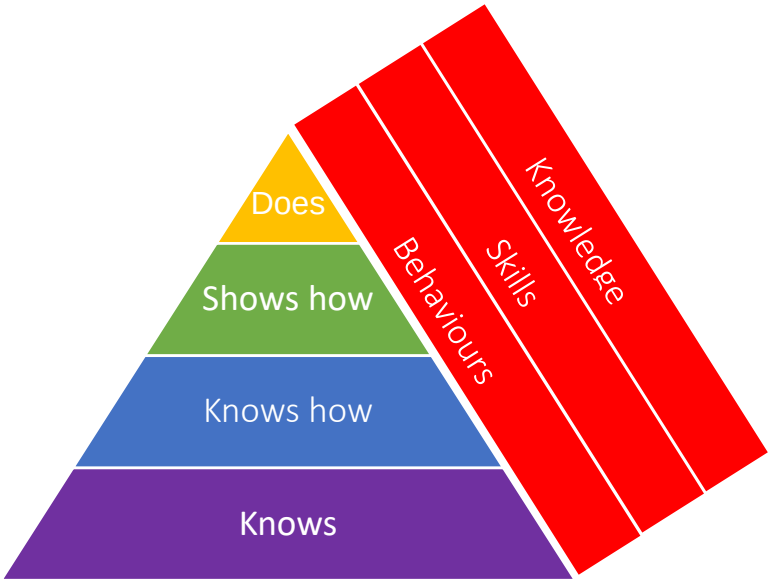
Knows	Knowledge that may be applied in the future. *(Assessments may include essays, unseen examinations, practical reports, essays, oral examinations and multiple-choice questions, etc.)*
Knows how	Knows how to apply knowledge and skills in a defined context or situation. *(Assessments may include essays, 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, skill 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 objective structured clinical examinations (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

Note on Process of constructing Outcomes for Registration

Step one of the process involved conducting a gap analysis between our current education requirements and the needs of the optical sector in the next five-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).



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

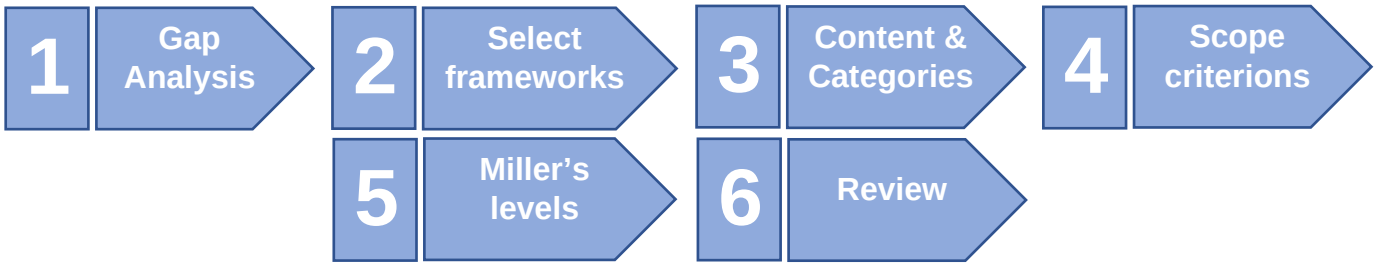
4. Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably

Step three of the process involved identifying categories of outcomes and elements of content within those categories to be developed into individual outcome criterions; mapped to the GOC's Standards for individuals.

Step four involved scoping individual outcomes with reference to existing competencies, previous consultation material, the ESR evidence-base accumulated through the GOC's ongoing stakeholder engagement and an assessment of the needs of the optical sector in the next five-ten years. 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 and the use of verbs. Overarching statements were also developed for each of the outcome categories. Central to this process was the advice received from the Expert Advisory Groups (EAGs) for optometry and dispensing optics and the verification of the outcomes using the Delphi method.

Six Step Process to creating Outcomes for new registrants[5]



[5] Ben Pearson, General Optical Council, 2021

Section Two: **Standards for Approved Qualifications**

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.

We will use the '**Outcomes for Registration,'** '**Standards for Approved Qualifications'** and **'Quality Assurance and Enhancement Method'** together to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.

GOC approved qualifications[6] will prepare students to meet these outcomes for entry to the register.

The Standards are organised under five categories:

1. Public and patient safety
2. Admission of students
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.

[6] Act gives GOC powers to 'approve' 'qualifications'

Standards for Approved Qualifications

1. Public and Patient Safety

Approved qualifications must be delivered in contexts that uphold public and patient safety, supporting students' development and demonstration of patient-centred professionalism.

Criteria to meet this standard:

S1.1 - There must be policies and systems in place to ensure students understand and adhere to GOC's Standards for Optical Students and understand GOC's Standards of Practice.

S1.2 - Concerns about a student's fitness to train must be investigated through robust, fair proportionate processes and where necessary, action taken and reported to the GOC. (The GOC acceptance criteria and the related guidance in Annex A should be used as a guide as to how a fitness to train matter should be investigated and when it should be reported to the GOC.)

S1.3 – Students must not put patients, service-users or the public at risk. This means that anyone who teaches, assesses, supervises or employs students must ensure students practise safely and that students only undertake activity 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) students must be informed it is an offence not to be registered as a student with the GOC at all times whilst studying on a programme leading to an approved qualification in optometry or optical dispensing.

2. Admission of Students

Recruitment, selection and admission of students to a qualification leading to registration as an optometrist or dispensing optician must be transparent, fair and appropriate for admission.

Criteria to meet this standard:

S2.1 - Selection and admission criteria must be appropriate for entry to an approved qualification leading to registration as an optometrist or dispensing optician, including relevant health, character and fitness to train checks, and for overseas students, evidence of proficiency in the English language of at least Level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.

S2.2 – Recruitment, selection and admission processes must be fair, transparent and comply with relevant regulations and legislation (which may differ in England, Scotland, Northern Ireland, Wales and/or non-UK), including equality and diversity legislation.

S2.3 - Selectors (who may comprise academic and admissions/administrative staff) should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias, in line with the regulations and legislation in place in England, Scotland, Northern Ireland and/or Wales.

S2.4 - Information provided to applicants must be accurate, comply with relevant regulations and legislation and include:

- the academic and professional entry requirements 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 students 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 documented.

S2.5 – Recognition of prior learning, where offered, must be supported by effective and robust policies and systems. These must ensure that students admitted at a point other than the start of a programme have the potential to meet the outcomes upon award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by the QAA and/or Ofqual/ SQA/ Qualification Wales/ Department for the Economy in Northern Ireland and must not exempt students from summative assessments leading to the award of the approved qualification, unless achievement of prior learning can be evidenced as equivalent.

3. Assessment of Outcomes and Curriculum Design

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

Criteria to meet this standard:[7]

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 student's achievement of outcomes at the required level (Miller's triangle) 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 of academic study, clinical experience and professional practice (for example, Harden's spiral curriculum[8]), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.

S3.3 - The approved qualification must provide experience of working with patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical, practice, community, manufacturing, research, domiciliary and hospital settings, (for example, Harden's ladder of integration[9]). This experience must increase in volume and complexity as a student progresses through a programme.

[7] Incorporating the 'Common Assessment Framework'

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

[9] R.M. HARDEN The integration ladder: a tool for curriculum planning and evaluation. Medical Education 2000;34:551-557

S3.4 – Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, students, placement providers, commissioners, members of the eye-care team and other healthcare professionals. Stakeholders involved in the teaching, supervision and/ or assessment of students must be appropriately trained and supported, including in equality and diversity.

S3.5 - 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.

S3.6- Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must seek to ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician.

S3.7 – Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning.

S3.8 – Assessments must appropriately balance validity, reliability, robustness, fairness and transparency, ensure equity of treatment for students, reflect best practice and be routinely monitored, developed and quality-controlled. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning.

S3.9 - Appropriate reasonable adjustments must be put in place to ensure that students with a disability are not disadvantaged in engaging with the learning and teaching process and in demonstrating their fulfilment of the outcomes.

S3.10 - Summative assessments directly related to the outcomes demonstrating unsafe practice must result in failure of the assessment.

S3.11 - There must be policies and systems in place to plan, monitor and record each student's achievement of outcomes leading to awards of the approved qualification.

S3.12 – The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland and the Framework for Qualifications of Higher Education Institutions in Scotland), or be a qualification regulated by Qfqual, SQA or Qualifications Wales. Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.

S3.13 – The outcomes must be delivered and assessed in an environment that places study in an academic, clinical and professional context which is informed by research and provides opportunities for students to develop as learners and future professionals.

S3.14 –There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered.

S3.15 – In meeting the outcomes, the approved qualification must integrate at least 1600 hours/ 48 weeks of patient-facing learning and experience in practice. Learning and experience in practice must take place in one or more periods of time and one or more settings of practice.

S3.16 – Outcomes delivered and assessed during learning and experience in practice must be clearly identified within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.

S3.17 – The selection of outcomes to be taught and assessed during learning and experience in practice and the choice and design of assessment items must be informed by feedback from a stakeholders, such as patients, students, employers, placement providers and members of the eye-care team.

S3.18 - Assessment (if undertaken) of outcomes during learning and experience in practice must be carried out by an appropriately trained and qualified GOC Registrant or other statutorily registered healthcare professional who is competent to measure student's achievement of outcomes at the required level (Miller's pyramid).

S3.20 – Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include students' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance equality in the student's experience of studying on a programme leading to an approved qualification.

S3.21 - Students must have regular and timely feedback to improve their performance, including feedback on their performance in assessments and in periods of learning in practice.

S3.22 – If a student studies abroad for parts of the approved qualification, any outcomes studied and/or assessed abroad must be met in accordance with these standards.

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 - The provider of the approved qualification must be legally incorporated (i.e. not be an unincorporated association) and provide assurance it has the authority and capability to award the approved qualification.

S4.2 - The provider of the approved qualification must be able to accurately describe its corporate form, its governance and lines of accountability in relation to its award of the approved qualification.

S4.3 – 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.

S4.4 - The provider of the approved qualification may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever

constituted, the relationship between the constituent organisations and the ownership of the provider responsible for the award of the approved qualification must be clear.

S4.5 - The provider of the approved qualification must have a named person who will be the primary point of contact for the GOC.

S4.6 - There must be agreements in place between the different organisations/ people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice. Agreements must define the role and responsibility of each organisation/person, be regularly reviewed and supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet these standards.

S4.7 - The approved qualification must be systematically reviewed, monitored and evaluated using the best available evidence, including feedback from stakeholders, and action taken to address any concerns identified. Evidence should demonstrate that as a minimum there are:

- Feedback systems for students and placement providers;
- Structured systems for quality review and evaluation;
- Student consultative mechanisms;
- Input and feedback from external stakeholders (public, patients, employers, commissioners, students and former students, third sector bodies, etc.); and
- Evaluation of business intelligence including NSS, progression and attainment data.

To ensure that;

- Provision is relevant and current, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or research;
- The quality of teaching, learning support and assessment is appropriate; and
- The quality of placements, learning in practice, inter-professional and work-based learning, 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 for feedback on action to External Examiners and/or Internal and External Moderators/ Verifiers.

S4.9 - There must be policies and systems in place to ensure the supervision of students during periods of learning and experience in practice safeguards patients and service users and is not adversely affected by commercial pressures.

S4.10 - There must be policies and systems in place for the identification, support and training for all who carry responsibility for supervising students. The provider responsible for the award of the approved qualification must know how and by whom a student is being supervised during periods of learning in practice.

S4.11 – Students, and anyone who teaches, assesses, supervises, employs or works with students, must be able to provide feedback and raise concerns, and action is taken to address concerns and respond to feedback.

S4.12 - Complaints must be considered in accordance with good practice advice on handling complaints issued by the Office for the Independent Adjudicator for Higher Education in England and Wales (or equivalent.)

S4.13 – There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification, ensure appropriate management of commercial conflicts of interest and to identify areas requiring development.

S4.14 – The provider of the approved qualification must notify the GOC of any major events and/or changes to delivery, assessment and quality control, its organisation, resourcing and constitution, as well as responding to any 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 resource to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose, clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced, and recommendations considered and implemented.

S5.2 - There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. This must include;

- An appropriately qualified and experienced programme leader, supported to succeed in their role;
- Sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals;
- Sufficient supervision of students' learning in practice by GOC registrants who are appropriately trained and supported in their role; and
- An appropriate staff to student ratio (SSR), which must be benchmarked to comparable provision[10]

S5.3 – Staff who teach and/or assess the outcomes must be appropriately qualified and supported to develop in their professional, clinical, supervisory, academic/teaching and/or research roles. This must include;

- Opportunities for CPD, including personal, academic and profession-specific development;
- Effective induction, supervision, peer support, and mentoring;
- Realistic workload for anyone who teaches, assesses or supervises Students;
- For teaching staff, 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. This must include;

- Sufficient and appropriate library and other information and IT resources;
- Access to specialist resources, including textbooks, journals, internet and web-based materials;

[10] The approved qualification provider as part of their rationale for their choice of SSR must regularly benchmark their SSR to comparable providers (alongside seeking student and stakeholder feedback) to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification, leadership and research.

- Specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes; and
- Enrichment activities, which may include non-compulsory, non-assessed elements.

S5.5 - Students must have effective support for health, wellbeing, conduct, academic, professional and clinical issues.

Annex A (to S1.2, Standard One, 'Public and Patient Safety')

Guidance note for addressing student fitness to train concerns prior to referral to the GOC

Introduction

1. The overarching objective of the General Optical Council (GOC) is to protect the public. We are the only statutory regulator to regulate students and as such, decisions on whether a student is fit to undertake training or to continue to train are matters for the Registrar or a fitness to practise committee (FtPC).

2. This guidance should be considered alongside the GOC Acceptance Criteria, the Standards for Optical Students, the declarations guidance for student registrants, and the local policies providers have in place for managing conduct, capability and performance and attendance.

3. The Acceptance Criteria are a case management tool used by us to decide whether to accept a complaint as an allegation of impaired fitness to practise, fitness to carry on business or, in respect of students, impaired fitness to undertake training as defined by the Opticians Act 1989.

4. This guidance note is intended to give education providers of GOC approved qualifications a consistent framework for addressing conduct, capability and health concerns relating to student optometrists and dispensing opticians. It will also assist providers, students, supervisors, patients and the public to understand when concerns should be referred to us.

5. In this guidance note, the terms 'must / will', and 'should / may' are used in the following ways;

   - 'must' / will - is used for an over-riding principle
   - 'should' / may - is used where we provide an explanation about how a provider could meet an over-riding principle.

6. This note is intended to provide guidance to providers of our approved qualifications (and providers preparing qualifications for our approval) in meeting criterion S1.2 in Standard One ''Public and Patient Safety' –'*Concerns about a student's fitness to train must be investigated through robust, fair proportionate processes and where necessary, action taken and reported to us. (Our acceptance criteria and the related guidance in Annex A should be used as a guide as to how concerns about a student's fitness to train matter should be investigated and when it should be reported to us.)*' The intention is to use this guidance to underpin our scrutiny of evidence in relation to criterion S1.2, which may be explored through thematic reviews of the Standards or evidence collected in a provider's periodic review or annual monitoring.

Proportionality

7. We consider that most complaints against student optometrists or dispensing opticians are better dealt with by the provider of the approved qualification ('the provider') and that regulatory input is not always necessary or proportionate.

8. Education and training should form a safe space for students to develop and learn and we would expect complaints that may give rise to concerns about a student's fitness to train to be considered in the first instance under the provider's local disciplinary process.

9. We acknowledge that effective learning will include mistakes being made by students and does not consider it necessary to treat all mistakes as constituting a potential impairment of fitness to undertake training in accordance with section 13D (2) Opticians Act 1989 and our Acceptance Criteria.

Addressing concerns appropriately at local level

10. It is important that there is a consistent approach to assessing a student's fitness to train across providers.

11. Our Standards for Optical Students set out the minimum standards of behaviour and performance that are expected of registered students in order to remain on our Register.

12. There are 18 Standards that optical students must have regard to and a breach of one of more of these standards may give rise to concerns about the student's fitness to train.

13. Section 13D (2) of the Opticians Act 1989 provides the grounds upon which a student's fitness to undertake training can be impaired for the purposes of this Act. These are;

    a. misconduct,
    c. a conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence,
    d. the registrant, having accepted a conditional offer under s302 Criminal Procedure (Scotland) Act 1995… or agreed to pay a penalty under s115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)
    e. the registrant, in proceedings in Scotland for an offence having been the subject of an order under s246(2)or (3) of the Criminal Procedure (Scotland) Act 1995 discharging him absolutely.
    f. adverse physical or mental health, or
    g. a determination by a body in the United Kingdom responsible… for the regulation of a health or social care profession to the effect that his fitness to practise as a member of that profession is impaired.

14. In deciding whether to address a fitness to train issue using the provider's local procedures or whether to refer to us, the provider should consider how the student's behaviour, conduct or health may impact on the safety of patients, the public, other students or staff, or on the public's trust in the profession.

The threshold of student fitness to train

15. A student's fitness to train is called into question when their behaviour, conduct or health raises a serious or persistent cause for concern about their ability or suitability to continue to study for an approved qualification.

16. Providers should consider the following questions when considering whether an individual student's conduct has crossed the fitness to train threshold:

    a. has the student's behaviour deviated from the expectations set out in the Standards for Optical Students?
    b. has the student's behaviour harmed patients or put patients at risk?
    c. has the student shown a deliberate or reckless disregard for professional or clinical responsibilities towards patients, tutors, other students or colleagues?
    d. has the student behaved dishonestly or in a way designed to mislead others?
    e. could the student's conduct or behaviour undermine public confidence in the profession more generally if the provider did not take action?
    f. is the student's health or impairment compromising the safety of patients, tutors, other students, or themselves?

    If the answer to any of these, or similar questions is yes, there is likely to be a fitness to train concern that requires further investigation by the provider.

17. Concerns about a student's fitness to train should start with an initial fact-finding exercise, and then, if it is independently decided that there is a case to answer, proceed to a student fitness to train committee / panel.

18. Providers must ensure their procedures are fair, transparent and proportionate. This includes a need to;

    a. set up appropriate procedures without unnecessary delay,
    b. establish that there are no conflicts of interest between investigators, panellists and the student,
    c. ensure students are clearly informed that they are under investigation, and why, as well as being provided with appropriate support by the institution,
    d. provide information on how the investigation will be carried out (including but not limited to, what students can expect, how they will be informed of progress in an investigation and the name of the person they can contact from the investigation team),
    e. ensure that a student's need for any reasonable adjustments to be able to engage fully with the procedures have been considered and implemented,
    f. ensure that students are aware of their right to be represented,

g. include in their policy how a hearing may proceed in the absence of the student,
h. ensure that the student is given a complete copy of all the information given to the committee or panel,
i. make sure all parties have an equal opportunity to present their information and to respond to the evidence or information submitted by other parties,
j. make sure that panellists apply the civil standard of proof when reaching their conclusion(s). That is, that on a balance of probabilities, they are more certain than not in relation to their findings of fact,
k. ensure that students are appropriately supported throughout the process.

19. Appeal processes must be clearly defined and available to all students and should to include information on where they can refer their concern if they are unhappy with adherence to the internal process or the outcome. [Note: The GOC is not an avenue of appeal.]

Stage 1 – Investigation

20. The purpose of the initial investigation is to decide whether there is a case to answer about whether a student's fitness to train may be impaired. The initial investigation must be proportionate, weighing up the interests of patients and the public alongside those of the student.

21. The provider should appoint an investigator and decision maker(s) to investigate and consider whether the concerns should be referred to a fitness to train committee.

22. The role of the investigator(s) is to gather evidence to ***inform*** a decision on whether the student's fitness to train is impaired. The decision maker will consider that information and decide if there is a case to answer and if so, the consideration and decision on impairment will be undertaken by the fitness to train panel or committee.

23. It is not appropriate for an investigator to be the decision maker, since there may be a conflict of interest if an investigator were called to present the case on behalf of the provider in a subsequent fitness to train hearing.

24. The investigator:

a. Must be aware of our Standards for Optical Students
b. should be independent of the students programme of study with no involvement in directly supporting the student or making decisions about their progress through the approved programme,
c. must be appropriately trained to carry out an effective investigation in a full, proportionate way, considering both the interests of patients and the public and those of the student,
d. must keep a full record of the investigation.

25. After reviewing the evidence, the investigator should make a written report of the results of the investigation detailing all the evidence gathered. The investigator should present their findings to the investigation committee or individual in an equivalent, decision-making role.

26. Depending on the nature of the issue, the investigator may bypass the investigation committee / decision maker and present their report directly to a fitness to train panel or committee. This is likely to be appropriate for serious misconduct issues or convictions and should be defined in the local policy.

27. If the decision maker does not consider that there is sufficient evidence to call into question a student's fitness to train, the provider should deal with the student's behaviour in another way proportionate to the issue that has arisen.

28. If the investigation committee / decision maker considers the student's behaviour is serious or persistent enough to call into question their fitness to continue studying their approved qualification, they should refer the case to a fitness to train panel for an independent decision.

29. They should do this even if there are mitigating factors such as disability or health issues.

Potential outcomes for the investigation committee / decision maker

30. There are likely to be a number of possible outcomes from the investigation including, but not limited to:

    a. concluding the matter with no further action
    b. further training
    c. agreeing undertakings
    d. issuing a warning
    e. suspension, pending further enquiries
    f. referring the matter to a fitness to train panel
    g. referring the matter to us

31. As well as a fitness to train process, providers may also have other disciplinary or misconduct procedures in place such as those related to academic misconduct, and it may be appropriate to refer the student accordingly.

32. Students may be subject to both fitness to train and other misconduct proceedings at the same time. Where this happens, providers should -

    a. ensure students are aware of the different processes that they may be subject to,
    b. provide information to students about the distinct purposes of different processes, and the different outcomes possible,
    c. sequence the two processes so that an individual is not facing the same allegation simultaneously as part of more than one separate process,
    d. usually consider fitness to train after other investigations have concluded; for example, a concern or initial investigation about academic misconduct or an issue arising out of a placement may trigger consideration of an individual's fitness to train.

Stage 2 – fitness to train panel / committee

33. The role of the committee or panel is to make an independent decision on the student's ability to continue their training without restriction, based on the evidence gathered and presented to them by the investigator. The committee or panel should take into account the balance between patient and public safety, the interests of the student, and the need to maintain trust in the profession.

34. Committees or panels must consider the specific details and circumstances of each case and make decisions on the balance of probabilities about whether the facts of the case have been proven or not. They must then use their judgement to determine whether the student's fitness to train could be impaired.

35. Committee or panel members should have appropriate understanding and experience to perform their role and receive training on the specific requirements of it. There should also be a clear description of the requirements of the role which is kept under review and made available to all parties.

36. Committees or panels may comprise of senior academic staff, a registrant academic or practitioner(s), academic staff from other disciplines and lay personnel. They must not be connected to the student or their programme of study. Where appropriate, panels may be supported by reports from qualified legal or health practitioners.

37. Panellists must

    a. be fair-minded and willing to hear the full facts of the case before reaching a decision,
    b. know and understand the rules and regulations of fitness to train and the disciplinary matters at the provider,
    c. be prepared to seek appropriate expert advice, especially in cases involving health or impairment issues,
    d. make sure fitness to practise proceedings are fair and proportionate.

38. There are a number of possible outcomes from a student fitness to train hearing / committee:

    a. the student has sufficiently addressed any concerns relating to health or conduct and poses no risk to patients or the public, nor any risk to undermining the public's trust in the optical profession.
    b. the student behaviour has significantly departed from expected standards but not so far to restrict them from continuing to train without restriction. The committee or panel may consider it appropriate to issue the student with a warning which should give details of the behaviour giving rise to the concern and the consequences of any similar behaviour.
    c. the student has not demonstrated they are fit to continue training without restrictions, in which case the committee or panel needs to consider any mitigating or aggravating factors when deciding an appropriate outcome or sanction. Any sanction should be proportionate to the student's behaviour and deal effectively with the fitness to train concern.

39. Outcomes / sanctions should be considered from the least severe, moving forward only if the lesser outcome or sanction is not considered sufficient. They may include:

    a. no further action
    b. a referral to occupational health
    c. conditions or undertakings
    d. transfer to another qualification
    e. suspension from the qualification*
    f. expulsion from the qualification*

    *Where suspension or expulsion is reached, the provider must consider whether an urgent referral to us is required.

40. The committee or panel should set out in writing the outcome of the hearing (the determination). This document should give detailed reasons about why the committee or panel came to its decision. The determination should include the details of any sanctions imposed, the reasons for them and any relevant timescales and mechanisms for review.

41. There should be a clear, formal appeals process. Providers should make sure students are aware of their right to appeal against decisions of the fitness to train panel, and of the process for doing this.

42. We require any registrant who has been through a formal fitness to train or disciplinary procedure to declare this on their application for registration / renewal, regardless of the outcome. The committee or panel should include information about this requirement in the outcome letter.

43. If the matter is referred to us, as part of their assessment we may request evidence from the provider that any undertakings or conditions have been completed and appropriately monitored and reviewed.

44. Providers must ensure that they retain all hearing documentation for a minimum of three years, or in accordance with their local retention schedules, whichever is the greater.

Stage 3 – appeals

45. A provider's fitness to train (appeals) procedures must be available to all students and clearly state the scope and process for submitting an appeal. Appeals policy documents should include, among other things, details on

    a. the grounds under which an appeal can be considered
    b. the timescale within which an appeal can be submitted
    c. the student's right to representation
    d. whether appeal hearings can reconsider the facts of the case or are limited to deciding whether due process was followed
    e. limiting the appeal panel's role to referring the case back to another fitness to train hearing

f. the composition of appeal panels, taking on board the advice in this guidance on panel composition and training
g. information on where the student can refer their concern to if they are unhappy with adherence to the internal process or the outcome.

46. In relation to any given case, there should be no cross membership of a hearings panel and an appeal panel. The original investigator and decision maker(s) concerned must not be a member of the appeal panel.

47. Subject to the providers' broader guidance, appeals against the decision of the fitness to train panel may not be considered unless:

a. there is new information that has not previously been considered which makes such a review necessary in the interests of fairness,
b. there is evidence of a procedural irregularity or failure that, but for, that irregularity or failure, the decision may have been different,
c. there is information suggesting that the finding or sanction is disproportionate to the information review.

48. The appeal process should proceed without unreasonable delay. Timescales should be laid out in local policies and should be adhered to unless there are exceptional reasons why they cannot be. In these circumstances, the student should be provided with a reason in writing, and a revised timetable set.

49. This will give the provider sufficient time to notify us of any concern that may require regulatory intervention and ensure that we can consider whether to open a formal investigation while the student remains registered with the provider.
The notification should be fast-tracked to the fitness to practise triage team at ftp@optical.org and followed up by a telephone call to advise of the concern.

50. The committee will wish to consider if any sanction should be suspended pending the outcome of any appeal.

51. The appeal panel should be independent of the original committee or panel but with a similar constitution.

52. The appeal panel will not reconsider the facts that have already been determined. They should consider the written submission(s) to determine whether one or more of the grounds for appeal expressed in paragraph 46 have been satisfied.

53. If so, they may decide;

a. To reject the appeal and uphold the decision of the original panel.
b. To accept the appeal and;
    i. Refer the issue back for a new student fitness to practise panel to consider the matter in full
    ii. To make a recommendation to the original panel in order to address the matters giving rise to the appeal or whether the matter should be re-heard by a new panel

54. The decision of the appeal panel will be the final stage in the provider's appeal process.

Referrals to the GOC – applying the Acceptance Criteria

55. Where an initial investigation and or student fitness to train hearing raises concerns that are considered so serious that there may be an impact on broader public protection, the reputation of the sector, or is otherwise in the public interest, Section 2 of the Acceptance Criteria ('AC') should be considered for information about the complaints that may be accepted by us.

56. In relation to concerns about a student's misconduct, any convictions and cautions received, or to their adverse physical or mental health, the acceptance criteria provides a non-exhaustive list of allegations that are unlikely to result in a formal investigation. This includes, at 2.9.4,

> *'concerns that have been appropriately addressed at local level and regulatory intervention would be disproportionate'.*

57. Convictions resulting in a custodial sentence, whether suspended or immediate, must be referred to us immediately. as the Registrar is under a legal obligation to refer these directly to our Fitness to Practise Committee.

58. Our triage function will apply the AC to all new concerns. In the case of student referrals, we will usually make a decision on whether to open a formal investigation within four weeks of receiving all of the relevant information.

59. The Standards for Optical Students set out the expected standards of behaviour and performance of all registered student optometrists and student dispensing opticians. Standard 18 refers to the duty of candour which requires students to *'be open and honest… with relevant organisations'*. While the Standards do not expressly require a student to refer themselves to us for any fitness to train investigation outside of the annual registration / renewal period, students should be encouraged to consider self-referring in line with these expectations.

Health conditions

60. Students are expected to behave as responsible professionals throughout their education and training and providers must make reasonable adjustments for students with a disability or health concern to allow them to achieve the outcomes required. Reasonable adjustments should reflect the requirements of the Equality Act 2010 in GB or the Northern Ireland Act 1998 Part VII Equality of opportunity Section 75 in NI.

61. Although adjustments cannot be made to the requirements for the outcomes, reasonable modifications to the circumstances under which assessment is taken can be made. In exceptional circumstances an alternative form of assessment may be provided, if suitable.

62. We would not expect students with a disability or health concerns to be more susceptible to having their fitness to train called into question. Where there are concerns, these tend to be because an individual shows a lack of insight into the

impact of their disability or health condition and/ or does not take the necessary action(s) to manage the condition resulting in an increased risk to patient safety.

63. In most cases, health conditions and/or disabilities will not raise fitness to train concerns, provided the student receives the appropriate care and any reasonable adjustments necessary to study and work safely. Providers should offer ongoing support and regular reviews of the student's progress and encourage all students to register with a local GP (and other healthcare professionals as appropriate), who will be able to offer them support and continuity of care.

64. An appropriate service at the provider should assess and advise on the impact of a disability or health concern on any student's fitness to train and, where appropriate, advise on reasonable adjustments. They should not usually become involved in treatment or pastoral care.

65. Very occasionally, a chronic or progressive health condition may mean it is not possible for a student to meet the outcomes required for the approved qualification in spite of the reasonable adjustments that have been put in place. If a student cannot demonstrate the necessary competencies and all options for support and adjustments have been explored without success, it may be necessary to begin formal fitness to train procedures.

66. Providers should make sure there are transparent and appropriate processes to help members of staff and providers of student healthcare to raise concerns about optical students. For example, where applicable, it may be appropriate to use the occupational health service, student support services, or a named academic or administrator as the first or only point of contact.

67. Any exchange of confidential information should be in the best interests of protecting patients and the public and should, wherever possible, be with the knowledge and consent of the student in question. There may however be situations where this is not possible, for example where it is necessary to share information without express consent in order to ensure the safety or wellbeing of the student, peers, staff members or the public, and difficulties arise due to the incapacity or adverse health of the student.

68. If you are unsure of whether or not to refer a student to us, please contact our Triage team:

Email: ftp@optical.org

In writing: FTP Department, 10 Old Bailey, London, EC4M 7NG

Section Three: **Quality Assurance and Enhancement Method**

Introduction

Our **Quality Assurance and Enhancement Method** describes how we will gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets our Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act.

We will use the **Outcomes for Registration, Standards for Approved Qualifications** and **Quality Assurance and Enhancement Method** together to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.

The design of our new quality assurance and enhancement method supports our outcomes-orientated approach. It moves away from seeking assurance that our requirements are met by measuring inputs to an emphasis on evidencing outcomes. This is very much in line with 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 our arrangements for periodic, annual, thematic, 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 this process.

Underpinning our approach is a greater emphasis on the views of patients, service users, the public, commissioners and employers, as well as the views of students and previous students in the evidence we consider. This is to ensure the qualifications we approve are responsive to the rapidly changing landscape in the delivery of eye-care services across the United Kingdom as well as the needs of patients and service users. Higher Education access the United Kingdom is also undergoing rapid change, not least as a result of the COVID-19 emergency and coupled with increased expectations of the student community and their future employers, we are sensitive to the demands of the context of delivery of approved qualifications.

The method is organised in seven 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 qualifications
5. Approval of new qualifications (from 1st March 2021)
6. Periodic, annual returns, thematic & sample-based reviews
7. Decision making

Quality Assurance and Enhancement Method

1. Legal basis for quality assurance and enhancement

Our powers to undertake quality assurance and enhancement are described in Sections 12 and 13 of the Opticians Act 1989 (as amended 2005). 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 competencies' and appointing visitors (which we call 'Education 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' that 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.'

Under section 8(1) of the Opticians Act 1989 (as amended 2005) 'a person' with an approved qualification 'granted to him after receiving instruction from one or more of the institutions approved' and 'adequate practical experience in the work of an optometrist or dispensing optician' is entitled to be registered in the appropriate register.

2. Quality assurance and enhancement - definitions

Quality assurance provides assurance that the qualifications we approve meet our requirements in accordance with the Opticians Act for *'adequate knowledge and skill' (*Section 12(7)(a) OA), as described in our 'Outcomes for Registration' 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 students, and provides an opportunity to foster innovation and enhance the quality and responsiveness of provision to meet the needs of patients, public and service users.

3. Geographic scope

In addition to approving qualifications in the UK the GOC may receive applications for qualification approval from outside the United Kingdom, provided that these qualifications are taught and assessed in either English or Welsh. Assurance and enhancement activity undertaken outside the United Kingdom will be charged for on a full cost recovery basis.

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

From March 2021 we will begin working with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications.

We anticipate most providers will work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year.

Some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the College of Optometrists and ABDO Exams to ensure that for students who graduate from qualifications approved before 2021, their route to GOC registration is maintained.

Providers of currently approved qualifications and provisionally approved qualifications will have three options in adapting their existing qualifications or developing new qualifications to meet the 'Outcomes for Registration' 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 process described below);

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 process described below.)

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

During the transitional phase, the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the list of required core-competences, the numerical requirements for students' 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. The expectation is that students on existing approved qualifications should benefit from new teaching, assessment, interprofessional learning (IPL), work-based learning (WBL), experiential learning and placement opportunities if it is feasible to do so.

5. Approval of new qualifications (from 1st March 2021)

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

For qualifications already approved by us, please see the section 4 above, called 'Arrangements for current (pre-2021) providers of approved and provisionally 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, broadly, can be summarised as;

a. Lower risk A new qualification developed by an existing provider of approved qualifications or provisionally approved 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 qualification approved by us.

c. Higher risk A new qualification developed by a provider with limited or no experience of awarding a qualification approved by us.

All new qualifications not currently approved by us applying for GOC approval on or after 1st March 2021 will be expected to meet the Outcomes for Registration and Standards for Approved Qualifications in accordance with the following stages:

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, servicer-users, employers, commissioners 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 onto 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 stage 1 and stage 2). This stage will consider the business case, investment and proposed pedagogic approach, the development of learning, teaching and assessment strategies, the involvement of patients, servicer-users, employers, commissioners and the public in qualification design, delivery and assessment, and preparedness for delivery for the first cohort of students. 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 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 on course to be met and the provider is ready to move onto 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 students as an *'approved training establishment'* under Section 8A(2) of the Opticians Act 1989.[11] The focus will be on detailed curriculum and assessment design, approach to recruitment and selection of students 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

[11] The approval of an provider as an 'approved training establishment' under Section 8A(2) of the Opticians Act 1989 is for the sole purpose for students studying on the qualification applying for GOC approval can register with the GOC as student registrants. It confers no further rights to the provider and must not be portrayed as such.

risk to GOC in terms of its decision-making, the evidence to support stage three will normally be written submission, based on the evidence framework and an on-site (or virtual) visit may be 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 onto stage four. The output of stage three will permission to commence recruiting students to the new qualification as an *'approved training establishment'* under Section 8A(2) of the Opticians Act 1989 (see footnote) Provides are reminded that the qualification is not approved until a decision of Council is made at stage 5, and to ensure recruitment & 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 students, or students 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 stage two, alongside preparedness for the delivery for the next, and most importantly, final, academic year. At stage four patient, servicer-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 student's progress through the qualification. At each 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 stages two and three, and any changes it proposes to make to the qualification as a result of student and stakeholder feedback. As stage four represents a higher risk to GOC in terms of its decision-making, the evidence to support stage four will normally be written submission, based on the evidence framework and for applications stratified as lower risk, a meeting with us either on site or at the GOC's offices (or virtually if necessary). For applications stratified as medium or higher risk, an on-site (or virtual) visit may be based on the format of a periodic review. As at other stages, four may result in conditions being imposed, which can include halting recruitment for one or more cohorts, until there is confidence the outcomes and standards are likely to be met and the provider is ready to move 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 an *'approved training establishment'* under Section 8A(2) of the Opticians Act 1989 and/or may cease to be considered for GOC approval, and students will not be eligible to register as either an optometrist or a dispensing optician. In these circumstances, the provider must inform the GOC how the interests of students 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 & advertising material confirms to our standard conditions.)

Stage Five. Stage five is 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 students, or students migrated across into the programme, reach

their final year of study. 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 will include a sample-based review of the outcomes. The prime purpose of a stage five periodic review is assurance, i.e., whether our 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 from (normally the date of the examination Board for the first graduating cohort of students). The duration of qualification's approval may be limited if necessary, according to its risk profile.

The staged process for approving a new qualification is advisory until Council decides whether to approve the new qualification. This must be made clear to all students and applicants until the qualification is approved by GOC Council.

6. Periodic, annual, thematic and sample-based reviews

Four methods of assurance and enhancement will together provide insight as to whether a qualification meets our outcomes and standards;

- Periodic review (of approved qualifications).
- Annual return (of approved qualifications).
- Thematic review (of standards).
- 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 review. 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, i.e. whether the standards and outcomes are met.

Annual Return. All approved qualifications must submit an annual return, a key part of our 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. Failure to submit an annual return may contribute to the 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. A summary report of annual returns may be published by GOC 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, such as on a profession-specific/ regional/ national and/or UK basis. All 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 within the standards and published along with the timeframe for participation by the GOC from time to time. 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 student's achievement of the outcome at the right level (at Miller's triangle) is measured and the pedagogic approaches underpinning its teaching and assessment. Like thematic reviews, the specification for a sample-based review will be published along with the timeframe for participation by the GOC from time to time. Sample and thematic reviews may be undertaken as part of a periodic review or undertaken directly by GOC and/or co-commissioned by 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. A summary report of thematic and sample-based reviews may be published by the GOC from time to time.

7. Scope of Evidence

Demonstrating that the outcomes and standards are met should not be unduly 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, students or stakeholders. Whilst we anticipate that the majority of evidence sources will be generic, some evidence may, by necessity, be bespoke to support engagement with this assurance and enhancement method. However, wherever possible we will limit the requirement for bespoke evidence (for example programme mapping); and will continue to do this to ensure our assurance and enhancement method is not overly burdensome 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 given the context, duration, location or size of a qualification, for example, for qualification awarded by specialist institutions or higher education providers outside the UK.

As an indication, evidence sources providers may like to consider including or referencing within their evidence framework template may include (but are not limited to):

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, etc.

- Description of assessment strategy and approaches to standard setting, copies of academic regulations and policies for the quality control of assessments, examples of assessment schemes, mark sheets, model answers, etc.
- 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, etc.
- Student 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, RPL/APL policies, advertising and promotional activity, fee schedules, evidence of selectors' training in equality, diversity and unconscious bias, fitness to practise/train policies, etc.
- Evidence of engagement with service users, commissioners, patients and public, students and former students, 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 providers quality control procedures at institutional and qualification level, evidence of responses to external examiner/ internal and external moderator reports, end of programme evaluations, NSS results, reports from other quality control or assurance bodies, and responses to issues raised, copies of student feedback, minutes of staff-student committees, and evidence of action in relation to issues raised, copies of examination regulations, examination board minutes, verification reports, etc; evidence of policies and their implementation in areas such as academic misconduct, adjustments, data protection, EDI, 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 training of and feedback from placement providers, progression data, EDI data, 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 the staff profile can support the delivery of the outcomes and the student experience, including workload planning, staff CVs and staff deployment/ contribution to the teaching and assessment of the outcomes, staff/student ratios, copies of policies describing the training, induction and support for those supervising students, external examiners, expert patients and other stakeholders and evidence of their efficacy, etc.
- Any other evidence the provider may like to include to demonstrate its qualification meets our outcomes and standards.

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

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 provider's to evidence; how we will gather that evidence (the frequency and type of assurance and enhancement activity); how we will we consult our Education Visitors in the consideration of the evidence provided, and how this informs our decision-making.

7. Decision making

All decisions regarding qualification approval or withdrawal of approval or any other matter regarding approval of qualifications is the responsibility of GOC Council. The 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 the Council has delegated authority, may choose accept, reject or modify advice from our Education Visitors in relation to the qualification under consideration.

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

Date of Approval

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

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, annual and thematic sample-based reviews.

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 qualifications 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 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;
- 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 students 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 for registration 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 seek to withdraw our approval from the qualification. Should we decide to withdraw approval, we will follow the statutory process as outlined in the Opticians Act 1989 (amended 2005). 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 students 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 Opticians Act 1989. In the event that GOC 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.

ENDS

Annex Two

Impact Assessment Screening Tool

Name of policy or process:	**Education Strategic Review (ESR)**
Purpose of policy or process:	To update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician
Team/Department:	Education
Date:	January 2021
Screen undertaken by:	Simran Bhogal (ESR Project Manager)
Approved by:	Leonie Milliner (Director of Education)
Date approved:	January 2021

This impact assessment screening tool is in two sections.

Section one considers the impacts of the Education Strategic Review (ESR) as a GOC project using a standard screening GOC-tool. Second two considers the impacts, costs, benefits and risks of our proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician.

In section two we assess impact of our proposals and whether they are proportionate, targeted and transparent. We also assess the likely effect of our proposals on each category of stakeholder and on the GOC.

Section two also includes an assessment of whether any of our proposals raise any particular equality and diversity issues. We have also published a separate Equality Impact Assessment which can be read here.

This impact assessment screening builds on and should be read in conjunction with our previous impact assessments, including the draft impact assessments we published in November 2019 and in July 2020, associated ESR research and reports published on our website along with our proposals (the ESR deliverables; Outcomes for Registration; Standards for Approved Qualifications and Quality Assurance and Enhancement Method).

It also draws upon evidence of impact gained through engagement with stakeholders and our Expert Advisory Groups (EAGs), from feedback gained through consultation and from our two externally commissioned equality and financial assessments (published Nov 2020).

Assessing impact and likely effect on stakeholders is an iterative process. As such this is a live document. We will continue to seek information from stakeholders and to review and update our current assessment in light of the further evidence we gather.

Impact Assessment Screening Section One: ESR Project

A) Impacts	High Risk	Medium Risk		Low Risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves / not used	
2. Budget	No budget has been allocated or agreed, but will be required.	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	Budget has been allocated and it is unlikely more will be required	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation & Media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people & equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	
8. Communication (Comms) / Raising Awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	Must be published in Welsh, Comms Team aware.		Does not need to be published in Welsh.	

Please put commentary below about your Impacts ratings above:

Budget: The project's five-year financial forecasts and one-year budget include foreseeable costs, including approved use of reserves for longitudinal research project and knowledge hub/ information exchange to support the sector, potential providers and existing providers prepare qualifications to meet the proposed outcomes and standards. Although this budget has been agreed as a call on the strategic element of our reserves, recently costs have been managed without needing to access those reserves.

Legislation, guidelines and regulations: Advice from the GOC's legal team has informed the preparation of these proposals in relation to our duties to approve qualifications under the Act. Where increased scope necessitates an enhanced or changed approach to skill development the high-level nature of the outcomes together with the requirements of criterion S3.4 for providers to maintain the currency of approved qualifications through local responsiveness to stakeholder need will provide assurance. Where changed or increased scope also necessitates a change of GOC policy, rules or legislation, such as in the area of delegation of the protected function of refraction in the context of the sight test, we would undertake a separate policy or legislative change exercise, including full stakeholder consultation before making any change. Nothing in these proposals changes scope as currently defined in legislation or GOC policy in relation to scope.

Future legislation changes: We expect DHSC to consult on changes to our legislation in 2021 or 2022. We will assess the impact of potential legislative change upon the ESR deliverables when further detail is available.

Reputation and media: The proposal to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician continues to attract significant press and stakeholder attention, which has been amplified due to the negative impact of Covid-19 on higher and further education. Coverage in broader media is likely to be very limited due to the positioning of optics in relation to other allied-healthcare professions.

We have taken a consultative and open approach to communicating with our stakeholders about our proposals. Our Expert Advisory Groups (EAGs) include staff and members from professional associations and representative organisations in optics (though in a personal rather than representative capacity) and we continue to meet with stakeholders on a regular basis, including those in each devolved administration.

Resources (people and equipment): Subject to a decision by Council in February 2021, we anticipate completing this element of the ESR workstream (for pre-registration qualifications) within agreed timescales and cost tolerances. The workstream to update our requirements for post-registration qualifications was put on hold for six months at stakeholder request due to the pandemic. This work resumed in October 2020 and is now making good progress.

B) Information Governance	High Risk	Medium Risk		Low Risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted.	
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	
4. Is **all** of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	X
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; Archive room; office storage (locked)	GOC shared drive; personal drive	Other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	

Please put commentary below about reasons for Information Governance ratings:

What data is involved/will the date be anonymised? During consultations personal data was stored on our consultation platform (identifiable details like email address, place of work and a range of protected characteristics). We have only published responses where individuals have consented to having their response published.

Will someone be identifiable from the data? Yes, respondents to consultations will be identifiable as their information will be linked to their own named record in Citizen Space. However, if we take statistics from Citizen Space for evaluation and monitoring purposes and publish these or disseminate them more widely than within the GOC, respondents will not be identifiable and information will be redacted.

What is the volume of data handled per year? The volume of data held on our consultation platform did not exceed 1,000 records.

C) Human Rights, Equality and Inclusion	High Risk	Medium Risk	Medium Risk	Low Risk	? or N/A
Main audience/policy user	Public			Registrants, employees, or members	
Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process.			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process.	
The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases.	Yes, the decision is made by a representative panel (specifically selected). No, no decisions are required.	
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration.	There is clear decision criteria, but no form to record the decision.	There is clear decision criteria and a form to record the decision.	
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process.	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	
	The decision-makers have not received EDI & unconscious bias training, and there are no plans for this in the next 3 months.	The decision-makers are due to receive EDI & unconscious bias training in the next 3 months, which is booked.	The decision-makers are not involved before receiving EDI & unconscious bias training.	The decision-makers have received EDI & unconscious bias training within the last 12 months, which is recorded.	
Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12 months, which is	

	further training planned			recorded.	
Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team.	
Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	X
Attendance	Short notice of dates/places to attend	Medium notice (5-14 days)of dates/places to attend		Planned well in advance	
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed.		Attendance/involvement is equal, and monitored per attendee.	
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered.	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates).	
Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available.	
Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors.	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	
Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups.	

Impact Assessment Screening Section Two: ESR Deliverables

Step 1: Scoping the IA

Name of the policy/function:	**Education Strategic Review**
Assessor:	Simran Bhogal/ Leonie Milliner
Date IA started:	2016
Date IA completed:	January 2021
Date of next IA review:	February 2021
Purpose of IA:	To assess the key impacts of our proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician
Approver:	Marie Bunby, Head of Policy and Standards (Interim)
Date approved:	18 January 2021

Q1. Screening Assessment

- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
  - ☐ Impacts
  - ☐ Information Governance (Privacy)
  - ☐ Human Rights, Equality & Inclusion
  - ☐ None have been completed

Q2. About the policy, process or project

- What are the main aims, purpose and outcomes of the policy or project?
- You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?

Aim: To update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician
Purpose and Outcome: Following the launch of the Education Strategic Review in March 2016, in July 2019 Council gave steers on the ESR proposals. This included the introduction of a new integrated form of optical education, combining academic study with professional and clinical experience into a single approved qualification. Two Expert Advisory Groups (EAGs) for optometrists and dispensing opticians were tasked with advising on the development and drafting of the new Outcomes for Registration, Standards for Approved Qualifications and an updated quality assurance process. Together, these documents will replace our Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011) and related policies and guidance and mitigate the key risk that our current requirements become out of date. They have been designed to ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning

of eye-care services in each of the devolved nations and so that the skills and abilities of our future registrants remain up to date.
Who will benefit: Patients and the public; registrants; employers: other healthcare professionals, commissioners and the NHS; GOC staff, EVPs and committees: providers of GOC approved qualifications and their students.

Q3. Activities or areas of risk or impact of the policy or process

- Which aspects/activities of the policy are particularly relevant to impact or risk? At this stage you do not have to list possible impacts, just identify the areas.

Key proposals
a. Candidates will acquire a single qualification approved by the GOC leading to entry to the register as a dispensing optician or an optometrist
b. The approved qualification will be either an academic award or a regulated qualification at a minimum of Regulated qualification Framework (RQF) (or equivalent) level 7 for optometrists or at a minimum of RQF (or equivalent) level 6 for dispensing opticians
c. There will be no proposed minimum/maximum or recommended time or credit volume for an approved qualification, other than the requirement that requires an approved qualification must integrate at least 1600 hours/ 48 weeks of patient-facing learning and experience in practice in one or more periods of time and one or more settings of practice.
d. The provider of the approved qualification must be legally incorporated and have the authority and capability to award the approved qualification.
e. The provider of the approved qualification must, in the design, delivery and assessment of an approved qualification, involve and be informed by feedback from a range of stakeholders including patients, employers, students, placement providers, members of the eye-care team and other healthcare professionals.
f. An outcomes-based approach is used to specify the knowledge, skills and behaviours expected of a day-one registrant for qualification approval, using an established competence and assessment hierarchy known as ‘Miller’s Pyramid of Clinical Competence’ (knows, knows how, show how & does)**.**
g. Providers’ of approved qualifications are responsible for the measurement (assessment) of students’ achievement of the outcomes at the required level (on Miller’s Pyramid) and leading to an award of an approved qualification.
h. The approved qualification must provide experience of working with patients (patients with disabilities, children, their carers, etc); inter-professional learning; team work and preparation for entry into the workplace in a variety of settings (real and simulated) which must increase in volume and complexity as a student progresses through a programme.

Q4. Gathering the evidence

- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

Available evidence – used to scope and identify impact
Research and consultation: • Call for evidence (report June 2017) • Research to learn from other professions/overseas (Nov 2017) • System leaders' roundtable (Nov 2017) • Consultation on concepts/principles (report April 2018) • Research with newly qualified/employers (June 2018) • Development of standards/learning outcomes with Committees, Expert Advisory Group other external stakeholder groups (summer 2018) • Education Provider Forum (October 2018) • Consultation on draft Education Standards and Learning Outcomes (November 2018-Feburary 2019) • Education Visitor Panel and Advisory Panel feedback (Jan-Dec 2020) • Expert review and input from the Quality Assurance Agency (April-June 2020 and Oct-Nov 2020) • Roundtable on funding (March 2020) • Consultation on draft Outcomes for Registration, Standards for Approved Qualifications and Quality Assurance and Enhancement Method (August 2020 – October 2020) • Financial Impact Assessment (October 2020) • EDI Impact Assessment (October 2020) • QAA RQF Levels Research Report (November 2020) • Expert Advisory Groups developmental activity and feedback (November 2019 – February 2021). • Informal stakeholder engagement and consultation

Q5. Evidence gaps

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
    1) Impacts;
    2) Information Governance and Privacy implications; and
    3) Human Rights, Equality and Inclusion implications.

If yes, note them here:

We have undertaken extensive activity to gauge the extent of impact of the ESR. We continue to work with stakeholders to gather evidence of probability or extent of impact, and will review and update this impact assessment in light of new information

Q6. Involvement and Consultation

Consultation has taken place, who with, when and how: A patient and public consultation was held for 12 weeks from 27 July 2020-19 October 2020 and included an online survey hosted via our Citizen Space platform (with quantitative and qualitative questions), online focus groups with optical patients and interviews with a range of stakeholders conducted and analysed by our independent research partner, Enventure Research. The consultation proposals were based on findings from our Call for Evidence, Concepts and Principles Consultation published in 2017-2018 and feedback from our 2018-2019 consultation on proposals stemming from the Education Strategic Review (ESR).
Summary of the feedback from consultation: Consultation responses were independently analysed by our research partner, Enventure Research, and a consultation report was prepared by Enventure Research, published on our website in October 2020.
Link to any written record of the consultation to be published alongside this assessment: Our response to Enventure Research's report and individual and stakeholder responses to the proposals contained in our consultation published on our website.

Step 2: Assess impact and opportunity to promote best practice

- Using the evidence you have gathered what, if any, impacts can be identified? Please document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Impact assessment methodology

The following categories or groups of stakeholders will potentially be impacted by our proposals:

- GOC
- Patients and members of the public
- Providers and potential providers of GOC approved qualifications
- Optical students
- Representative organisations, professional bodies, employers and other stakeholders:

The impact assessment in step 2:

- Identifies the proposals that address the need for change;
- Includes a qualitative discussion of the costs, benefits and risks associated with each key proposal; and
- Makes an initial estimate of the costs and benefits and summarises mitigating actions or counter measures to the extent that it is possible or proportionate to do so.

Assessment of costs, benefits, opportunities and risks

Our assessment of costs, benefits and risks of our key proposals will inform rather than determine our decision. There are two reasons for this. First, fulfilling our statutory duties involves taking account of issues that fall outside of a narrow consideration of costs and benefits. Second, it will only be possible to precisely quantify all the costs and benefits once providers of approved qualifications begin to adapt their existing qualifications to meet the new outcomes and standards and providers of qualifications applying for approval begin their application process. The magnitude and nature of costs will vary according to the qualification design decisions made by each provider. We have described the costs and benefits qualitatively and described who bears the costs (in broad terms). Where we have included an assessment of cost we have provided information about our key assumptions and the evidence used to inform our assessment of best estimate and likely range. As stated above, we continue to seek evidence of anticipated costs and to receive information that would enable us to quantify these costs. Benefits are harder to quantify as they tend to be more uncertain and are often spread across many stakeholders.

Evidence and options

The 2017 concepts and principles report, subsequent roundtable and 2018-19 consultation considered the evidence base for change and sought feedback on options. This evidence base and options were described in various reports published on our website and informed the 2019 steer for an integrated approach to qualification approval, with candidates acquiring a single qualification approved by the GOC leading to entry to the register as a dispensing optician or an optometrist ('single point of accountability'), supported by an outcome-orientated approach to specifying the knowledge, skills and behaviour required of newly qualified registrants. This approach to qualification approval was considered the most appropriate, given the urgent need to ensure the GOC's standards and requirements continued to equip[1] future professionals to meet service needs and patient demand as they evolve and, wherever they practise in the UK, continue to protect the public.

Final Options

Because of the iterative approach taken to development of the proposals, including taking steers at key points, the two options available at this stage are:
Option 1. Continue with the current Quality Assurance Handbooks for optometry (2015) and ophthalmic dispensing (2011), including our current list of core competencies, numerical requirements for students' practical experiences and related education policies and guidance.
Option 2. Require all GOC approved qualifications for optometrists and dispensing opticians to meet the proposed outcomes and standards to the timescale outlined in the QA&E Method.

Costs and benefits of option 1

The benefits of option 1 are defined as zero; the additional costs as low/ medium. This is the counterfactual against which option 2 is appraised. The analysis of cost, benefit and risks of option 1 is outlined below.

Costs and benefits of option 2

The analysis of costs, benefits and risks of option 2 is outlined below.

Summary

	Additional cost: ongoing	Additional cost: one off	Benefit	Wider impact	Proport-ionate	Targeted	Transparent
Option 1	Low-Medium	None	None	Weaknesses, risks and opportunities of current system not addressed	No	No	In part
Option 2	Low-Medium	Medium-High	Higher standards of professional education	Proposed requirements reflect contemporary optical practice and patient/ workforce needs	Yes	Yes	Yes

[1] professional_boundaries_in_the_optical_sector_-_goc_discussion_paper_2017.pdf

Option 1 (counterfactual)

Under this option we continue with the current Quality Assurance Handbooks for optometry (2015) and ophthalmic dispensing (2011) including our current list of core competencies, numerical requirements for students' practical experiences and related education policies and guidance.

Costs There are potential additional costs of retaining the current Quality Assurance Handbooks from addressing failure due to the inadequacy of our requirements (provider failure and fitness to practice cases)

Benefits There are no additional benefits of retaining the current Quality Assurance Handbooks. However, any uncertainty, risks or cost related to updating our requirements for qualification approval are avoided.

Wider impacts As discussed in previous impact assessments, associated ESR research and reports published on our website, there are a number of weakness in our current system:

- Continuing public, registrant and student confidence in our ability to set and maintain high standards for professional education given how long ago they were written;
- Prescriptive list of competences and patient episodes limits innovation and responsiveness to changing patient and service-user needs, and extended roles; given need to consult;
- For students, limited choice (in price and quality) of GOC approved 'registerable'/ stage two qualifications which lead to registration as an optometrist or dispensing optician;
- The current system does not promote achievement of earlier, better quality direct patient contact, inter-professional education and more varied clinical experience, which would better prepare students for careers of the future; and
- Limited engagement of stakeholders, including patients, service-users and commissioners in the design and delivery of GOC approved qualifications.

Risks The risks of option 1 are as follows:

a. We fail in our overarching statutory responsibility to promote and maintain high standards of professional education and public confidence in the professions because our requirements for qualification approval are out of date and unfit for purpose.
b. Risk of challenge to GOC qualification approval decisions from students, providers, potential providers and sector bodies if grounds for approval depart from current (but out of date) Quality Assurance Handbooks and related requirements.
c. Risk we would not be able to take action if a qualification we approve meets our requirements but nevertheless fails to prepare students to meet employer, patient and service user needs, putting future patients at risk of inadequate care.
d. Risk our requirements and processes do not reflect modern methods for statutory regulators in setting education and training benchmarks for qualification approval

and do not reflect contemporary optical practice or meet patient or service-user needs, thereby bringing the profession and its education into disrepute.

Summary Our current requirements for qualification approval do not address the risks, potential for enhanced roles for optical professionals within service redesign or the challenges of meeting an increased demand for eye-health care given our aging population. Requiring students to acquire two GOC approved qualifications either sequentially or simultaneously to register with us is unnecessarily burdensome and provides few benefits. An outcomes-orientated approach to specifying the future knowledge, skills and behaviours of a future optometrist or dispensing optician at the point of registration is required, better aligned with regulatory systems for qualification approval deployed by other healthcare regulators.

Costs	Potential high additional costs addressing failures because of the inadequacy of our requirements (provider failure and fitness to practice cases)
Benefits	No additional benefits
Wider impacts	Weaknesses of current system not addressed by retaining current requirements for qualification approval
Proportionate	Current requirements do not reflect contemporary optical practice or meet patient or service-user needs, address the risk of the GOC not meeting its statutory objectives or its strategic aim of being a world class regulator
Targeted	No- current requirements are not targeted satisfactorily on areas of greatest risk
Transparent	In part. A list of GOC approved qualifications is published on our website. Current requirements are complex, frequently poorly expressed and open to interpretation, and at risk of being out of date.

Option 2 (Our proposals)

Under this option we would require all GOC approved qualifications for optometrists and dispensing opticians to meet the proposed outcomes and standards to the timescale outlined in the QA&E method.

Costs There will be additional costs to GOC of this option of:

- An on-going cost of increased approval and quality assurance support (1 new FT permanent A&QA post and 1 x FT QA project, policy & research manager – in budget);
- A one-off cost for drafting and seeking feedback on frameworks and SOPs to support implementation (from reserves – already agreed);
- An on-going cost of thematic and sample-based reviews (which may be externally contracted – in budget); and
- A one-off cost for knowledge hub/ information exchange and longitudinal research (from reserves – approved by Council.)

There may be additional costs to providers/potential providers of approved qualifications for:

- A one-off cost in designing and preparing new qualifications for GOC approval; *or*
- A one-off cost in adapting existing GOC approved qualifications to meet the proposed outcomes and standards to the timescale outlined in the QA&E Method; and
- An on-going cost in integrating learning and experience in practice within the approved qualification, interprofessional learning, stakeholder engagement and enhanced teaching and assessment quality control to meet the new requirements;
- For one provider (the College of Optometrists) a one-off and ongoing cost of Ofqual registration (if desired).

There may be additional costs to optical students:

- For eligible qualifications longer than current provision, additional fee and maintenance loans per student per academic year (amount will vary according to type and location of award/ relevant funding council/government tuition fee and loan support)
- For some students, there may be additional costs in engaging with inter-professional learning or learning and experience in practice.

There may be additional costs to higher education funding councils:

- For eligible qualifications longer than current provision, additional funding council ‘high cost subject funding’ (or equivalent) per student per academic year;

There may be additional costs to patient and public representative organisations, employers and other stakeholders:

- A one-off cost in working with providers in qualification design;
- An on-going cost in working with providers in qualification delivery and assessment, review and feedback;
- An on-going cost to employers in offering short periods of learning and experience in practice.

Benefits The potential benefits to the GOC are:

- Patients and public would benefit from this option as a result of higher standards for professional education leading to improved patient safety;
- Patient, public, registrant and student confidence in our ability to maintain and monitor high standards for qualification approval will increase;
- Qualifications we approve will be more responsive to local, regional and national patient, service-user and broader stakeholder requirements and therefore more current, and better aligned with post registration speciality qualifications, including prescribing;
- This option, with its refreshed quality assurance and approval process, will give greater assurance that our requirements are being met and risks managed appropriately; and
- This option, with its outcomes-orientated approach, focuses more on the development of professional capability, critical thinking, research-informed clinical reasoning and decision-making vital to responding effectively to changing patient and service user needs, evidence-based practice and new models of delivery.

The potential benefits to providers/potential providers of approved qualifications are:

- Additional opportunities for current providers of stage one GOC approved qualifications (i.e. non-registrable qualifications) to offer GOC approved qualification leading to entry to the register;
- Greater flexibility in compliance and responsiveness in qualification design and delivery;
- All providers will be placed under the same obligations to maintain standards, which will safeguard academic standards and ensure a level playing-field in the sector;
- Simplification of our requirements for qualification approval with a more transparent and proportionate framework for quality assurance and approval focused on risk reduction;
- Some providers may, depending on qualification design, benefit from an additional year's high-cost subject funding at band B (or equivalent) and student tuition fees (to a maximum of £9250) for either a L6 or L7 qualification; and
- Providers (Awarding Organisations) offering an Ofqual-regulated L6 or L7 qualification may choose a candidate registration fee and/or centre approval business model.

The potential benefits to optical students:

- Greater choice of approved qualifications leading to entry to the register with earlier and better-quality learning and experience in practice and inter-professional learning;
- This option requires providers to give students' accurate information about qualification at application, including the provider's intended curriculum and assessment approach, RQF level and the total costs/ fees that will be incurred; and
- This option, for most students and their employers, removes the necessity for up-front payment of examination or assessment fees for a stage 2, 'registerable' qualification (and associated membership fees) and instead gives the potential, depending on provider's qualification design, for fees/maintenance to be supported by student loans.

The potential benefits to national commissioners of:

- Better alignment of approved qualifications leading to entry to the register with post registration speciality qualifications, particularly therapeutic prescribing qualifications;
- Greater responsiveness to devolved administration workforce development needs;
- Opportunity to realign GOS payments for pre-registration supervision with devolved administration workforce development needs to better support learning in practice.

The potential benefits to patient and public representative organisations, employers and other stakeholders;

- Patients, public and employers would benefit from this option as a result of higher standards for professional education leading to improved patient safety;
- Patient, public, registrant and student confidence in our ability to maintain and monitor high standards for qualification approval will increase;
- Qualifications we approve will enable stakeholders to inform and be involved in qualification design, delivery, assessment, quality control and review;
- Qualifications we approve will be more responsive to local, regional and national patient and service-user needs and stakeholder requirements and so future registrants will be better-prepared to work in enhanced roles in dynamic, multi-professional settings and engage in up -to-date, effective and research informed practice for the benefit of patients;
- This option, for eligible employers, removes the necessity to use the GOS payments for pre-registration supervision to support students' examination or assessment fees for their stage 2, 'registerable' qualification. Instead, employers (and commissioners) may choose to use this funding to better support learning and experience in practice; and
- Employers will have a greater choice of qualification designs in deciding with which providers to work in offering opportunities for students' learning and experience in practice.

Wider impacts As discussed in previous impact assessments, associated ESR research and reports published on our website, there are a number of impacts, positive and negative:

- We are conscious of the potential negative impact on professional associations (Association of British Dispensing Opticians and the College) offering market-leading GOC approved 'registrable' qualifications due to increased market competition, and are continuing dialogue with both organisations;
- Potential negative impact on further education colleges offering L5 dispensing optics diplomas due to lower funding of further education sector compared to higher education sector;
- This option specifies a minimum RQF level for qualifications we approve with potential impact on student recruitment, selection and widening participation;
- Provider vulnerability due to covid-19 with potential negative impact on local/ regional workforce supply (and potential to meet future patient and service-user needs).

Balanced by:

- Greater public and patient protection from two professions better prepared to meet patient needs, especially in the softer skills, clinical reasoning and decision-making, underpinned by consistently applied academic standards at relevant RQF level;

- Qualifications better aligned with other healthcare disciplines and funding mechanisms, leading to closer collaboration in education and training, management of placements, interprofessional learning and multi-disciplinary working, potentially a positive impact on cost through shared resource, economies of scale and increased resilience in the sector
- In this option, replacing the prescriptive list of competences and patient episodes with an outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant for qualification approval will build registrants' skill and capability for new and evolving roles to meet workforce development needs;
- In this option, flexibility in qualification design enables greater responsiveness by providers to students with different preferences and from diverse backgrounds;
- A potential positive impact in the enhanced influence and attractiveness of professional associations as Awarding Organisations offering GOC approved qualifications.

Risks The risks of option 2 are as follows:

a. We fail in our overarching statutory responsibility to promote and maintain high standards of professional education and public confidence in the professions because our requirements for qualification approval become out of date and are unfit for purpose. *Mitigation*: planned and budgeted longitudinal research will provide the data we need to measure and review the effectiveness of our outcomes and standards on new registrants' competence, confidence and capability, providing the evidence for potential adjustment at regular intervals (subject to consultation);
b. Risk that current providers and potential providers do not adequately prepare qualifications to meet the outcomes and standards necessary for GOC approval; qualifications fail to recruit; fail to thrive, or providers decide to withdraw their qualifications. *Mitigation:* for existing providers, we will work with each provider individually to support transition at a pace that works for them; for new providers the risk-based staged approach to qualification approval decision now includes interrogation of providers' business and delivery plans to ensure qualifications only progress if we are confident they will thrive and risks managed;
c. Risk of challenge to GOC qualification approval decisions from students, providers, potential providers and sector bodies if grounds for approval depart from proposed outcomes and standards. *Mitigation*: the proposed outcomes and standards are now far more clear, proportionate to the risks posed and less open to interpretation than current requirements, reducing the risk an approval decision does not logically follow from evidence of compliance. In addition, providers will be supported in qualification design through the intended knowledge exchange/ information hub to facilitate cross-sector collaborations supporting programme leaders and academic faculty to design innovative, integrated qualifications that meet our outcomes and standards, reducing the risk of poorly designed programmes that fail to meet our standards.
d. Risk that employers fail to engage with providers in qualification design and delivery. *Mitigation:* Ongoing engagement with employers' representative bodies and national commissioners supplemented by our requirement in the standards that providers similarly engage with employers and national commissioners;

e. Risk that proposals create a regulatory bar, preventing providers, students or optical practices access to existing funding streams. *Mitigation:* Ongoing engagement with funding councils, devolved administrations and national commissioners to identify and resolve regulatory bars preventing access to existing (or new) funding streams.

Summary This option would enable us to address the risks, problems and potential opportunities with our current requirements for qualification. It will provide us with contemporary and up-to-date requirements for qualification approval that in turn will mean providers will better prepare future registrants for enhanced or extended roles within service redesign, meeting the challenges of increased demand for eye-health care given our aging population. Requiring students to only acquire a single GOC approved qualifications for entry to the register simplifies our regulatory framework and introduces greater student and employer choice. An outcomes-orientated approach to specifying the future knowledge, skills and behaviours of a future optometrist or dispensing optician at the point of registration better aligns with other healthcare regulatory systems for qualification approval and GOC speciality registration.

Costs	High additional one-off costs for providers Potentially higher additional on-going costs for providers Potentially one further year of tuition fees for students (depending on qualification design)
Benefits	Higher standards of professional education Greater assurance providers meet required standards Better preparedness of future registrants in enhanced/ extended roles
Wider impacts	Weaknesses of current system addressed by proposed requirements for qualification approval
Proportionate	Proposed requirements reflect contemporary optical practice and future patient/ workforce needs, addresses the risk that GOC may not meet its statutory objectives or its strategic aim of being a world class regulator.
Targeted	Proposed requirements target areas of greatest risk
Transparent	A list of GOC approved qualifications will be published on our website. Proposed requirements are straightforward, simple to understand, not at risk of wide interpretation and are up to date.

Step 3: Monitoring and review

Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

Longitudinal Research

We believe that it is extremely important to measure the impact of our proposed changes on the competence, confidence and capacity of future registrants. We intend to commission a longitudinal research project to provide the empirical data required to measure the effectiveness of the new qualifications we approve and adjust our outcomes and standards as required (subject to consultation).

Impact Measurement

We will also measure the impact of our proposed changes through:

- Implementation timescales and data;
- Repeat consultations and surveys: newly qualified and employers; providers; representative and membership bodies;
- Risk reviews as part of our Annual Monitoring process.

CPD impact

The Director of Education also leads our work to review our CET system. From January 2022 we will be introducing our new requirements for Continuing Professional Development. The ESR Project Team continues to work closely with CPD Project Board to share pertinent information about skill gaps in the transition from optical students to fully-qualified registrants, which could impact the 'additional requirements' domain for registrants (or sub-set of registrants) in any given cycle.

International Registration impact

We continue to work closely with Registration team on impacts of ESR and Brexit on international registrants.

Financial Impact

Our outline impact assessment published as part of our ESR consultation gave some consideration of financial impacts of our proposals, in particular the financial impact for future providers of GOC approved qualifications (a mix of Further (FE) and Higher Education (HE) providers and private membership-based organisations) across the UK; on students and placement providers/ employers. Alongside the consultation we commissioned Hugh Jones Consulting to examine the financial impact of our proposals, drawing upon the outcome of our funding roundtable held on 13 March 2020 and its subsequent report 'Further and Higher Education Funding of Optometrists and Dispensing Opticians' published on our website. Hugh Jones Consulting's study had a particular focus on assessing the financial impact of the proposed integration of professional and clinical experience within the approved qualification for both professions in each of the UK home nations for providers of approved qualifications, placement providers and students. It also focused on the impact of COVID-19 on providers' ability to prepare and invest in developing new programmes to meet our proposed standards

and outcomes. As stated above, we continue to seek evidence of anticipated costs and to receive information that would enable us to quantify them more precisely.

Equality Impact Assessment

We commissioned Fraser Consulting to undertake an Equality, Diversity and Inclusion (EDI) assessment of the impact of our ESR proposals with reference to each of the protected characteristics as defined by the Equality Act (2010) across each of the four nations. Clare Fraser is an experienced equality and diversity consultant with a range of clients across the public and private sectors, and her report is published on our website. This EDI assessment focused particularly on EDI impacts (positive and negative) on students and future providers of GOC approved qualifications using qualitative and quantitative data analysis. A key recommendation was that providers should be able to demonstrate that they have work based learning policies which take into account risk assessments and which asks placement providers to confirm their awareness and understanding of good practice in EDI. Recommendations to further advance equality included planning thematic and sample-based reviews to draw out areas of good EDI practice, areas for improvement in EDI and supporting Education Visitor Panel members confidence and competence in EDI scrutiny. This greater emphasis on the views of patients, employers, students and other stakeholders should provide greater amplification of diverse voices.

Please provide a review date to complete an update on this assessment (three months from initial completion).

Date: May 2021 and quarterly thereafter

Annex Three

Education and training requirements for GOC approved qualifications
Advice from Statutory Committees

Purpose of this annex

The Opticians Act (1989) requires Council to 'consult and seek advice' from Standards and Education Committees as follows:

1. Under the Opticians Act Section 12(1)(a) (Education and Training), Standards Committee has a specific responsibility to advise Council on the 'competencies which a person must be able to demonstrate in order to be granted a qualification as an optometrist or a dispensing optician' i.e. the proposed Outcomes for Registration.

2. Under the Opticians Act Section 12(1)(b) (Education and Training), Education Committee has a specific responsibility to advise Council on the 'the content and the standard of education and training (including practical experience) required for the purpose of achieving those competencies' i.e. the Standards for Approved Qualifications.

During the Advisory Panel meeting on 25 January 2021 the statutory committees (Education: Standards: Companies: Registration) met separately to discuss the ESR deliverables (attached at annex one of the Council papers). All four committees were quorate. This report contains the Committees' written advice to Council to inform Council's discussion and decision.

Detailed tabulated feedback from each committee member to their committee chair is available to Council members on request. Please email esr@optical.org .

Standards Committee: Advice to Council
Comments on the ESR proposals 25th January 2021

The outcomes and standards were welcomed and the committee is content with those.

The only slightly disconcerting point is:

- the divergence of some of the Optometry and Dispensing Optician outcomes as they did seem to be generic and therefore applicable to both.
- if reviewed at the next EAG can this be discussed?

And on the approval criteria in the standards:

- is there a contingency and management plan and therefore a management of a risk if some aspects of the approval criteria are missing or become missing over time?

All were agreed there are clear benefits to the proposals but:

- there will be no benefit if student numbers decline due to closure of programmes, placement challenges, and lack of resourcing around finance and people to support the learning.
- timing may impact this given current challenges around course reconstruction and remote delivery and student numbers to “old style” courses could decline if a new course is perceived as more attractive to A level entrants.
- is there a high-level risk management plan around the specific area of the ESR?
- What is the GOC’s plan to manage these should this situation arise?
- Can the GOC learn from other professions how they have overcome placement challenges, and can early adopters be encouraged to share how they have overcome these.

With the intention to undertake much of the quality assurance virtually and via desk top analysis:

- how much confidence will the GOC have in the robustness and rigour of this remote method of information gathering?

Additional advice:
Registrants being trained under the current method will be measured against the current criteria for register entry yet will be expected to be the coaches, supervisors, mentors and clinical instructors to support the new proposed programmes. The numbers entering the register in the early years under the new programme will also be small in comparison to the total register number. Whilst the next CPD cycle will support current registrants to a certain extent it was agreed more needed to be done to accelerate the skills levels of the current registrant cohort which may require investment to provide sufficient learning opportunities at scale

GAT, Chair, Standards Committee, 25 January 2021

Education Committee: Advice to Council

Comments on the ESR proposals 25th January 2021

- Concern that the approach could turn big companies into having a monopoly. It was easier for universities to partner with bigger organisations; but it should be noted that every company had different cultures. If pre-registrants were trained within one big organisation, although they may experience multiple settings, it was likely that they would only experience the same culture. There was a need to protect different sources of training. For instance, the patient/customer focus could be different.
- The document now contained a consensus of the views discussed in various meetings throughout the consultation exercise. This issue had been a challenge in making the outcome focussed. Although a range of experiences could be gained, an individual could have integrity and awareness at the end. Document does now have a consensus of a view.
- From the current pandemic, there was no guarantee that the current model of practitioners in the high street would remain. It was however necessary to retain the outcome related standard for the future.
- It was good to see the changes had retained/enhanced the educational level, given the concern that it would be lowered at the start.
- Good to see the engagement of the professional bodies and their subsequent agreement with the changes.
- Whilst it was welcomed that other professional environments, such as prisons, were included there was concern about what COVID meant for hospital placements. There was currently no access to suitable patients for students to observe, neither was it clear how long this would be for. Thought needed to be given to alternative plans particularly if the government were to cancel all clinical placements for the foreseeable future.
- Guidance should be provided with regard to virtual versus face to face training. COVID had potentially changed the way students were trained but it was important to get the balance of the virtual experience and well as keeping diversity in the mix.
- Essential clinical practice had been defined in the documents, but there was little in the SSRs about how much staffing should be available to support students.
- There was concern that the point about patient facing training was more about numbers than the quality. The numbers in the proposals suggested that the expectations of the learning, and involvement, had been more prescriptive.
- It would be useful to add in advice on what group sizes with supervision should be, particularly that university students may be sitting alongside others taking different courses. This would also depend on the subject being taught.
- The more significant concern was regarding supervision in practices. There were questions as to whether a student would be assigned to one fully qualified optometrist, and what learning the students would be doing.
- The Director of Education explained that the 48 weeks learning and experience in practice was not an outcome but an enabler to meet the outcomes. Criterion 3.3 requires experience to “increase in volume and complexity” as a student progresses through a qualification. There had been many discussions in the EAGs on whether the numerical requirement for learning and experience in practice had been needed at all. The draft IP standards, which are due to be consulted upon in the Spring, include recommended rather than required minimum hours. It may be necessary to relook at the interplay between 3.3 and 3.12 at the design stage of the qualifications to provide broader confidence in the numerical requirement.
- There was a need for students to see patients of different demographics and with different needs.

- The Director of Education advised that there would be an independently contracted sector-led knowledge hub. Learning and joint support as well as an information exchange would sit here as well as a significant budget for longitudinal research around capabilities.
- There was need to ensure that the guidance to providers needed to be as clear and strong as possible, particularly around expectation versus consequences. There was a need to include learning from previous experiences and how pitfalls should be avoided, without being accused of micro-management
- There were currently no formal regulations on practices with regard to beginners. A beginner should be able to see 20 patients across different ranges of need; but what did this mean in context of the standards?
- Leadership and mentoring should be an essential component rather than desirable.
- Specified mentor support could help students build up confidence, as well as other skills, in clinical practice.
- Other professionals have supervision and reflective practices; it was a good opportunity for students to be taken on the journey from the beginning, however, it was unclear what the implications be for CET. Currently students were expected to hit the ground running, but they require supervision. Building in this approach from the beginning as a student would bring some huge advantages.
- There always seemed to be confusion around international students and them getting on the GOC register? What ramifications would there be providers and the costings for international students? Does this cohort need stronger supervision?
- There were also issues in how international qualifications were mapped across to the GOC framework and how the move from activity to outcome was achieved.
- **Action:** The conversation about international students would be taken outside the meeting, and the Director of Education would feedback to the Education Committee.
- The new proposals talked about students being registered students as such until they qualified, then moved to an employee receiving a salary. There was a sharp transition from a student to employee; for instance, students often turned up late whereas an employee might be subject to disciplinary.
- The Director of Education advised that there was an annex to the standards which included guidance for students, employers and providers on reporting FtP.
- Student responsibilities should include the need to retain logs, particularly if they were being supervised by different individuals; the logs should also be validated in some way.

The Chair summarised the key take outs as:

- Regulations governing International Students
- Educational level of DO's
- Safe Start risks and issues
- The appropriate level of professional experience in training (Optom and DO)
- Potential future dominance of multiples in high street and issues this has on training and student choice
- Placements in hospitals
- Student responsibilities

MG, Chair, Education Committee, 25 January 2021

Registration Committee: Advice to Council

Comments on the ESR proposals 25th January 2021

Chair thanked the committee for their time to review the ESR deliverables: key points summarised in the feedback sent to Committee Chair ahead of the meeting are outlined below as well as additional advice to Council as discussed in the break-out session. The full feedback sheets will be available to Council in an Annex.

Chair's summary: The principle concern in the Registration committees' feedback, all committee members agreed on, was improving and simplifying communication, both externally and with registrants.

Feedback submitted before/after the meeting:

- **Public confidence & maintaining standards**: the public expect all registrants to be appropriate qualified, skilled, and knowledgeable. The regulatory system needs to continually reinforce this message in order to reassure the public that the training is current.
- **Pro-active communication strategy**: Proactive communication across the profession across all stakeholders including education providers and the general public. Stakeholders need to understand why training and development need to be continuous to maintain set standards and meet changing need of patients.
    - Council may like to consider strengthening the articulation of the case for change in terms of patient benefits as part of the communications package.
- **Consultation recommendations**: Recommendations are well documented with good mitigations however suggestions for more open questions to elicit a wider range of comments.
    - Vital GOC have taken onboard comments and views and mitigated them not ignored them. The current rift in support of the profession for the regulator could be significantly worsened if their views appear to be sought but not acted upon.
    - Further analysis on discrepancy in view
- **Stakeholder ownership:** Resistance to change is noted, must be recognised all professionals, training organisations and business need to continually adapt, develop and maintain high standards. To convey expectation comparisons with other professions could be made and their continuous professional development/CPD.
- **Quality Assurance:** (drawing from Point 4 in annex 1) – anticipation for education providers to admit students to meet Outcomes and Standards from 2023/23 to 2024/25 academic years. Council to consider impact that concurrent running of two routes to registration will have on stakeholders and standards of patient care.
- **Negative impact of combining qualification with pre-reg:** Enventure consultation P6 para 3, 58% respondents thought combining would have a negative impact. Council to consider how to engage with registrants on this concern and lack of engagement may have on the success of the new scheme for registration.
- **ESR deliverables feedback:**
    - **Clarification of Standards:** Which standards apply where Student vs Qualified Practitioner (Outcomes document, pg 35, para 4). Clarification of what is expected Standards wise of students
    - **Outcomes for Registration:** Sections 1-7, pp36-44 - Standards 9, 15, 17 and 18 do not appear to be listed, explain why these standards are not incorporated

  - **Assessment of Outcomes and Curriculum Design:** Currently minimum of 2:2 degree classification needed for progression to pre-reg period – further clarification on fallback position for students
  - **Safeguarding**: Pg10 Annex 1 – Safeguarding is graded as a 'Shows How', Council should consider that this should be a 'Does' in the same way the health and safety outcome is a 'does' Safeguarding is essential and to protect the public is should be a 'does'.
  - **Confidentiality:** Pg10 Annex 1 – Managing data in a confidential manner Optom/DO's should do all the time. Outcome should be a 'does' not a 'knows how'. Data protection is core to our work now and quite rightly should be. All students will have to manage data in a confidential manner
- **Implementation timescales:** Council may wish to give clear guidance on a latest date by which the new provisions would need to be in place (not withstanding any agreed exceptions).
  - Council may wish to consider whether incentivisation of early adoption (or adoption as key points to smooth the approvals process) is desirable/possible.
- **Expert Advisory Groups**: Council may like to consider how balanced the expert panel is if there is no-one representing independent opticians – this could have significant bearing on the success of the changes.

Further advice to Council from Registration Committee

There was strong feedback from the committee members to the Chair around communications externally with stakeholders, registrants and the public:

- **GOC Communication**:
  - **Patient and public facing communication**: the group were in full support that is essential to clearly outline the benefits from a patient and public perspective, GOC's statutory responsibility.
    - using the service is really important to the public, there is an expectation of the people examining your eyes that they are qualified with the appropriate knowledge they need
  - **Clear and constructive communication plan**: lack of engagement from registrants won't help bring the profession on board, committee would be keen to see and think it's essential patients do too
  - **GOC Statements**: Communications point to press-releases and lengthy statements which don't help
  - **Website**: difficult to access documents on the website e.g. couldn't find the financial impact assessment. Press releases on twitter registrants don't engage with these.
  - **Early adopters:** Use voices of champions and early adopters in communications to combat levels of resistance to change
  - **Communicating change**: Negativity in the profession and a tendency to pick holes so communication is vital, understanding why this processes necessary - it is not widely understood and public views are intrinsic to everything.
    - Webinars are a good way to communicate change
  - **Millers pyramid of clinical competence**: Misunderstanding of the pyramid, what is mandatory? Needs to be communicated more effectively

- **Documentation & feedback timescales**:
    - The time to review the documentation is not sufficient and quick turnaround to review documentation is unhelpful to GOC as there is not enough time to feedback in a meaningful way
    - **Very technical language**: a key for terminology is needed, difficult to grasp the details in the documents
    - **Support for mitigations**: Response really covered the issues well,
- **Consultation**: More communication with stakeholders, surprised at the lack of engagement from bodies, speaking to local colleagues there is a lack of understanding.
    - **Not a consultative process**: Ask a question, get an answer. Some changes are being made feels like rebuttals. The way things are being done the profession will not move along with the regulator
- **Delphi verification**: There was general praise for the Delphi presentation delivered by Will Holmes and Joy Myint as there was unfamiliarity with the process amongst committee members and they valued the explanation
- **Route to registration:** 5 of 22, page 15 of 151: ‘candidates will acquire a single qualification approved by GOC rather than the two qualifications approved by GOC is this the case? ABDO is the first point, students who study at UCLAN and Bradford study **two** different qualifications. What is going to happen? Does everyone move to ABDO model? How does it tie into apprenticeship end point assessment is an external body? The external bodies are ABDO and the College?
- **Apprenticeships:** Some universities aspire to deliver apprenticeships under their model – clarity on where this fits with the DO process and apprenticeships and the CoO vs Universities.

RG, Chair, Registration Committee, 25 January 2021

Companies Committee: Advice to Council

Comments on the ESR proposals 25th January 2021

Companies committees' advice to Council:

- It is important to ensure that the two organisations who account for c70%+ of pre reg placements are fully aware of the extent of the planned changes, engaged and supportive.
- To that end, it would be helpful to clarify to businesses that current costs for providing placements would be maintained or reduced in the new education and training model(s) and if that were not the case, to make sure the implications were understood.
- There is a pool of existing College supervisors who may be able to assist in the transition to new arrangements and would welcome reassurance regarding their role in the new world.
- It is important to start communicating with registrants and the wide spectrum of different placement providers (including independent practices, domiciliary etc.) about the potential opportunities for their involvement in the new education and training model(s) and how such involvement might be funded as early as possible to ensure that the pool of talent and diversity of placements are maintained. This will also allow potential education providers and potential placement partners to open dialogue, plan their own business models and support their strategic planning.
- As part of the applications for approval and the ongoing quality assurance of qualifications, it would be helpful to ask potential education providers to propose mitigations in their business plans to take into account potential events e.g. the actions they would take if all placements are with a single company which failed financially or was unable to continue to support the education provider.
- The impact of COVID must be noted and understood. Covid will mean that the sector has a 'catch up' for:
    - placements in hospital/specialist settings. The conversations with NHS, independent placement providers and HEE need to continue and the Committee agreed that the funding streams should be sector-led, rather than regulator-led, although the regulator could act as a good facilitator of discussion.
    - companies trying to repair their finances and may be focussed on this rather than the workforce demands of the future.
    - in order to support the learning and practice of the people/communication skills, the Committee queried if there is a way to encourage students to be involved in local practices outside of the formal 48 weeks experience? It was suggested that the GOC should explore whether it was possible to mandate weekend working in practices, for example, or whether education providers could include this as a requirement or a suggestion within their qualification, as part of their teaching/enrichment strategies.
- It is important to work with companies to explain that their employee performance measures (e.g. KPIs) need to incorporate supervision, as this is an important duty of registrants to ensure workforce development and future workforce supply. Failure by all businesses/optical service providers to consider the need to incorporate students into their business model will adversely affect the future workforce.
- In terms of devolved nations, the requirement to experience manufacturing sites would be problematic for Northern Ireland (NI) due to the fact that there is only one manufacturing site in NI. If the students were required to travel to Great Britain, this would mean that there would be increased cost in comparison to other providers/students.
- It was suggested that refraction and MECs should be standard for all DOs.

- There was concern regarding the decreasing numbers of students undertaking DO qualifications (noting this is a current issue not related to the ESR), and hope that the possibility to incorporate/study alongside with CLO qualifications (including MECS) may increase the attractiveness of the qualification and profession, which aligns with the strategic aims of ESR.
- It was flagged as important for the standards/outcomes to be coherent with those of other regulators and agreement that the proposed deliverables were a step in the right direction for this.

JF, Vice-Chair, Companies Committee, 25 January 2021

PUBLIC
C07(21)

Council

Financial performance and forecast reports: nine months to 31 December 2020 and Q3 forecast

Meeting: 10 February 2021

Status: for noting

Lead responsibility: Yeslin Gearty (Director of Resources)

Paper author: Manori Izni-Muneer (Head of Finance)

Purpose

To provide a summary of the financial reports presented to Audit & Risk Committee (ARC).

Recommendations

1. Council is asked to consider the content of this report including the annexes.

Strategic objective

2. This report is relevant to delivery of all our strategic objectives.

Background

3. Annex 1 covers the latest financial results for the current year to date.

4. The Q3 forecast at Annex 2 is the reforecasting of the 2020-21 budget approved in February 2020.

Analysis

5. We implemented longer-term financial projections in November 2018 with the focus on achieving financial stability (breakeven or better, before planned investment from reserves) by 2021-22. We extended long-term forecasting from three to five-years in October 2020, broadening the focus on achieving breakeven to long-term financial stability, development, and achievement of strategic objectives.

6. Both in-year financial performance and forecast for this year have improved from previously reported levels. Highlights, key drivers of performance and risks are analysed within the annexes.

Finance

7. There are no additional financial implications of this work.

Risks

8. The following risks are associated with finance, as identified in the corporate risk register:
   - Financial impact on reserves arising from additional cost of Covid-19 and/or reduced income, impacting delivery of core functions.

9. Reporting and monitoring financial performance against budgets and forecasts is a fundamental part of managing and mitigating these risks.

Equality Impacts

10. No equality impact has been undertaken.

Devolved nations

11. There are no implications for the devolved nations.

Communications

External communications

12. None planned.

Internal communications

13. The financial report is shared with the Leadership Team as part of the regular financial reporting process.

Attachments

Annex one: Financial performance report for nine months to 31 December 2020.
Annex two: Q3 forecast for year to 31 March 2021.

Annex 1

Financial Performance Report for the 9 months ending 31 December 2020

General Optical Council
Financial Performance Report for the 9 months ending 31 December 2020

Contents

General Optical Council
Financial Performance Report for the 9 months ending 31 December 2020

G O C :- Summary P & L to 31 December 2020

	Actual £000's	Budget £000's	Variance £000's	Q2 Forecast £000's	Variance £000's
Registrant Income	7,198	7,444	(246)	7,169	29
Other Income	159	245	(86)	173	(14)
Total Expense	(6,410)	(8,115)	1,705	(6,855)	445
Surplus / (Deficit) before portfolio gains	947	(426)	1,373	487	460

Highlights

The results before unrealised gains/losses for the nine months ending 31 December 2020 show a positive variance against both the budget and Q2 forecast.

The net surplus of £947k is £1,373k favourable to the budgeted deficit of £426k and £460k favourable to the Q2 forecast of £487k. The total registrant income of £7,198k is £246k less than the budget and £29k favourable to the forecast. The total expenditure (including projects) of £6,410k is £1,705k favourable to budget and £445k favourable to the forecast.

The budget was prepared and approved before Covid-19.

The key drivers of the improved performance are:
Both Covid-related and other savings impacted performance positively. The decrease in expenditure from the original budget is mainly due to changes made to work during Covid restrictions. Remote working, meetings, and hearings all continue saving expenditure. Over the period of nine months £240k savings were identified through improvements, efficiencies, and changes in working methods.

There were also savings in several operational areas due to reducing caseload, early completion of hearings, and visit panel training not going ahead as planned.

Impact of Covid-19
The impact of Covid-19 is steadily reducing as the budget holders incorporate changes to the forecasts. Some of these delays are caused by indirect impacts of Covid-19 on suppliers or providers.

Covid-19 also enhanced several efficiencies as staff sought to work in smarter ways and brought forward some plans for improvements. There is continuous monitoring of different working methods to achieve the business plan while facing Covid-19 related restrictions. The focus on continuous efficiencies helps budget holders in reviewing current processes and contracts regularly to make further savings.

Risks to achieving the Q2 Forecast

We have captured uncertainty in new registrant income in the Q2 forecast. All known delays (over one year), cancellations, and remote working related savings were also included in the Q2 forecast.

But there is uncertainty over 2021-22 renewal income affecting the cashflow in Q4. Possible refund requests and registrants changing to a low-income category could reduce the cash available for operations towards the end of Yr-2. Even using pessimistic assumptions however, this risk is considered to be low.

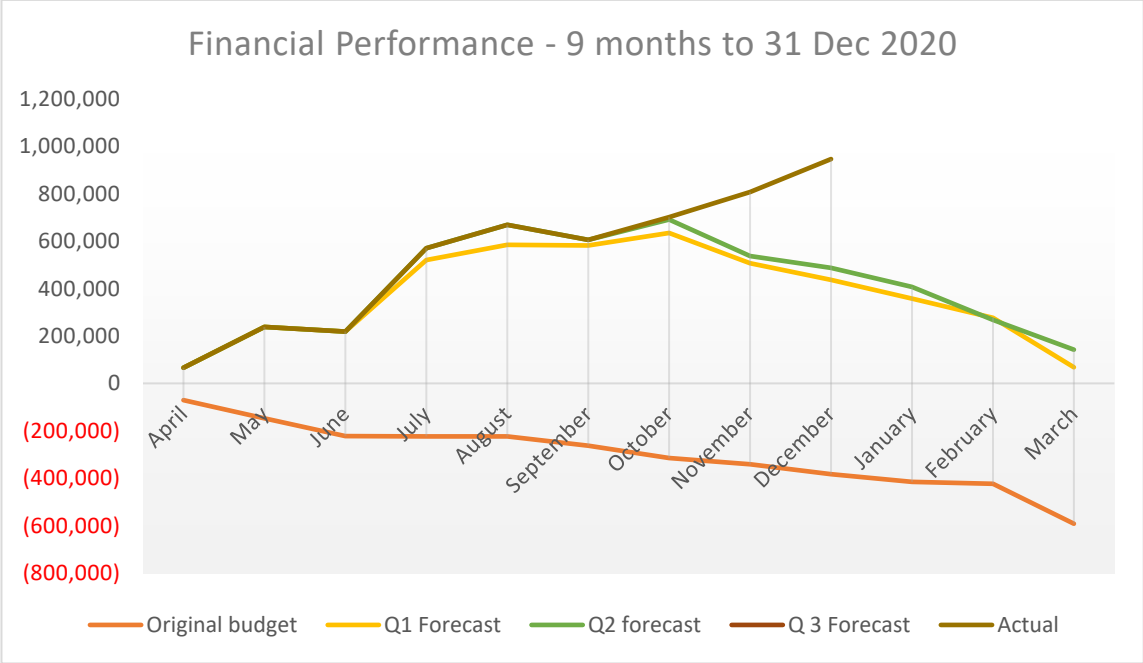
Present savings levels have enabled the Head of Finance to forecast a healthy cashflow without the need for immediate investment drawdown. Brewin Dolphin have been advised to keep Circa £300k free cash and have been fully briefed over uncertainties of delayed registrant income during February.

Cost saving initiatives

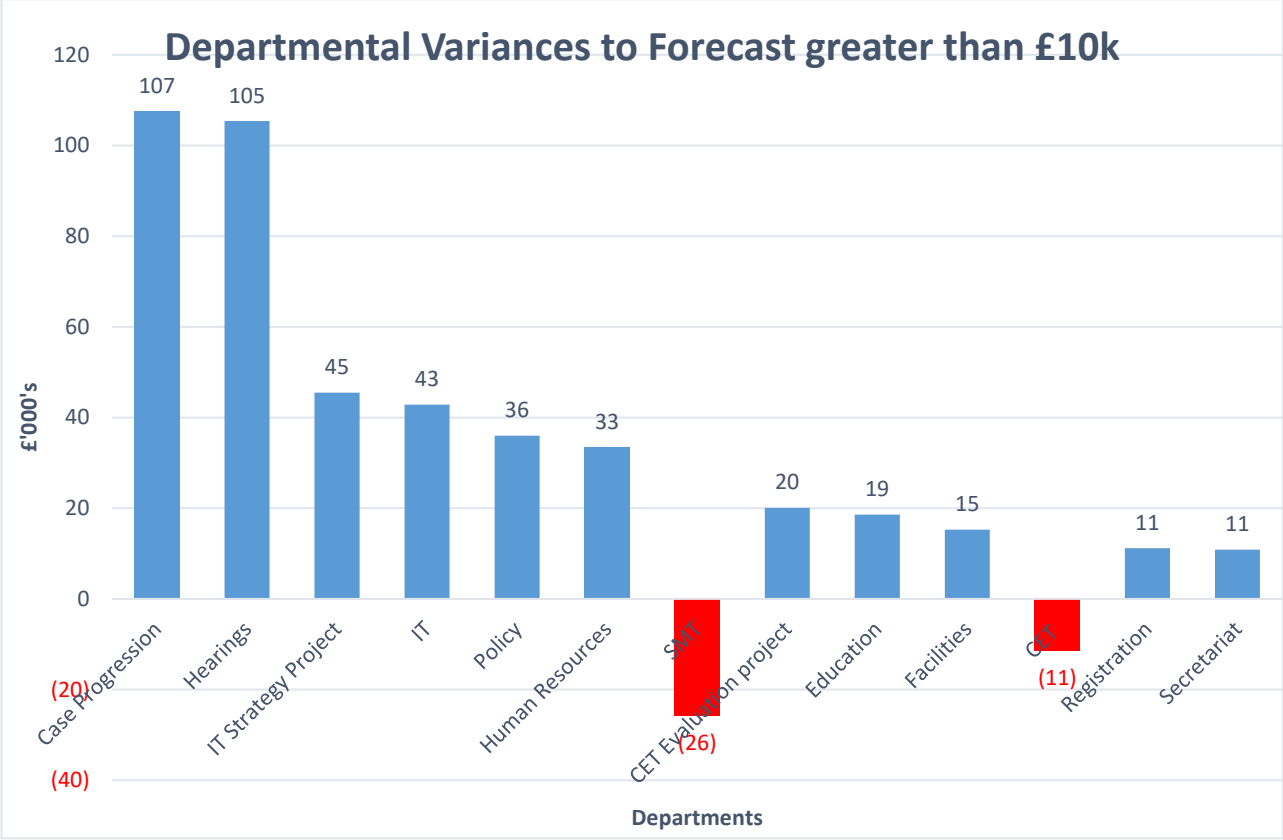
Q2 forecast has included all material cost-saving initiatives up to September. Detailed savings are in table 3 (Page 6). Q2 forecast also reduced the headcount from 91.4 to 81.8 (Ref. Table 2 on page 6). In December, the actual staff numbers have reduced further to 80.8.

General Optical Council
Financial Performance Report for the 9 months ending 31 December 2020

Graphical analysis on Financial Performance and Variance



Graph 1



Graph 2

General Optical Council
Financial Performance Report for the 9 months ending 31 December 2020

Table 1

Cash and Cash Equivalent Summary - 31 Dec 2020

	Actual £'000	Budget £'000	Variance £'000	Q2 Forecast £'000	Variance £'000
Cash at Bank	1,450	314	1,136	485	965
Short term Investments	300	(0)	300	1,000	(700)
Working Capital	**1,750**	**314**	**1,436**	**1,485**	**265**
Investments	8,657	8,324	334	7,963	694
Total	**10,407**	**8,637**	**1,770**	**9,448**	**959**

Table 2

Headcount December 2020 (F T E's)

	Actual FTC Dec-20	Actual Perm. Dec-20	Actual Total Dec-20	Q2 Forecast Dec-20	Budget Dec-20
Chief Executive Office	-	8.0	8.0	8.0	8.0
Strategy	-	9.3	9.3	9.3	11.5
Education	-	8.6	8.6	8.5	11.5
FTP	-	29.0	29.0	32.1	34.5
Resources	3.0	22.9	25.9	23.9	25.9
Total Headcount	**3.0**	**77.8**	**80.8**	**81.8**	**91.4**

Table 3

Analysis of Efficiency and savings over past quarters					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	62	3	0		65
Covid related savings	0	28	18		46
Other savings	0	67	62		129
Total Savings					240

General Optical Council
Financial Performance Report for the 9 months ending 31 December 2020

Table A
Income and Expenditure Accounts Including Project Expenditure

	April - December			April - December		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	7,198	7,444	(245)	7,198	7,169	29
Dividend Income	148	210	(62)	148	156	(9)
Bank & Deposit Interest	8	19	(12)	8	12	(4)
Other Income	3	16	(13)	3	4	(1)
Total Income	**7,357**	**7,689**	**(332)**	**7,357**	**7,342**	**15**
Expenditure						
Staff Salaries Costs	3,230	3,543	313	3,230	3,224	(6)
Other Staff Costs	191	239	48	191	183	(8)
Staff Benefits	84	87	3	84	84	(0)
Members Costs	566	1,092	526	566	673	107
Case Examiners	63	124	62	63	83	20
Professional Fees	278	374	96	278	425	147
Finance Costs	13	28	15	13	15	2
Case Progression	468	565	97	468	522	54
Hearings	113	169	56	113	141	28
CET & Standards	139	203	64	139	140	1
Communication	26	37	11	26	29	3
Registration	3	8	5	3	4	1
IT Costs	476	686	210	476	555	78
Office Services	619	781	162	619	639	20
Other Costs	38	75	37	38	36	(2)
Depreciation & Amortisation	103	103	(0)	103	102	(1)
Total Expenditure	**6,410**	**8,115**	**1,705**	**6,410**	**6,855**	**445**
Surplus / Deficit	**947**	**(426)**	**1,373**	**947**	**487**	**460**
Unrealised Investment gains	1,600	174	1,426	1,600	174	1,426
Surplus / (Deficit)	**2,547**	**(252)**	**2,799**	**2,547**	**661**	**1,886**

General Optical Council
Financial Performance Report for the 9 months ending 31 December 2020

Table B
Income and Expenditure Accounts

	April - December			April - December		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	7,198	7,444	(245)	7,198	7,169	29
Dividend Income	148	210	(62)	148	156	(9)
Bank & Deposit Interest	8	19	(12)	8	12	(4)
Other Income	3	16	(13)	3	4	(1)
Total Income	**7,357**	**7,689**	**(332)**	**7,357**	**7,342**	**15**
Expenditure						
CEO's Office						
CEO	**169**	**90**	**(80)**	**169**	**147**	**(23)**
Secretariat	459	447	(11)	459	470	11
Total CEO's Office	**628**	**537**	**(91)**	**628**	**616**	**(12)**
Strategy						
Director of Strategy	87	109	21	87	89	2
Policy	108	191	84	108	144	36
Standards	35	79	43	35	41	6
Communications	128	166	38	128	138	10
Total Strategy	**358**	**544**	**186**	**358**	**412**	**54**
Education						
Director of Education	89	93	4	89	89	(0)
CET	210	249	39	210	199	(11)
Education	304	493	189	304	322	19
Total Education and Standards	**603**	**835**	**232**	**603**	**610**	**7**
FTP						
Director of FTP	102	104	2	102	101	(1)
Case Progression	1,183	1,430	247	1,183	1,291	107
Legal	256	287	31	256	263	7
Hearings	620	1,043	423	620	726	105
Total FTP	**2,161**	**2,864**	**703**	**2,161**	**2,380**	**220**

General Optical Council
Financial Performance Report for the 9 months ending 31 December 2020

Table B (Contd.)

	April - December			April - December		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Resources						
Director of Resources	87	105	18	87	84	(4)
Facilities	696	809	113	696	711	15
Human Resources	339	366	28	339	372	33
Finance	282	286	3	282	287	5
IT	510	637	127	510	553	43
Registration	265	389	125	265	276	11
Total Resources	**2,179**	**2,593**	**414**	**2,179**	**2,283**	**104**
Depreciation	103	103	(0)	103	102	(1)
Total Expenditure	**6,032**	**7,476**	**1,444**	**6,032**	**6,403**	**371**
Surplus / (Deficit) before project expenditure	**1,325**	**213**	**1,112**	**1,325**	**938**	**387**
Project Expenditure						
CET Evaluation project	32	111	79	32	52	20
Education Strategic Review project	163	238	75	163	170	8
IT Strategy Implementation	184	290	106	184	229	45
Total Project expenditure	**378**	**639**	**261**	**378**	**452**	**73**
Surplus / (Deficit) after project expenditure	**946**	**(426)**	**1,373**	**946**	**487**	**460**
Unrealised Investment gains	1,600	174	1,426	1,600	174	1,426
Surplus / Deficit	**2,547**	**(252)**	**2,799**	**2,547**	**661**	**1,886**

General Optical Council
Financial Performance Report for the 9 months ending 31 December 2020

Balance Sheet as at 31 December 2020

	2020-21 31 December 2020 £'000	2019-20 31 March 2020 £'000	Variance £'000
Fixed Assets			
Refurbishment	682	738	(56)
Furniture & Equipment	155	178	(23)
IT Equipment (Hardware)	59	61	(2)
Total Tangible Fixed Assets	**896**	**977**	**(81)**
Investment	8,657	7,012	1,645
Total Fixed Assets	**9,553**	**7,989**	**1,564**
Current Assets			
Debtors, Prepayments & Other Receivable	202	442	(240)
Short term deposits	300	7,200	(6,900)
Cash and monies at Bank	1,450	468	982
Total Current assets	**1,952**	**8,110**	**(6,158)**
Current Liabilities			
Creditors & Accruals	618	1,232	(614)
Income received in advance	2,410	8,914	(6,504)
Provision for rent	334	414	(80)
Total Current Liabilities	**3,362**	**10,560**	**(7,198)**
Current Assets less Current Liabilities	**(1,410)**	**(2,450)**	**1,040**
Total Assets less Current Liabilities	**8,143**	**5,539**	**2,604**
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	**8,143**	**5,539**	**2,604**
Reserves			
Legal Costs Reserve	1,624	1,624	0
Strategic Reserve	2,845	2,845	0
Income & Expenditure	3,674	1,070	2,604
Total	**8,143**	**5,539**	**2,604**

ANNEX 2

Q3 Forecast Report for 12 months to 31 March 2021

General Optical Council
Q3 Forecast Report – 2020-21

Contents

General Optical Council
Q3 Forecast Report – 2020-21

	Budget £'000	Q1 forecast £'000	Q2 forecast £'000	Q3 Forecast £'000	Variance to Budget £'000	Variance to Q2 Forecast £'000
Income	10,140	10,038	9,749	9,745	(395)	(4)
Expenditure	9,972	9,288	8,901	8,545	1,427	356
Surplus / (Deficit) before project expenditure	**168**	**750**	**848**	**1,200**	**1,032**	**352**
Project (Strategic) Expenditure	759	681	697	669	90	28
Surplus / (Deficit) after project expenditure	**(591)**	**69**	**151**	**530**	**1,122**	**380**
Unrealised Investment gains	232	232	232	232	-	-
Surplus / (Deficit)	(359)	301	383	762	1,122	379

Highlights

The new Q3 forecast, reviewed by ARC, is presented here with comparisons against the previous quarterly forecast.

The first projection for 2020-21 was made in November'18 with a deficit of £113k before unrealised gains. The approved budget in February'20 saw the deficit increased to £591k to allow for greater investments in projects, from reserves. The latest forecast at a surplus of £530k is a £1,122k improvement from the approved budget and £380k from the Q2 forecast.

The key drivers of improved performance

Savings, direct and indirect financial impacts of Covid-19, continuous focus on efficiencies, cancellations and delays have all contributed to the improvement.

Covid-19 related cancelations and delays (over one year) within operations have led to positive changes to the Q3 forecast. Remote committee and panel meetings have made material savings (Ref. Table A, page 4). Staff working from home has led to cost savings in office services. In addition, several efficiency strands were incorporated into the forecasts saving £65k.

Risks to achieving the Q3 Forecast

Indirect Covid-19 impacts through third parties such as suppliers/contractors unable to deliver services as planned is a risk, especially in the IT Strategic project.

General Optical Council
Q3 Forecast Report – 2020-21

We have incorporated the uncertainties of newly qualified registrants entering to the register into the Q2 forecast by only forecasting ABDO and the College pass lists, minimising the risk.

Table A

Q3 Forecast - Including Project Expenditure

	Budget £'000	Q1 Forecast £'000	Q3 Forecast £'000	Variance £'000
Income				
Registration	9,844	9,534	9,555	21
Dividend Income	250	197	178	(19)
Bank & Deposit Interest	20	12	8	(4)
Other Income	26	6	4	(2)
Total Income	**10,140**	**9,749**	**9,745**	**(4)**
Expenditure				
Staff Salaries Costs	4,692	4,404	4,341	63
Other Staff Costs	386	397	427	(29)
Staff Benefits	127	113	112	0
Members Costs	1,430	1,000	853	147
Case Examiners	159	115	93	21
Professional Fees	379	422	442	(21)
Finance Costs	210	152	106	46
Case Progression	704	711	666	45
Hearings	226	164	137	28
CET & Standards	209	176	181	(6)
Communication	51	48	48	0
Registration	15	10	7	3
IT Costs	869	794	707	87
Office Services	1,039	890	868	21
Other Costs	100	67	90	(23)
Depreciation & Amortisation	135	135	135	0
Total Expenditure	**10,731**	**9,598**	**9,215**	**383**
Surplus / Deficit	**(591)**	**151**	**530**	**379**
Unrealised Investment gains	232	232	232	0
Surplus / (Deficit)	**(359)**	**383**	**762**	**379**

General Optical Council
Q3 Forecast Report – 2020-21

Table B
Income and Expenditure Accounts

	Year 1 2020-21				
	Approved Budget	Q1 Forecast	Q2 Forecast	Q3 Forecast	Variance With Q2 Forecast
	£'000	£'000	£'000	£'000	£'000
Income					
Registration	9,844	9,805	9,534	9,555	21
Dividend Income	250	202	197	178	(19)
Bank & Deposit Interest	20	10	12	8	(4)
Other Income	26	21	6	4	(2)
Total Income	**10,140**	**10,038**	**9,749**	**9,745**	**(4)**
Expenditure					
CEO's Office					
CEO	120	194	201	246	(45)
Secretariat	579	604	625	631	(6)
	699	**799**	**826**	**877**	**(51)**
Strategy					
Director of Strategy	145	140	125	117	8
Policy	240	180	180	187	(7)
Communications	222	204	185	188	(3)
Standards	103	73	71	59	12
Total Strategy	**710**	**597**	**561**	**552**	**10**
FTP					
Director of FTP	138	134	136	130	6
Case Progression	1,831	1,812	1,723	1,646	76
Legal	397	382	354	340	15
Hearings	1,383	1,153	1,086	967	119
Total FTP	**3,748**	**3,480**	**3,299**	**3,083**	**215**
Education					
Director of Education	129	130	118	112	6
Education	663	556	481	411	70
CET	344	312	303	291	12
	1,136	**998**	**902**	**815**	**88**

General Optical Council
Q3 Forecast Report – 2020-21

Table B (Contd.)
Income and Expenditure Accounts (Contd.)

	Year 1 2020-21				
	Approved Budget	Q1 Forecast	Q2 Forecast	Q3 Forecast	Variance With Q2 Forecast
	£'000	£'000	£'000	£'000	£'000
Resources					
Director of Resources	140	117	117	117	1
Facilities	1,078	1,025	970	957	13
Human Resources	468	401	475	501	(26)
Finance	475	448	419	413	6
IT	843	840	769	740	29
Registration	541	448	428	356	71
Total Resources	**3,544**	**3,279**	**3,177**	**3,083**	**94**
Depreciation & Amortisation	135	135	135	135	0
Total Expenditure	**9,972**	**9,288**	**8,901**	**8,545**	**356**
Surplus / (Deficit) before project expenditure	**168**	**750**	**848**	**1,200**	**352**
Project Expenditure					
CET Evaluation Project	148	88	116	98	19
Education Strategic Review project	282	268	231	241	(10)
IT Strategy Implementation	328	326	350	330	19
Total Project expenditure	**759**	**681**	**697**	**669**	**28**
Surplus / (Deficit) after project expenditure	**(591)**	**69**	**151**	**530**	**379**
Unrealised Investment gains	232	232	232	232	0
Surplus / (Deficit)	**(359)**	**301**	**383**	**762**	**379**

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C08(21)

COUNCIL

Draft Budget and Business Plan 2021-22

Meeting: 10 February 2021 **Status:** For decision

Lead responsibility: Yeslin Gearty (Director of Resources)
Paper authors: Erica Wilkinson (Head of Secretariat) and Manori Izni-Muneer (Head of Finance)

Purpose

1. To seek Council's approval of the 2021-2022 budget and associated business plan for publication.

Recommendations

2. Council is asked to:

- **approve** the Budget for 12 months to 31 March 2022 (Annex 1); and
- **approve** the 2021-22 Business Plan (Annex 2).

Strategic Objective

3. Agreement of the budget and associated Business Plan is critical for delivery of all our strategic objectives.

Risks

4. There is a risk of us not fulfilling our public protection role effectively and efficiently, and a related risk to our reputation, if we do not develop a Business Plan and budget that clearly explains what we plan to achieve in protecting the public, matched with the resources available to deliver the plan.

5. There is also a risk to our reputation and ability to deliver the plan if our financial performance is above or below budget. These risks are generally considered to be low and are mitigated by having a quarterly business planning and budgeting review process.

Background

6. This Business Plan and budget reflect the Strategic Plan.

7. The business plan and budget were developed through the work undertaken since October, taking into account:
   - a review of the progress made in delivery of the current business plan;
   - a review of financial performance and quarter three reforecast;
   - planning by managers responsible for delivery; and

- direction from SMT about priority activities to achieve the draft strategic objectives.

Business Plan development timetable

Analysis

8. SMT has considered this final draft budget and believes it to be aligned with achievement of the GOC's strategic objectives; effective delivery of the GOC's regulatory functions and achievable with the resources included in this budget. This was reviewed in detail by Audit, Finance and Risk Committee on 1 February 2021.

Budget 2021-22	£'000
Income	9,750
Expenditure	9,750
Surplus / (Deficit) before project expenditure	**0**
Project (Strategic) Expenditure	676
Surplus / (Deficit) after project expenditure	(676)
Unrealised Investment gains	269
Surplus / (Deficit)	**(407)**

9. The planned budget achieves break-even in business-as-usual terms, with an additional £676k of planned expenditure against reserves for strategic projects in line with previous Council discussions. The budget assumes reduced

revenue due to Covid-19 impacts, without reducing necessary operational activities.

10. The proposed 2021-22 budget has also been considered in the context of 5-year forecasting to ensure GOC has adequate funds and reserves over the medium and longer term. Cashflow forecast and reserves were analysed and reviewed by SMT and ARC ensuring both short and long-term plans could be achieved.

11. The analysis provided adequate assurance that there are surplus reserves from year three. This will enable GOC to plan future strategic projects beyond the current approved projects. The reserve level for the year, after spending for budgeted strategic projects will be maintained as per the new reserves policy.

12. The 2021-22 draft budget is set against the following key assumptions/ guidelines:

- There will be no increase in the numbers of registrants at renewals (normal trend +2%). This is to accommodate an increase of over 65 year old registrants retiring due to work pressure in the current environment. This also considers the absence of new fully qualified registrants in 2020-21 due to exam delays. They will enter to the register as new registrants throughout year 2;
- ABDO and the College of Optometrists will resume final exams at full capacity for the purpose of planning;
- investment returns from the investment portfolio of c5.5. These may be volatile, but it should be assumed we achieve the annual average expected returns;
- changes in several member categories to “Worker status”;
- CEO contingency of £100k;
- Savings gained by remote working, including many of the committee and panel meetings will continue;
- There will be a reduced number of staff attending the office premises, reducing office maintenance costs.

Impacts

13. Implications arising from the issues in this paper are:
    - GOC’s reserves – reserves will be used to fund strategic project expenditure;
    - Legislation – all legislative duties have been included in the plan. The requirement to annually review the Reserves Policy is an expectation of the Charity Commission and the SORP 2015;
    - Equality and Diversity -work on EDI will be completed and published alongside the summary business plan; and

- Human Rights Act – no implications arising.

Devolved Nations

14. In creating the business plan consideration has been given to issues affecting the devolved nations. These will be addressed in the course of our work, particularly through the standards strategic review and the implementation of our stakeholder engagement strategy.

Communications

15. The Business Plan and budget will be shared with staff following agreement by Council.

16. The agreed Business Plan will then be published externally on our website.

Timeline for future work

17. A review of progress against business plan and budget will be undertaken and reported to Audit, Finance and Risk Committee and Council quarterly. We will track progress against the Business Plan and variance between predicted and actual activity and spend every quarter. The purpose of this is to:

    - enable managers to track progress against the plan and budget, to identify any required changes to the plan or budget forecast caused by increases or decreases in activity, delays or unplanned events and the impact these changes will have on our ability to deliver the plan and budget;
    - enable SMT to have an overview of progress in order to ensure delivery of the plan and strategic objectives set by Council; and
    - enable Council to have assurance that we are delivering the plan and budget, and therefore are delivering our role in protecting the public and achieving our strategic objectives.

Attachments

Annex 1 - Budget for 12 months to 31 March 2022
Annex 2 – 2021-22 Business plan

Annex 1

Budget for 12 months to 31 March 2022

General Optical Council
Budget – 2021-22

Contents

General Optical Council
Budget – 2021-22

Table A
Budget - Including Project Expenditure

	Q2 Forecast £'000	Budget £'000	Variance £'000
Income			
Registration	9,654	9,524	(130)
Dividend Income	196	196	0
Bank & Deposit Interest	10	10	0
Other Income	20	20	0
Total Income	**9,880**	**9,750**	**(130)**
Expenditure			
Staff Salaries Costs	4,777	4,869	(93)
Other Staff Costs	328	427	(99)
Staff Benefits	116	125	(9)
Members Costs	1,271	1,290	(18)
Case Examiners	80	80	(0)
Professional Fees	426	482	(56)
Finance Costs	184	183	1
Case Progression	620	620	0
Hearings	180	180	0
CET & Standards	224	216	8
Communication	39	40	(1)
Registration	15	15	0
IT Costs	700	668	32
Office Services	1,021	1,001	19
Other Costs	67	100	(33)
Depreciation & Amortisation	131	131	0
Total Expenditure	**10,179**	**10,426**	**(249)**
Surplus / Deficit	**(299)**	**(676)**	**(379)**
Unrealised Investment gains	269	269	0
Surplus / (Deficit)	**(30)**	**(407)**	**(379)**

General Optical Council
Budget – 2021-22

Table B

	Year 2 2021-22		
	Q2 Forecast	**BUDGET**	**Variance with Q2 Forecast**
	£'000	**£'000**	**£'000**
Income			
Registration	9,654	9,524	(130)
Dividend Income	196	196	0
Bank & Deposit Interest	10	10	0
Other Income	20	20	0
Total Income	**9,880**	**9,750**	**(130)**
Expenditure			
CEO's Office			
CEO	278	357	(79)
Secretariat	643	697	(53)
Total CEO's Office	**921**	**1,053**	**(132)**
Strategy			
Director of Strategy	147	141	6
Policy	184	237	(52)
Communications	182	223	(40)
Standards	130	128	3
Total Strategy	**644**	**728**	**(84)**
FTP			
Director of FTP	118	112	6
Case Progression	1,502	1,515	(13)
Legal	344	374	(29)
Hearings	1,264	1,325	(61)
Total FTP	**3,229**	**3,326**	**(97)**
Education			
Director of Education	129	110	19
Education	653	622	32
CET	373	330	44
	1,156	**1,061**	**94**

General Optical Council
Budget – 2021-22

Table B (Contd.)
Income and Expenditure Accounts (Contd.)

	Year 2 2021-22		
	Q2 Forecast	BUDGET	Variance with Q2 Forecast
	£'000	£'000	£'000
Resources			
Director of Resources	136	135	1
Facilities	1,081	1,060	21
Human Resources	463	471	(8)
Finance	435	440	(4)
IT	876	844	32
Registration	516	501	15
Total Resources	**3,508**	**3,451**	**57**
Depreciation & Amortisation	131	131	0
Total Expenditure	**9,588**	**9,750**	**(162)**
Surplus / (Deficit) before project expenditure	**292**	**(0)**	**(292)**
Project Expenditure			
CET Evaluation Project	120	128	(7)
Education Strategic Review project	196	256	(60)
IT Strategy Implementation	274	292	(18)
Total Project expenditure	**591**	**676**	**(85)**
Surplus / (Deficit) after project expenditure	**(299)**	**(676)**	**(378)**
Unrealised Investment gains	269	269	0
Surplus / (Deficit)	**(30)**	**(407)**	**(378)**

General Optical Council

Business Plan and Budget

April 2021 – March 2022

Contents

Introduction

The General Optical Council (GOC) is the UK-wide regulator for optometrists and dispensing opticians, student optometrists and dispensing opticians, and optical businesses. We exist to protect the public by raising standards in the optical professions.

Our regulatory functions are:

- Setting the standards expected of optometrists, dispensing opticians, optical businesses and students
- Maintaining a register of those who are qualified and fit to practise, to train or carry on business as optometrists and dispensing opticians
- Investigating and acting where registrants' fitness to practise, to train or carry on business is impaired
- Setting the standards for education and approving qualifications leading to registration

Foreword

This year, 2021 continues to be an unprecedented time for the optical professions. Responding to the COVID-19 emergency has been at the forefront of our work over the past 12 months and inevitably this has resulted in our need to be more agile by accelerating some aspects of our strategy and delaying others.

We present this year's Business Plan in the knowledge that we will need to continue to adapt to emerging regulatory issues brought about by the pandemic, as they impact on patients, members of the public and registrants. That will continue to be a high priority, but we must also deliver our operational functions to fulfil our statutory obligations and in doing so, protect the public.

Council reviewed our five-year strategic plan 'Fit for the Future' in light of COVID-19 during the year and re-affirmed the broad direction of travel, so we set out here our work programme for the year ahead. It captures our operational priorities and strategic programmes of work in line with our vision of being recognised for delivering world-class regulation and excellent customer service.

We will take forward implementation of our education reforms, flowing from the Education Strategic Review, working closely with our education providers and other stakeholders. As we come toward the close of the final CET cycle we will also be preparing for the implementation of a new CPD scheme from 2022.

Our recent success in reducing the fitness to practice (FTP) caseload has been driven by focussing on the right cases and dealing with those cases more appropriately. Over the course of the coming year, we expect that to translate into improved timescales enabling us to invest resource in activities that prevent things from going wrong in the first place. Our first FTP learning bulletin, which draws lessons from the cases we investigate, was widely welcomed and we will issue further bulletins during the year ahead.

We will also launch a new Communications Strategy underpinned by a modern and refreshed GOC website, which we came tantalisingly close to launching this year. That will now happen after renewal closes alongside other, exciting IT changes that will deliver enhanced services to our registrants.

Finally, we will continue to put GOC values, our public duty to progress equality, diversity and inclusion, and our recently published commitment to become an anti-racist organisation at the heart of all we do.

I look forward to working with all our stakeholders to deliver this exciting programme of work for the year ahead.

Lesley Longstone, Chief Executive and Registrar

Our mission, vision and values

Our mission, vision and values

Our 'Fit for the future' strategy for 1 April 2020 to 31 March 2025 describes what we plan to do over the next five years to achieve our vision of being recognised for delivering world-class regulation and excellent customer service.

Our mission is...

to protect the public by upholding high standards in the optical professions

Our vision is...

to be recognised for delivering world-class regulation and excellent customer service

Our values

The interests of patients and the general public are at the heart of all we do, and we aspire to the timeless seven (Nolan) public sector principles of public life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership).

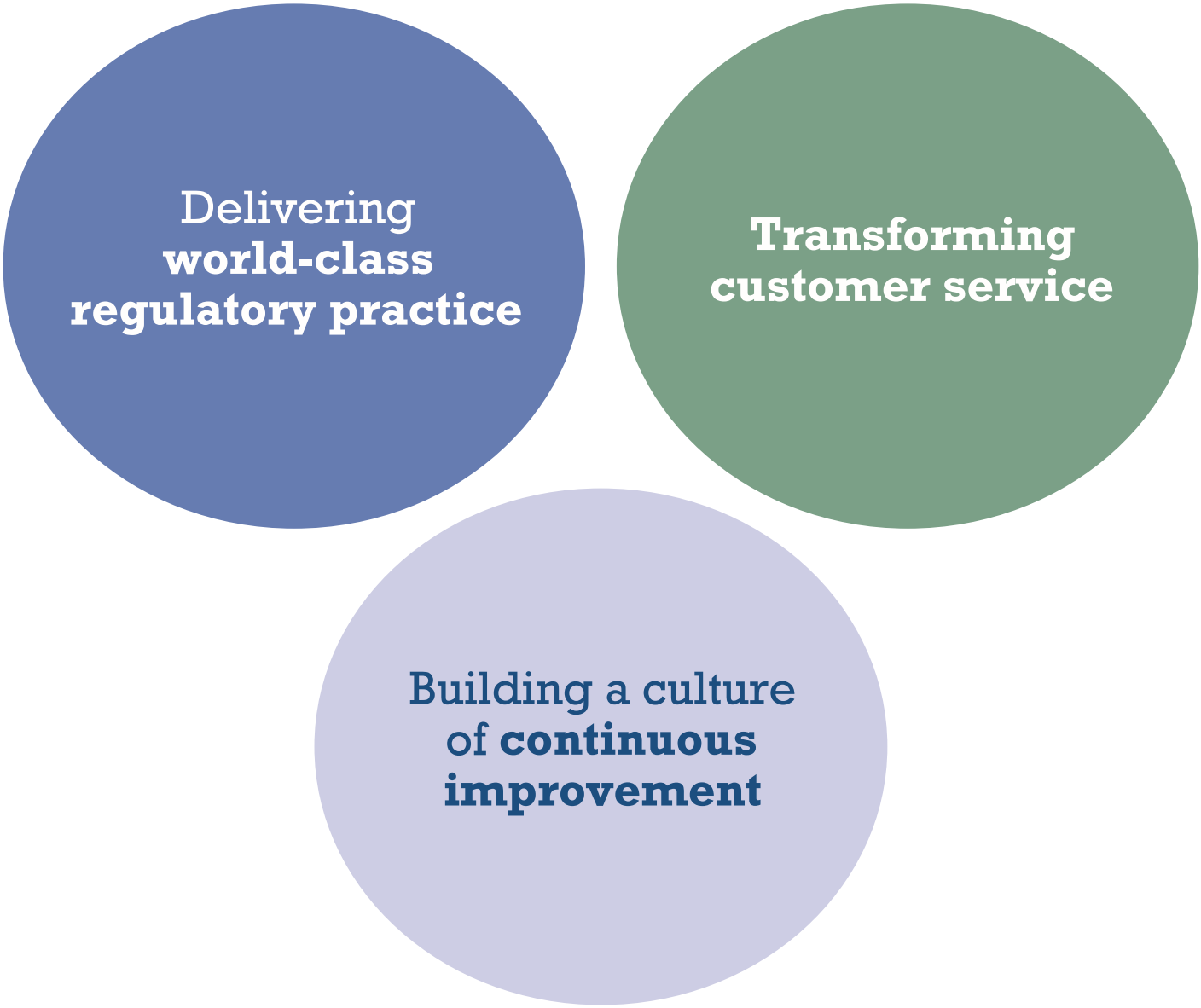
Our values underpin the way we work with each other, and with the public, our registrants and partner organisations:

- We act with **integrity**
- We pursue **excellence**
- We **respect** other people and ideas
- We show **empathy**
- We behave **fairly**
- We are **agile** and responsive to change

Our strategy

Strategic objectives

Our priorities are organised under three overarching strategic objectives:



2021/22 year in view

This business plan sets out the milestones, outputs and outcomes that we plan to deliver in 2021/22 in order to deliver our three strategic objectives.

Work programmes

Below we have outlined the key work programmes that will be undertake and when they will occur.

Strategic Objective One – Delivering world-class regulatory practice		
Activity	Start	Finish
Publish and implement guidance on 'speaking up' for registrants	Apr–Jun 2021	Jan–Mar 2022
Develop and consult on new standards of practice for individuals	Apr–Jun 2021	Oct–Dec 2022
Implement outcomes, standards for education delivery and new quality assurance scheme	Oct–Dec 2020	Apr–Jun 2022
Review and implement any changes to non-UK registration scheme resulting from outcomes of Brexit negotiations and change to education scheme	Apr–Jun 2020	Oct–Dec 2021

2021/22 year in view

Strategic Objective One – Delivering world-class regulatory practice		
Activity	Start	Finish
Publish and implement 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' for GOC approved qualifications and commission longitudinal research-measures	April 2021	2024/25 and beyond to 2030
Commission knowledge hub/ information exchange and indicative curricula to support providers and potential providers in their design of qualifications to meet our new education requirements	June 2022	2024/25
Advise providers and potential providers applying for GOC qualification approval and work with sector to manage key risks.	April 2021	2024/25 and beyond to 2030
Consider applications for new qualification approval and adaptation of existing approved qualifications	Jan–Mar 2022	
Implement new CPD scheme	Jan–Mar 2021	Oct–Dec 2021
Launch new CPD scheme	Jan–Mar 2022	Oct–Dec 2024
Implement Government reforms to the governance of GOC	Apr–Jun 2020	Jan–Mar 2022

2021/22 year in view

Implement Government reforms to the fitness to practise process	Apr–Jun 2020	Jan–Mar 2022
CPD scheme underpinning legislation	Apr–Jun 2020	Oct–Dec 2021

2021/22 year in view

Strategic Objective Two – transforming customer service		
Activity	Start	Finish
Review, development and launch of a new public website	Apr–Jun 2020	Apr-Jun 2021
Development and launch of new MyGOC website for registrants based on Microsoft 365	Jul–Sep 2020	Apr-Jun 2021
Publish FTP learning bulletins	Apr–Jun 2020	Jan–Mar 2022
Revised communications strategy	Jul–Sep 2020	Jan–Mar 2022
Develop and implement improved fitness to practise case management system	Apr–Jun 2020	Apr–Jun 2021
Review and implement new illegal practice strategy	Apr–Jun 2020	Jan–Mar 2022
Project to automate registration processes	Jan–Mar 2021	Jan–Mar 2022
Research into impact of GOC fitness to practise processes on different groups of registrants	Jan–Mar 2021	Jan–Mar 2022
Review, develop and implement new processes for presenting GOC fitness to practise cases (advocacy)	Jul–Sep 2020	Jul–Sep 2023
Improve recording, analysis and sharing of fitness to practise data	Apr–Jun 2020	Jan–Mar 2022

2021/22 year in view

Strategic Objective Three – building a culture of continuous improvement		
Activity	Start	Finish
New secure portal to share information with external parties involved in fitness to practise, registration and education processes as well as those members on Council and committees	Jan–Mar 2022	Jan–Mar 2025
Development of CRM to support regulatory functions	Apr–Jun 2021	Jan–Mar 2025
Archive management project to reduce historic paper records	Apr–Jun 2021	Jan–Mar 2022
Review of data collection on protected characteristics to better inform regulatory policy and impacts	Jan–Mar 2022	Jan–Mar 2024
Develop and roll-out of three-year management development programme	Apr–Jun 2021	Jan–Mar 2025
Review of internal banking and accounting procedures	Apr–Jun 2021	Jan–Mar 2024

What will success look like?

We will measure our success through the following high-level outcomes

In aspiring to be world-class we should be rated highly by the Professional Standards Authority. We will aim to meet all their standards but will not let this get in the way of trying new and innovative approaches to regulation.

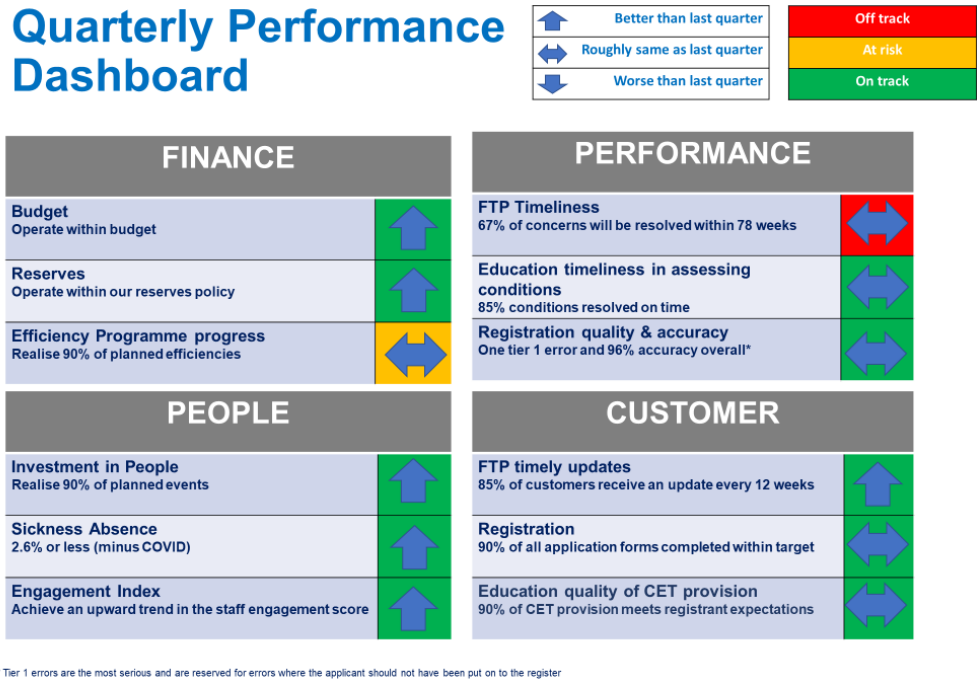
We should also retain the confidence of the optical professions and we will measure this through an annual registrant survey and regular stakeholder survey, looking, for example, at the extent to which we follow our values including behaving fairly, acting with integrity and pursuing excellence.

Public confidence in the professions we regulate is already strong and we expect this to be maintained if we are to uphold high standards. By protecting the public, we are also protecting the reputation of the optical professions. We have instigated an annual public perceptions survey and will continue this throughout the period of this plan.

We expect customer satisfaction with the GOC to increase if we deliver on our customer engagement strategy. We do not have a robust baseline and will prioritise the development of this in 2021/22, with an emphasis on patients, the public and registrants.

We will measure success on a business as usual basis quarterly at Senior Leadership Team level and Council level, providing success measure indicators, RAG rated progress reporting and an indication of changes which have occurred from the previous quarter

Council receive the following balanced scorecard report quarterly:



2021/22 Budget

Budget 2021-22	
	2021-22 Budget Final £'000
INCOME	
Registration	9,524
Dividend Income	196
Bank and Deposit Interest	10
Other Income	20
Total Income	**9,750**
EXPENDITURE	
Staff Salaries Costs	4,869
Other Staff Costs	427
Staff Benefits	125
Members Costs	1,290
Case Examiners	80
Professional Fees	482
Finance Costs	183
Case Progression	620
Hearings	180
CET and Standards	216
Communications	40
Registration	15
IT Costs	668
Office Services	1,001
Other Costs	100
Depreciation and Amorti-sation	131
Total Expenditure	**10,426**
Surplus / Deficit	(676)
Unrealised Investment gains	269
Surplus / (Deficit)	(407)

General Optical Council
10 Old Bailey
London
EC4M 7NG

Tel +44 (0)20 7580 3898

www.optical.org
Email: goc@optical.org
Twitter: @GOC_UK

You can get this plan in Welsh by visiting www.optical.org

Quarterly Performance Dashboard – Q3 20/21

Better than last quarter	Off track
Roughly same as last quarter	At risk
Worse than last quarter	On track

FINANCE

Budget Operate within budget	↑
Reserves Operate within our reserves policy	↑
Efficiency Programme progress Realise 90% of planned efficiencies	↔

PERFORMANCE

FTP Timeliness 67% of concerns will be resolved within 78 weeks	↓
Education timeliness in assessing conditions 85% conditions resolved on time	↔
Registration quality & accuracy One tier 1 error and 96% accuracy overall*	↓

PEOPLE

Investment in People Realise 90% of planned events	↔
Sickness Absence 2.6% or less (minus COVID)	↑
Engagement Index Achieve an upward trend in the staff engagement score	↑

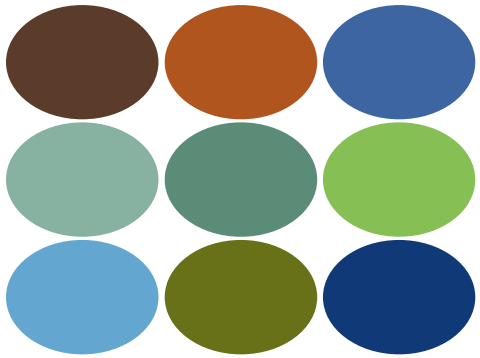
CUSTOMER

FTP timely updates 85% of customers receive an update every 12 weeks	↔
Registration 90% of all application forms completed within target	↔
Education quality of CET provision 90% of CET provision meets registrant expectations	↔

* Tier 1 errors are the most serious and are reserved for errors where the applicant should not have been put on to the register

KPI status (current)		Bullet points about the RAG status of the KPI and a comparison from last quarter and what/how/when improvement(s) will take place	Budget implications	Associated risks
	FINANCE Efficiency Programme progress Realise 90% of planned efficiencies	• We have made £240k savings and efficiencies during the nine months ending 31st December. (4% of total Q2 forecast expenditure); £80k during the Q3. • With the focus on change in forecasts to capture ever-changing COVID-related delays and cancellations, giving importance to cashflow forecast and assessing long-term reserve changes, the pre-COVID programme of planning efficiencies and measuring against them didn't materialised in the way it was originally planned. • There were large savings, cancellations, and delays, many directly and indirectly due to COVID. • The reserve level and forecasts improved to a high level, reducing the focus on finding new efficiencies. • Also, the focus on efficiencies is now embedded into our organisation culture and practiced throughout new procurements and recruitments. • We will wait for the changes which will be identified in the GOC refresh to enable planning efficiencies. • The immediate future still has uncertainties on income levels as well as activities such as remote hearings. • Emergence from the COVID situation will allow us to re-focus on planning efficiencies for 2021-22 and beyond, as opposed to managing the related delays and savings	• Monitoring a planned efficiency programme will put more accountability to budget-holders and more visibility to the efficiencies. This will improve future budgets.	• Economic uncertainties from COVID • Uncertainties in future registrant numbers • Impact of the investment portfolio on reserves • All the above may affect the ability to realise planned efficiencies.
	PERFORMANCE FTP Timeliness 67% of concerns will be resolved within 78 weeks	• Since 1 April 2020, case examiners and the FtPC have concluded 126 cases. Of these, 36% concluded within 78 weeks. • Comparison with last quarter – This is down on the position at the end of Q2 (46%) – continuing to reflect the passage of older cases through the system to closure. • Improvement – Although we expect to see this figure improve over the next 6-9 months as we progress our residual (aged and complex) cases through the system, the significant reduction in the number of new cases entering the system over the past year means that this 78-week closure percentage is expected to remain low for the next two quarters.	• None	• Prolonged (or re-implemented) COVID restrictions delaying or adjourning a small number of substantive hearings.
	PERFORMANCE Registration quality and accuracy One tier 1 error and 96% accuracy overall	• A Tier 1 Register error occurred in December when it was reported that a registrant had been mistakenly added to the Contact Lens Specialty Register after submitting an application form and written confirmation from Anglia Ruskin University (ARU) confirming the student's eligibility. The registrant had qualified from ARU but only on a provisionally approved course. Without full GOC approval the registrant was not entitled to be added to the specialty register. The registrant and his employer were notified of the error along with ARU and the registrant removed from the specialty register. The employer has reviewed the records of the patients seen by the registrant practicing as a CLO. The PSA were also notified of the error and remedial action and confirmed they were satisfied with the approach	• None	• Potential failure of associated PSA standard
	PEOPLE Investment in people Realise 90% of planned events	• Full rollout of the management development programme has been put back to Q1 2021/22 to enable appropriate scheduling of this 6-9 month programme and to avoid clashing with the GOC Refresh work.	• Frees up L&D budget for this year. • Budget had already been allocated next year towards the programme.	• Ongoing potential for inconsistent treatment.

Internal Operational Business Plan 2020/21 – Q3 review of progress



Objectives key

- On track / Complete
- At risk (slight risk)
- Off track (severe risk)
- Not yet started

Registration BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • **95% of all new entries to the register are accurate**	Student renewal – c.5,000 - Complete Student removal following renewal – c.300 - complete		Registration Fees Rules	Registrant Renewal – c.24,000
	Registrant removal following renewal – c.500 - complete			
Customer Service • **90% of registration (inc speciality) and qualification update forms completed within 10 working days** • **90% of restoration (inc speciality) forms completed within 15 working days**	50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)
	Restoration following renewal - Complete	Registration of new fully-qualified c.1000 and first year students – c.1,400		
Continuous Improvement	Review and analysis of renewal data (data cleanse)			
	CRM continual improvements (Outlook/Email integration – dependant on CRM upgrade)			
	Registration processes review (to feed into MyGOC redevelopment)	Registration processes review (to feed into MyGOC redevelopment)		

- **CRM continual improvements (Outlook/Email integration – dependant on CRM upgrade)** – The CRM upgrade has been completed; the team were involved in testing and we are currently providing feedback on minor issues and creating dashboards. With the external suppliers, the milestones are still considered achievable. There have been discussions for changes which have been added to a backlog to develop further changes to the CRM system, this includes the email integration.
- **Registration processes to review (to feed into MyGOC redevelopment)** – Continuous discussion is taking place with the Website Delivery Manager to review the user journeys, discuss current issues, and improvements required for a brand new MyGOC area. Questions from the developers are being discussed continuously and feedback is being provided.
- **Registration of new fully-qualified c.1000 and first year students – c.1,400** – Due to COVID, students have not been able to sit their final year exam, this has reduced the number of new fully-qualified registrants on to the register. We are expecting a small number of students to sit the exam this month and in March.

Education BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class regulation • Proportionate regulatory action taken against risk • Quality of visit activity • 90% of visits completed	Conduct 18 visit days	Conduct 3 visit days	Conduct 6 visit days	Conduct 14 visit days
		Publish Annual Monitoring (AMR) process reports	Open annual monitoring	Close annual monitoring and complete data analysis of annual monitoring
	Non-UK Approval and Quality Assurance policy review			
Customer Service • 80% of provider attendance			Hold annual provider forum	
Continuous Improvement • Timeliness in operational processes and planning	Review conditions management process	Serious Concerns review process evaluation	Develop performance reporting systems	
	Training for Education Visitor Panel and team	Training for Education Visitor Panel and team	Training for Education Visitor Panel and team	

- **Conduct 27 visit days to date** – Excellent agility demonstrated in organising our remote visits which have been successful – 25 visit days completed. We are back on track for the year.

Education Strategic Review Project – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class regulation • Project delivered on time and within budget		Public and patient consultation on standards and outcomes	Consider consultation results and impact assessment finalisation Finalise Outcomes, Standards & QA&E Method, seek agreement, and publish final documentation.	Launch event
		Verification of outcomes		
	Develop deliverables: Standards, Outcomes, and QA framework	Development of approval process	New programme approval and assurance method developed, tested and launched. Discussions with existing providers to agree when recruitment to existing programmes cease. Applications invited for tranche 1	
	Co-commissioned evidence gathering re. RQF level		Consider whether to incorporate RQF level results into standards criteria	
		Development of evidence framework	Test evidence framework	
	Non-UK Approval and Quality Assurance policy review		Working with SPAs to create culture-change required to ensure successful implementation of ESR	
Customer service • Positive feedback from majority of stakeholders	Engagement			
Continuous improvement			Develop performance reporting systems	
			Training for Education Visitor Panel and team	

- **Development of approval process and evidence framework** – recently delayed due to resourcing however resourcing plan is in place – we will be recruiting for an additional quality assurance officer in Q1.
- **Test evidence framework** – design and testing of evidence framework will be created post Feb Council
- **Creating culture change** – Working with providers to advise and signpost to organisations that can support successful implementation, Stakeholder communications plan will also support the culture-change and improve how we reach our audiences
- **Engagement** – Ongoing with all stakeholders, providers, bodies etc.
- **Project deliverables (new programme approval, performance reporting, EVP panel)** – 3 x ESR deliverables due to go to Feb Council for approval – consequently training will begin for Education team and EVP's post Feb decision.

Standards BAU – Milestones and critical path tasks

PERFORMANCE MEASURES		April-June	July-September	October-December	January-March
World-class regulation	**Standards BAU** **Respond to 90% enquiries within 10 working days** **Response to registrant survey indicates 60% confidence level in standards**		New organisation-wide process for responding to Standards queries introduced		
	Review of Standards of Practice			Informal stakeholder consultation	
	Speaking Up guidance		Publication consultation		Consultation report received

- **Organisation-wide process for responding to Standards queries** – Some informal work has been done to pursue this but less than originally envisaged as the plan was to link the process to the establishment of an enquiries team. Nevertheless, close collaboration with the FTP team on responding to COVID-related queries has helped in upskilling both teams on identifying what falls into the Standards or FTP remit.

- **Review of Standards of Practice (Informal stakeholder consultation)** – The work on Standards of Practice has been pushed back to 2021/22 in line with Strategic Plan.

CET BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • Support 96%			Registrants to meet annual target	
Customer Service • Complete 90% of registrant led peer review approvals within 10 working days	c.135 registrant-led peer review approvals 1083 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 1139 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 952 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 1033 approvals – by approvers Agree non-standard approvals
• Deliver 95% of CET approvals within 10 working days • Respond to 90% enquiries within 5 working days				Issue CET provider fee notifications by 31 January Issue provider suspension warnings by 28 February Provider suspensions completed by 31 March
• 98% of disputes completed within 1 month of receipt			Manage end of second year of CET cycle	End of second CET year – notifications of failure to attain 6 points
Continuous Improvement	Publish Peer Review Implement any changes arising from Enquiries team pilot	Deliver 2 x CET approver training events		

- **Publish Peer Review | Implement any changes arising from Enquiries team pilot** – This has been delayed due to refocusing on COVID priorities within the Communications team, however we published a statement on the emergency with regards to CET.

- **c.135 registrant-led peer review approvals. 1139 approvals – by approvers. Agree non-standard approvals** –
  - Only 24 Peer Review applications were submitted between October and December, but this is likely due to COVID and the subsequent lockdowns. More providers are applying for Peer Discussions, which also meets the Peer Review requirement, and our data shows that as of December 2020, 76% of Optoms have already met this requirement for this cycle, as have 69% of CLOs, and 76% of TPs. This compares favourably with the same points in the Previous cycle although DOs are slightly down.
  - Similarly, only 824 Standard application have been submitted during this quarter, again due to COVID. However, the modalities submitted are able to be delivered to much larger numbers of registrants due to the remote delivery, therefore registrants are still on track to meet their overall point requirements. 49% of Optoms have met their interactive points requirements by December in both 2020 and 2017. 36% of DOs, 47% of CLOs, and 76% of TPs have also met their requirement, which is just under the same point in 2017, which was 51%, 61%, and 85% respectively.

CET Review Programme – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class regulation • Project delivered on time and within budget	Consultation on CET reforms in relation to freeing up system, mandatory reflection and re-branding	Consultation report received		Guidance published for registrants, providers and approvers, and re-branded materials issued
	Agree project plan for transition to practice and supervisory support			
	Agree project plan for proportionate approvals			

- **No reporting in Q3**

FTP Case Progression BAU
Milestones and critical path tasks 2020-21

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service **We will address our long-standing issue with timeliness in fitness to practise** • Meeting 8-week median for Triage decisions • Meeting overall 26-week median for investigations • Achieving rolling 78-week median for FTPC decisions	210 substantive case examiner decisions			
	CE Training/Meeting (April)	CE Meeting (July)		Achieve rolling 78-week median
	Clinical Contracts Review (or 'recruitment')	Review of Acceptance Criteria (Bus. Registrants)	Review of Case Examiner and IC Guidance	
We will review and modernise all our processes • Improved customer feedback by Q4	Implement Online Complaint Form (expected Q4)	OCCS Annual Report		
	Implement new customer feedback processes		Review of end to end casework	
	Four defence stakeholder group meetings			
We will develop a learning culture • We will be receiving consistently positive feedback from registrants regarding our 'learning from FTP' work by Q4	Produce Registrant Learning 'Bulletin'		Produce Registrant Learning 'Bulletin'	GOC/OCCS Training Day FTP Clinical Training Day
	External Engagement Events (Minimum of two)		External Engagement Events (Minimum of two)	
Continuous Improvement **We will deliver embed our efficiency programme**	FTP Structure Review (completed Q2)	Review efficiency of in-house advocacy	Complete feasibility study for expansion of IHA	Potential expansion of In-House Advocacy
World-class Regulation **We will deliver a high quality service to all users**	Independent audit of FTP decision-making (Triage/CE/IC)	Review of Risk Management Strategy	CE/IC Joint Training (Nov)	

- **210 CE Decisions** – As of 31/12/20, CEs had made 148 decisions in the YTD since 1/4/20, so current projection is for a year-end total of c.190-200 decisions. This lower number is a reflection of the significant reduction in the CE caseload over the past 12 months, and the effectiveness of the new Triage process.
- **CE Meeting (April)** – This was due to be a legislative reform workshop, but was cancelled due to COVID and uncertainty as to the impact of COVID on the reform timetable.
- **Implement Online Complaint Form** – This forms part of the GOC website delivery project and, although the OCF briefly went live in Jan 21 as part of the new website, launch has again been delayed.
- **External engagement events** – These have been delayed due to COVID-19, but we now have a remote engagement event (City Uni) scheduled for Q4.
- **CE meeting (July)** – The July meeting was due to be the second legislative reform workshop, but will be rescheduled as a remote event (in Q4).
- **Review of AC for Businesses** – The Criteria were initially due for publication in 19/20, hence this review in Q3 20-21. However, publication took place in December 20, so this 12-month review is now in the BP for 21-22.
- **Review of CE/IC Guidance** – This work has started, and a first review has been undertaken by in-house counsel. Further in-house review is pending, with a requirement to then (informally) consult with CEs/IC members, and defence bodies. Expectation that this will complete towards the end of Q4.
- **Produce Registrant Learning 'Bulletin'** – Issue one of 'FtP Focus' was published on 1/11/20, with issue two being prepared for publication on 1/3/21.

FTP Hearings BAU – Milestones and critical path tasks

<table>
<tr><th>PERFORMANCE MEASURES</th><th>April-June</th><th>July-September</th><th>October-December</th><th>January-March</th></tr>
<tr><td rowspan="5"><u>Customer Service</u>
• We will address our long-standing issue with timeliness in fitness to practise
  • 90% of cases to conclude first time
  • 80% of substantive cases to conclude first time
  • 85% of hearing dates utilised
• We will review and modernise all our processes
• We will develop a learning culture</td><td colspan="4">300 hearings days
c.46-50 decisions</td></tr>
<tr><td></td><td colspan="2">Hearing recording and transcription services procurement completed</td><td></td></tr>
<tr><td colspan="4">At least four decision review group meetings</td></tr>
<tr><td></td><td>Learning from audit of decision-making</td><td>Annual standard operating procedures review</td><td>Review Indicative Sanctions Guidance and Bank of Conditions (with legal)</td></tr>
<tr><td colspan="2">Review guidance documents provided to unrepresented registrants and commence feedback mechanism</td><td colspan="2">Interim review of effectiveness of case management process</td></tr>
<tr><td><u>Continuous Improvement</u>
• We will complete the investment in our IT infrastructure</td><td></td><td colspan="2"></td><td colspan="2">Explore feasibility of paperless hearings</td></tr>
<tr><td><u>World-class Regulation</u>
• We will deliver a high-quality service to all users</td><td>Independent audit of FTP decision making (FTPC)</td><td>Panel member training</td><td>Chairs meeting</td><td></td><td>Chairs panel member training</td></tr>
</table>

- **<u>300 hearings days c.46-50 decisions</u>** – We are below expected numbers given the impact of COVID (172 hearing days and 28 substantive closures in Q1-3). This is due to successful Rule 16 applications and some postponements to 21/22. At present, we have 44 substantives due to conclude, spanning 267 hearing days, by end of Q4. All of these events are subject to the hearing proceeding remotely, part-remotely, or fully in person.

- **<u>Review guidance documents provided to unrepresented registrants and commence feedback mechanism</u>** – We incorporated a review of the information provided to unrepresented registrants in the case management meeting process to ensure it was accessible and easy to read. The full project start date was delayed due to COVID although we will pick this up in Q4 with initial focus being on creating a questionnaire for unrepresented registrants to complete by the end of March 2021. We have reviewed our template letters in response to the COVID emergency and consulted on a hearings protocol. The impact assessment considered how easy it was for unrepresented registrants to follow the process. All remote hearing guidance documents was reviewed in October 20 following PSA's published guidance.

- **<u>Annual standard operating procedures review</u>** – Work has commenced on the SOPs to incorporate our remote practices. There was a slight delay due to a busy end to Q3 as well as staff absences, however we expect this work to be completed by the end of Q4.

Legal BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • We will deliver high-quality legal advice	Advise on CET consultation	Advise on Government proposals for legislative reform	Advise on post-EU transitional period	~~Advise on review of Standards guidance~~ Review (with registration and FTP teams) GOC policy on removing non-retaining registrants (commenced in Q3) Review (with registration team and EDI lead) GOC process for managing registrants' gender reassignment Review (with registration and policy teams) GOC policy on CET exceptions inc parental leave (commenced in 2019-20)
	Legal input to CET review and legislative reform programmes			
	Advice on education provider approval and quality assurance processes			
Customer Service • 90% illegal practice cases closed within six months. • Answer 90% queries within ten working days			Finalise process for responding to registrants in crisis	Advise on final updating of website info inc. FAQs. Review GOC's strategy for tackling illegal optical practice (this will continue into 2021-22)
Continuous Improvement • 90% legal requests closed in-house without external instruction	Revise FTP allegations bank and embed process for hearings on papers	Final advice on unrepresented registrant experience project	Review efficacy of in-house advocacy and hearings on papers	
	Support Registration: inc advise on Exceptional Circumstances requests, finalise declarations guidance	Review FTP Acceptance criteria, Consensual Panel Decisions, CET Exceptional Circumstances policy, policy for retention on register		Annual review of FTPC Indicative Sanctions Guidance and Bank of Conditions
	FTPC/RAC advice and advocacy: prepare and/or present 100 hearings			

- **Finalise process for responding to registrants in crisis** – We have not been able to finalise the process for responding to registrants in crisis (this remains in draft form) due to prioritising advice on FTP casework, COVID emergency statements, legislative reform, CET exceptions policies, new CET rules and registration processes – which have required higher input than had been expected. This work is likely to be done in Q1 2021-22, after we fill a lawyer vacancy in April 2021.

- **Advise on review of Standards guidance** – The GOC's postponement of the Standards guidance review means we will not be required to advise on this in Q4.

NOTE – Purple objectives are newly-added ones

Secretariat BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation	Contributing to development of Government proposals for Governance reform			
Customer Service • Initial corporate complaints and correspondence responses within 5 working days	Manage 20 corporate complaints			
	Provide staff advice, guidance, induction and training – inc EDI, Corporate complaints, Impact Assessment			
	7 meetings – 2 Council, AP, 2 ARC, Nom, Rem	2 Council meetings	7 meetings – 2 Council, AP, ARC, 2 Nom, Rem	4 meetings – 2 Council, ARC, Rem
	Council chair appointment	Council chair appointment and Council members appointment planning	Council chair and member appointment and Chair induction	Council member appointment/induction
	20 member reviews	25 member reviews	40 member reviews	40 member reviews
	Council workshop	Member indn (tbc) and e-learning	Council workshop (tbc)	Member induction (tbc)
	Council and committee evaluations	Forward plans and meeting calendar	Committee reappointments	Member declarations and register of interests
	Annual report stats & narrative			Annual Return
	EDI monitoring report			
	Code of Conduct Review		Gifts and Hospitality Policy Review	
	Corporate Complaint Policy, serious incident reporting policy and management of interest policy review		Member Fees Review	
	Develop strategic and departmental KPIs and improve data collection system			Data collection and methodology audit
	Monthly SMT and Quarterly Council performance and business plan reporting/reforecasting			
	PSA data set			
	Annual performance review	Business planning guidance	Draft business plan	Final business plan

- **Contributing to development of Government proposals** – The governance development work is currently on hold but the HoS continues to contribute to the Inter-Regulatory Reform Group.
- **EDI monitoring report** – The first draft is complete – it is currently with SMT for feedback.
- **Corporate Complaint Policy, serious incident reporting policy and management of interest policy review** – Due to a lack of resource within the Secretariat team, these policies will form part of the policy review process in Q4.
- **Develop strategic and departmental KPIs and improve data collection system** – Due to a lack of resource within the Secretariat team, this will now be progressed during Q4.

Policy BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • 90% of consultations reviewed within 10 working days to decide if a response is required	Policy input to CET review programme (including reflective practice)			
	Project management of legislative reform programme and related projects			
	Engagement with patient panel			
	Monitor/coordinate responses to external consultations, PSA policy initiatives, MP letters, and other external policy/research enquiries			
	Attend external forums including quarterly AURE meetings (meeting of regulators to discuss European issues), meetings of the European Council of Optometry and Optics (ECOO) and emerging concerns working group			
	Implement changes to regulation required by Brexit			
		Input to PSA performance review 2019/20		
		Public perceptions and registrant surveys	~~Stakeholder survey~~	
		Consultation on exceptional circumstances policy	Consider policy proposals for parental leave, restoration, return to practice, and voluntary removal	
			Review position on non-UK applicants including Republic of Ireland applicants	Potential research related to FTP and EDI

- **Public perceptions and registrant survey** – It was agreed to delay these due to COVID; they are both now tendered for in Dec 2020.
- **Consultation on exceptional circumstances policy** – Due to COVID and other consultations taking priority, this will be delayed until Q4 at the earliest; first draft complete.
- **Stakeholder survey** – The decision was taken by the CEO in July 2020 to postpone this until 2021/22 due to funding constraints.
- **Policy proposals for parental leave etc.** – All these are linked to exceptional circ. policy which has been delayed until at least Q4 due to COVID; parental leave policy drafted.
- **Review position on non-UK applicants** – The Brexit position is now clear re. EEA applicants following non-UK process – website updated. Currently exploring mutual recognition with CORU.

Legislative reform programme – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • Performance measures to be developed once we have clarity about Government's legislative reform plans and timelines	Engage with Government proposals (Govt due to engage with us as an individual regulator in April 2020)	Engage with Govt proposals and plan for implementation (FTP)	Respond to Govt consultation and plan for implementation (currently proposed for late 2021)	
	Engage with Government proposals (Govt due to engage with us as an individual regulator in June 2020)	Engage with Govt proposals and plan for implementation (Governance)	Respond to Govt consultation and plan for implementation (currently proposed for late 2021)	
	Informal engagement/consultation with stakeholders around business registration			
	Identify legislative reforms required and share with DHSC	Develop policy proposals (other reforms including CET)	Conduct appropriate stakeholder engagement	Develop detailed proposals for implementation of GOC-led reforms

- **Informal engagement/consultation with stakeholders around business registration** – This was due to take place at the same time as the review of the Standards of Practice which has been put back due to other priorities. Explore working collaboratively with GPhC early in Q4 following DHSC advice.
- **Respond to Govt consultation and plan for implementation** – DHSC sent draft consultation for comments ahead of launch. We continue to engage with the DHSC to develop policy on the overarching frameworks for FTP, governance and operational, and registration and education.
- **Conduct appropriate stakeholder engagement (other reforms including CET)** – The consultation on revised CET Rules was launched (closes 28 Jan)

Communications BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • At least 90% of positive or neutral press coverage	Promote ESR consultation	Promote new ESR learning outcomes and Education Standards	Ongoing ESR communications and engagement	
		Promote whistleblowing guidance consultation	Promote Whistleblowing guidance	
	Promote CET consultation	Ongoing CET communications and engagement		
	Running press office – proactive and reactive comms			
Customer Service • 80% of registrants who are aware of new business standards	Optrafair, CTSI Synposium		Scottish Regulation event	100% Optical, Op Tmrw
	Implement stakeholder engagement strategy and new communications (internal and external) strategy			Commence evaluation of strategies
		Support registrant survey launch		
Continuous Improvement	Communications plan to launch new website	Website evaluation	Website evaluation	Website evaluation
	Develop CRM			

- **Optrafair, CTSI Synposium** – Event was cancelled due to COVID.
- **Support registrant survey launch** – This has been delayed by Policy and Standards Team. This is due to the impact of COVID, as well as ensuring that there is minimal overlap in consultations. It will be delivered in Q4.
- **Promote whistleblowing guidance** – The consultation was launched in Q3 instead of Q2 (it was delayed in order to accommodate the delay in other consultations and to ensure that there is minimal overlap between them). Therefore, the guidance promoted will be shifted to Q4.
- **Scottish Regulation events** – Event was cancelled due to COVID.
- **Website evaluation** – Due to project delays, the new website will launch in Spring and so evaluation will commence in 2021/22 business plan.

Finance BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation	Year-end accounts	Quarterly Accounts	Quarterly Accounts	Quarterly Accounts
	External Audit 2019-20			External audit planning for 2020-21 audit
	Annual SORP Compliant Financial Accounts	Rolling Finance process review		Short-term investment plan for 2021/22
	Consolidated Annual Report	Finalise Consolidated Annual Report. ARC & Council approval	Annual Report lay before parliament	
			Budget 2021-22 Draft	Budget 2021-22 Final. ARC & Council approval
	Re-forecast (add 2022-23)	Q1 + 3-year re-forecast	Q2 + 3 year re-forecast	Q3 + 3 year re-forecast
	Cash flow forecast and planning			
	Purchase ledger and supplier payments			
	Staff and Council Payrolls			
	Quarterly review of efficiency savings	Quarterly review of efficiency savings	Quarterly review of efficiency savings	Quarterly review of efficiency savings
	Admin. review of contracts	Admin. review of contracts	Admin. review of contracts	Admin. review of contracts
	Quarterly review of risk registers	Quarterly review of risk registers	Quarterly review of risk registers	Quarterly review of risk registers

- **Quarterly Accounts** – The September Financial Performance Report was completed and submitted to the SMT and the ARC.
- **Annual Report** – This was laid before the House of Commons and House of Lords on 16/11/2020
- **Budget 2021-22 draft** – This was completed in early December.
- **Q2 + 4-year Forecast** – The forecast was completed and submitted to the 4/11/2020 ARC. The forecast is now extended to cover 5 years. An additional sensitivity analysis to assess the effect of COVID and an analysis of long-term reserves and cashflow forecast was also completed.
- **Efficiency savings** – This was reviewed with monthly management accounts as a monthly exercise and reported to SMT.
- **Admin review of contracts** – This work was started as per internal audit advice in December.

Facilities BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service	Start of New Contract for live plants (expecting a 39% saving)			
	Internal Annual Audit on H&S	Review (and deliver if required) First Aiders and Fire Marshalls training		
	Assess options with third party advisers on rent review	Consider proposals on rent review	Assess possible scenarios for Rent Review with Landlord	Rent Review
	Implement the Travel & Subsistence Policy			
	Records Management Archive Plan – review phase	Records Management Archive Plan – renew phase		Records Management Archive Plan – digitalise phase and cross refer to sharepoint plan
	Conclude desk H&S assessment – Inc Display Screen Equipment (DSE) pending from 2018	H&S risk assessment of key functions – e.g. Hearings	Annual H&S risk assessment	Annual desk H&S assessment inc DSE
Continuous Improvement	Office redecoration (painting, repairs etc.)	5-year mains electrical test		

- **Assess options with third party advisers on rent review** – Due to COVID, a new agent acting on behalf of our landlord have delayed negotiations, Our property consultants, Farebrother, considers that the property is overrented and a nil increase should be the outcome even if arbitration is required.

- **Office redecoration** – Essential maintenance and office repairs remain to be in place. All redecoration has been put on hold until new-normal for returning to the office is decided (possible modifications). 5-year mains electrical (EICR) and voltage test took place on 14 March 2020

- **Records Management Archive Plan** – Due to stricter conditions, this project will have to be retaken at a later stage.

- **Annual H&S risk Assessment** – A score of 83.3% was archived on the annual survey – this was reported to ARC in November 2020. COVID risk assessments for the office has been published on display in the office and uploaded into our website and intranet (IRIS) in conjunction with the Covid-19 Task Force this is reviewed on a regular basis. Office is open to carry out some essential operations including physical hearings when required.

IT BAU – Milestones & critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Continuous Improvement • **92.3%** Resolve time for Helpdesk tickets in SLA • **97.1%** Satisfaction for Helpdesk tickets • Number of IT Support ticket raised within Quarter **922** • Number of incidents resulting in operational downtime (excess of 15 mins*) **0**	Provision of IT Helpdesk services			
	Review IT Policy, IT User Forms & SLA creation			Annual IT DR Test
	Review and upgrade IT Security Tools including Phishing			Annual IT Security Pen Tests
	CRM Improvements including Implementation of Hearings Software		CRM Support & minor developments	
	Implementation of monthly software patching to all servers, laptops, and other devices.			

- **Provision of IT Helpdesk services** – The COVID homeworking period continues to be busy for IT though a good Helpdesk Service has continued to be delivered throughout as reflected in KPIs. The high volume of requests impacts the delivery of planned work.
- **Review IT Policy, IT User Forms & SLA creation** – Planning for the IT Policy review is underway and the process will commence shortly. This policy will be finalised and made live in Q4 in line with the implementation of SharePoint and Dynamics cloud software.
- **Review and upgrade IT Security Tools including Phishing** – Following a review and Celerity contract negotiations (detail on next slide), planning is underway to change our primary email security tool to one based on Microsoft Technologies. Phishing IT Security work continues to be a focus for IT and monthly phishing exercises continue to test staff awareness. Additional other IT Email Security improvement work focuses on the implementation of DMARC (Domain-based Message Authentication, Reporting & Conformance), DKIM (Domain keys Identified Mail) & SPF (Sender Policy Framework). This is now setup for Microsoft Office 365, Click Dimensions, and MyCET. When these protocols are in place less of our emails will be marked as spam and our email will be less open to email security attacks. Our annual Disaster Recovery exercise was successfully completed by IT and Celerity in December.
- **CRM Improvements including Implementation of Hearings Software** – The first phase of the Hearings and Education modules were implemented on CRM and then development was paused so we could focus on the CRM cloud upgrade scheduled for live on 4/1/21.
- **Implementation of monthly software patching to all servers, laptops, and other devices** – Monthly software patching continues for all servers, laptops, and other devices. The limitation of the patching service (feature updates) continue to be addressed directly by IT with all staff though this has been resolved in the new Celerity contract (detail below). Good management information on installed software is now available and followed up as required.

IT PROJECTS – Milestones & critical path tasks

<table>
<tr><th>PERFORMANCE MEASURES</th><th>April-June</th><th>July-September</th><th>October-December</th><th>January-March</th></tr>
<tr><td rowspan="6"><u>Continuous Improvement</u>

• 92.3% Resolve time for Helpdesk tickets in SLA
• 97.1% Satisfaction for Helpdesk tickets
• Number of IT Support ticket raised within Quarter 922
• Number of incidents resulting in operational downtime (excess of 15 mins*) 0</td><td colspan="3">SharePoint 365 Migration Programme</td><td rowspan="2">SharePoint 365 & Dynamics 365 Document Storage Integration</td></tr>
<tr><td>Department Scoping for SharePoint 365 Development</td><td colspan="2">SharePoint 365 Site Development/build, Migration and Onboarding/Training. Target live Dec 2020</td></tr>
<tr><td colspan="4">Upgrade CRM Dynamics 8.1 to 365 Cloud and re-write all CRM/Web interfaces. Go live Dec 2020</td></tr>
<tr><td>New optical.org web site and Online Register – go live target June 2020</td><td colspan="2">Build new MyGOC linked to Dynamics 365. Target go live Dec 2020</td><td></td></tr>
<tr><td rowspan="2">Printer Refresh</td><td colspan="2">Procure via tender new IT Helpdesk System</td><td rowspan="2">Review Mobile Phone Contract & replace phones</td></tr>
<tr><td colspan="2">Review existing Celerity Support Contract and plan for replacement in January 21</td></tr>
<tr><td>O365 Security Improvements including secure access & 2-Factor authentication</td><td>Additional Meeting Room Screens & AV</td><td colspan="2">Desktop to Laptop Refresh Organisation wide</td></tr>
</table>

- **Dynamics CRM Cloud Upgrade. Target live Jan 2021** – This project is in final testing and remains on track for data migration and live in January 21.
- **New optical.org web site and Online Register – go live target June 2020** – The website and public register build has now been completed and the public register integrated with the CRM API to allow the flow of data between our database and the website. The website build has included the migration of all content and building of all required forms (18 forms in total). User acceptance testing has been completed on the content management system and public register, with nearly 100 bugs and issues identified and either resolved or in the process of being resolved. The content and forms have been reviewed by the business with minor tweaks required before launch. We are currently scheduled to go-live in early January 21 with a call to agree this due W/E 8th January 21. Website remains red due to ongoing supplier disputes that have significantly impacted delivery times – go-live date January 21.
- **Printer Refresh** – Full implementation was completed in November at which point we started paying for the solution.
- **SharePoint 365 Site Development/build, Migration and Onboarding/Training. Target live Dec 2020** – Work to implement SharePoint for as our document management solution (replacement of shared drives) continues but is behind plan due to resource availability. The business continues to review/clear data from our shared drives and delivery remains planned for Q4.
- **Build new MyGOC linked to Dynamics 365. Target go live Dec 2020** – We are progressing at pace with MyGOC. The fully-qualified registration process user stories have been written, they have also been reviewed and approved by the registration team. This process has been developed in to a working tool, albeit in a local environment, and includes a working integration with a test instance of our online payments provider. User stories have also been written and reviewed for the fully qualified restoration and retention processes and for the student registration, restoration and retention process. Next steps are to move the fully-qualified registration process in to a test environment, integrate it with a working database and begin testing with both the business and users alongside the technical development of the other processes. We remain on target for the revised launch in late April 21, following renewal.
- **Procure via tender new IT Helpdesk System** – A staff survey on the Celerity service contained largely positive feedback so the service has been extended for another year and no new software has been procured. Improvements are needed in the Celerity service so this will be addressed over the year and will inform us about changes which may be needed for 2022.
- **Review existing Celerity Support Contract and plan for replacement in January 21** – Negotiations were concluded successfully with Celerity and SMT approved the revised contract in December. This delivered a saving of nearly £35k compared to what we paid in 2020 and service improvements including the improved Microsoft Email Security package and implementation of Windows Feature Updates mentioned in the BAU update.
- **Additional Meeting Room Screens & AV** – Work will commence on the development of Audio-Visual facilities at the Old Bailey when utilisation plans are concluded.

Information Governance BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Continuous Improvement • 85% of FOI responses completed within 20 working days • 85% of SAR responses completed within one calendar month • 100% of reportable breaches reported to the ICO within 72hrs	Manage IG breaches (average 20 per year), IG requests (average 120 per year) and dept reviews			
	Provide IG advice, guidance, induction, and training to staff and members. All staff to receive induction within one week of joining GOC. Quarterly bespoke training dependent on job role			
	Develop records management / archiving policy and process	Review Information Governance Framework	Review Information Asset Register	Review Publication Scheme

- **Develop records management / archiving policy and process** – Records management / archiving policy process, retention policy and updates to the IG Handbook have been reviewed and being updated. Updates on track to be completed by improvement plan deadline of end of Q4.
- **Review Information Governance Framework** – Review is complete. GDPR improvement plan has been approved by SMT and all actions are on track to be completed by end of Q4.
- **Review Information Asset Register** – Information Asset inventory review is complete. Currently being updated by relevant service leads. Updates on track to be complete by scheduled deadline of 12/03/2021.

HR BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service • Improve on previous LEVI score in survey	Staff engagement action plan roll out	Staff engagement action plan roll out contd.	All staff annual survey: completion. Engagement action plan review	Staff engagement action planning and implementation
Continuous Improvement • Target sickness level of 2.7% (to match Public Sector sickness level) • Staff Turnover (Rolling Annual) Against Industry (24%)	End of year appraisals + moderation. 360 feedback broadened.		Mid-year performance appraisals + moderation. Objective setting	
	1/4ly review against L&D plans, EDI training and Management Development planning / rollout	1/4ly review against L&D plans, EDI training, and Management Development	Organisation wide L&D planning to support budget planning Succession planning EDI training and Management Development	1/4ly review against L&D plans EDI Training planning /rollout
	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles	Organisation wide resource planning to support budget planning Recruitment against requirements/plan – 6 roles	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles + Directors project
	Rollout of organisational training for new disciplinary policy and grievance policy		Preparation and review of new family-friendly policies and flexible working policies	Rollout of organisational training for new family-friendly and flexible working policy
	Updating next tranche of policies	Implementation of new policies including training	Updating next tranche of policies	Implementation of new policies including training
	Monthly payroll preparation for Finance Annual benefit renewal	Monthly payroll preparation for Finance		

- **1/4ly review against L&D plans, EDI training, and Management Development planning/rollout** – The preferred supplier for the management development programme has been chosen and work begun to tailor the programme to our needs as well as the provisional schedule for the rollout. This has now been put back to Q1 2021/22 to avoid clashing with the GOC Refresh. EDI training was rolled out to all staff and managers and was well-received. We are now planning the follow-up to this to ensure that the topic remains live.

- **Implementation of new policies** – New policy development has been further delayed by staffing shortage in HR combined with a big jump in recruitment – both the number of roles and the huge increase in applicants for each role.

PUBLIC
C11(21)

COUNCIL

FTP Audit of Decisions

Meeting: 10 February 2021 **Status:** For noting

Lead responsibility: Dionne Spence (Director of Casework and Resolutions)
Paper Author: Keith Watts (Head of Case Progression)
Council Lead: Helen Tilley is the Council Lead for Fitness to Practise.

Purpose

1. To provide independent assurance that decisions made within Fitness to Practise (FtP) cases comply with legislation, rules and decision-making guidance, and that they meet the overarching GOC objective of protecting the public.

Recommendations

2. Council is asked to:
   - **Note** the findings of the 2019-20 audit; and
   - **Note** the actions taken by the GOC in respect of the learning points arising (Annex One) and consider possible additional measures in response to the findings and recommendations contained in the report.

Strategic objective

3. This work is included in our 2020/21 Business Plan and contributes towards the achievement of the following strategic objective: Delivering World Class Regulatory Practice.

Background

4. The Professional Standards Authority (PSA) carries out an annual performance check on the healthcare regulators to assess their effectiveness in protecting the public and promoting confidence in the profession.

5. Each healthcare regulator is asked to provide the PSA with the evidence of how they have met the Standards of Good Regulation for each of the core regulatory functions, which the PSA considers along with other information, before producing the PSA annual performance review report that is published and submitted to Parliament.

6. This annual audit has been conducted in order to comply with PSA fitness to practise standard 16: *'The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account*

of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.'

Analysis

7. The audit was conducted by RadcliffesLeBrasseur (RLB), solicitors. This was the fifth annual audit conducted by RLB and the first since they successfully re-tendered for the audit contract in early 2020.

Audit Scope and Methodology

8. This audit included decisions made between 1 April 2019 and 31 March 2020. Although all categories of decision are reviewed, the audit focuses primarily on higher-risk decisions, for example cases closed by the Registrar, case examiners and by the Investigation (IC) and Fitness to Practise Committees (FtPC), as well as decisions of the FtPC not to issue an interim order, following an application by the GOC. The decisions of the case examiners, the IC and the Registrar are higher risk as matters are considered on documents alone, and there is no public hearing.

9. For this audit we increased the number of decisions reviewed which were decisions taken by the Registrar at triage stage. This was one of the risk management mechanisms we committed to when we enhanced the Acceptance Criteria in July 2019. In future audits we will increase this sample further.

10. The audit was conducted using the following methodology:
    - did the relevant Committee/case examiners/Registrar have enough information available to make the decision concerned?
    - were relevant procedural requirements complied with, including providing the registrant with a suitable opportunity to make representations, and the complainant with an opportunity to comment on the registrant's representations?
    - did the decision comply with the Council's published guidance?
    - was the decision well-reasoned such that a member of the public would be able to read the determination and understand the reasoning?
    - did the decision meet the requirements of the GOC's equality and diversity policy?

11. The categories for which the audit was conducted, and the sample sizes, are outlined below:

		Total Number	Audited
REGISTRAR DECISIONS			
1.	Decisions of the Registrar to open a fitness to practise investigation	161	7 (4%)
2.	Decisions of the Registrar **not** to open a fitness to practise investigation	215	21 (10%)
CASE EXAMINER DECISIONS			
3.	Decisions of the Case Examiners to take no further action	136	22 (16%)
4.	Decisions of the Case Examiners to issue a Registrant with advice	22	8 (36%)
5.	Decisions of the Case Examiners to issue a warning	38	6 (16%)
6.	Decisions of the Case Examiners that they are minded to issue a warning	42	5 (12%)
7.	Decisions of the Case Examiners to request further information	6	3 (50%)
8.	Decisions of the Case Examiners to refer to the Investigation Committee for Performance Assessment	2	0 (0%)
9.	Decisions of the Case Examiners to refer to the Investigation Committee for Health Assessment	2	2 (100%)
10.	Decisions of the Case Examiners to refer a matter to the FtPC	56	8 (14%)
11.	Decisions in cases reviewed under Rule 15 of the General Optical Council (Fitness to Practise) Rules 2013	12	3 (25%)
12.	Decisions in cases reviewed under Rule 16 of the General Optical Council (Fitness to Practise) Rules 2013	25	4 (16%)
INVESTIGATION COMMITTEE DECISIONS			
13.	Decisions on Performance or Health Assessments	2	2 (100%)
FTPC DECISIONS			
14.	Decisions of the Fitness to Practise Committee not to issue an interim order following an application by the General Optical Council	4	4 (100%)
15.	Decisions of the Fitness to Practise Committee to take no further action	12	10 (83%)
16.	Decisions of the Fitness to Practise Committee to issue a warning	1	1 (100%)
OTHERS			
17.	Appeal Case	0	0
18.	PSA Letters	0	0

12. The cases to be audited were selected randomly by RLB. This ensured the independence and objectivity of the process.

Audit Findings

13. The auditor's overall finding was that ''*We confirm that the findings made in this audit demonstrate substantial compliance with the Council's statutory obligations. They also demonstrate compliance with the Council's own procedural requirements and guidance. Whilst we have identified a number of cases where there were errors in decision making most were regarded as not having been material to the outcome. In a small number of cases we identified material errors and we detail those in this report.'*

14. The report contains many positive observations. These include:

FtP Team

- *We noted that the Case Work Team were actively considering the wider implications of concerns which are raised;*
- *In a previous report we had noted the need for vigilance when the Council received information about matters which ought to have been self-declared in a timely manner. We noted a number of examples of this being put into action;*
- *Decision letters relating to warnings contained clear information about the nature and effect of the warning;*
- *In previous reports we have commented on clarity of drafting in relation to clinical matters which would assist the lay reader of a decision. We noted a number of positive examples of this in this year's sample and have chosen to provide a few illustrations of these; and*
- *We encountered a number of examples which demonstrated the proper exercise of prosecutorial discretion, having regard to a change in the case's circumstances.*

Triage

- *The triage decisions were typically appropriate and sufficiently reasoned;*
- *We reviewed a total of 28 triage decisions in this category although we reviewed a small number of additional triage decisions where that was appropriate in the context of our consideration of cases in other categories. The triage decisions were typically appropriate and sufficiently reasoned; and*
- *We reviewed seven triage decisions to open an investigation. We regarded the decision to open an investigation as appropriate in each case.*

Case Examiners / Investigation Committee

- *In general, the real prospect test was correctly stated in the Case Examiners' decisions and was correctly applied. In previous audits we have identified examples of determinations where the Case Examiners had misstated the test. We did not encounter any such examples in this year's sample;*
- *This issue [culpable omissions] appears to have been effectively addressed by Case Examiners. In this audit we noted a number of cases in which the Case Examiners had clearly and appropriately considered the issue of*

culpability in this context and had made express reference to the relevant provisions in the Guidance;

- *We have noted that Case Examiners have responded to the outcome of previous audits in detailing the material which they have reviewed and in making clear whether representations from the Registrant have been received and considered;*
- *As in previous years, our review of determinations demonstrated Case Examiners engaging well with the evidence and setting out their assessment clearly;*
- *We reviewed eight decisions to refer cases to the FTPC. In each case we regarded the decision as appropriate and well-reasoned;*
- [Rule 16] *We reviewed four decisions in this category all of which were made by the Council. In some of the cases the referral to the FTPC was maintained. We regard the decisions made as appropriate…. All of the cases reviewed demonstrated appropriate reconsideration of the evidential position by the Council prior to the FTPC hearing; and*
- *We did not have any specific concerns about the Investigating Committee's decisions.*

Fitness to Practise Committee

- *We reviewed 10 cases where the Fitness to Practise Committee determined to take no further action with respect to a Registrant. The decisions were generally clear and well-reasoned;*
- *There were a number of areas of good practice we observed, including Committees setting out the background at the outset of the determination, clear summaries of legal advice provided and clear and careful analysis of the evidence including explanations of why one witnesses evidence was preferred over another's; and*
- *In previous audits, we have commented upon the relatively brief treatment which the Legal Adviser's advice receives in many FTPC determinations. That issue was considerably less evident in this sample.*

Material Issues

15. The auditor also states that, '*In a small number of cases we identified material errors and we detail those in this report.'*

16. The auditor identified three cases where he considered the issuing of warnings by case examiners to be material errors. We have reviewed these cases and we are in the process of applying to case examiners for a review of the warnings in all three cases.

17. The auditor also identified a case where the GOC did not draft allegations for the case examiners to consider and where he considered this may have led to a material error in decision-making. We have reviewed this case and, although we have accepted the general learning point regarding the non-drafting of allegations,

we disagree with the finding in respect of the specific case. Case examiners closed the case on the basis that they did not consider there to be a realistic prospect of a finding of impairment, taking into account the dishonesty spectrum, and it was open to them to adjourn the case and to direct the Registrar to draft formal allegations. We are therefore taking no further action in this case.

Learning Points

18. The report also contains a number of learning points. Where these relate to decision-making, they were addressed at FtPC member training in September 2020, and at case examiner/IC training in November 2020. The lead auditor attended both training events to walk through the learning points with decision-makers.

19. The learning points, and actions taken, are set out at Annex One. In summary, there are 20 overarching learning points, of which the GOC accepts 18 and partially accepts two.

20. The actions arising from the learning points are:

	Action Point	**Status**
1	Staff Training: • Allegation-Drafting • Risk assessment • Triage assessments	**Complete**
2	Case Examiner and Investigation Committee training	**Complete.** All learning points addressed at CE/IC training November 2020
3	GOC to review three cases where warnings given that may not have been appropriate	**In Progress**
4	GOC to review processes relating to: a. Not drafting allegations for CEs in all cases b. Improving quality of allegation-drafting c. CE decision review process	**a. Process Paused** **b. Complete** **c. Process Paused**
5	FtPC training	**Complete.** All learning points addressed at FtPC training September 2020

21. There were two action points pending from the previous (2018-19) audit, relating to updates to the allegation-drafting guidance, and associated staff training. Both have since been completed.

Finance

22. There is an approved budget for the cost of the audit. The cost of the audit fell within the allocated budget.

Risks

23. The potential risks identified within the audit report have been addressed.

24. The 2019-20 audit was presented to the Audit and Risk Committee on 1 February 2021.

Equality Impacts

25. An impact assessment (EIA) has not been completed in respect of this audit.

Devolved nations

26. There are no issues for the devolved nations identified in this audit.

Other Impacts

27. No other impacts have been identified arising from this audit.

Communications

External communications

28. The overall assurance level arising from the 2019-20 audit will be communicated to the PSA.

Internal communications

29. The key points from the audit have been communicated to:
    - Fitness to Practise Committee members
    - Investigation Committee members
    - Case examiners
    - GOC (Fitness to Practise) staff.

Next steps

27. There are two more annual audits provided for within the current contract.

Attachments

Annex one: Summary of Learning Points and GOC Management Response

GOC Audit of Decisions 2019-20: Learning Points & Management Response

Note: Action Points are grouped by remedial activity required.

Learning Point	Learning Point for	Learning Point Number(s)	Training?	GOC Formal Response	GOC Action Points
Risk Assessment					
Where a Registrant is already subject to restrictions on their registration when a new case is received great care should be taken in relying on those restrictions to manage any risk arising from the new case. The new and existing cases will progress differently, and the restrictions may be revoked or expire before a substantive outcome has been reached in the new matter.	FtP Team	1	FtP Team	**Accept**	**Action 1: Staff Training** **Completed September 2020**
The absence of harm to the complainant (or patient(s) who is/are the subject of a complaint) may merit limited weight in assessing the future risk posed by the Registrant if the alleged concerns are true. Significant departures from expected standards do not inevitably result in actual harm on every occasion.	FtP Team		FtP Team	**Partially Accept**	We accept the learning point as it relates to the specific case, but we are content that the team is trained to recognise that harm (or the absence of harm) is misleading when it comes to an assessment of risk. However, we will further reinforce this at the next risk training session. **Action 1: Staff Training** **Completed September 2020**
Acceptance Criteria					
Where a decision is made not to open a case based on the application of the Acceptance Criteria the relevant provisions should be identified in that decision.	FtP Team	2	FtP Team	**Partially Accept**	We accept the learning point as it relates to the specific case, but we are content that the team is trained to identify the relevant provisions of the AC that apply. However, we will further reinforce this with the Triage team. **Action 1: Staff Training** **Completed September 2020**

Learning Point	Learning Point for	Learning Point Number(s)	Training?	GOC Formal Response	GOC Action Points
Allegation Drafting					
The formulation of allegations can prove a helpful tool in the analysis of evidence and making important aspects of that analysis explicit. That is so even when it appears to the Case Work Team that the allegations seem unlikely to be proved. That is ultimately an assessment for the Case Examiners to make.	FtP Team	3	n/a	**Accept**	**Action 4: Process Changes** We have paused our previous process of not always formulating allegations when sending cases to case examiners.
Learning Point 3 in last year's audit stated: *"When allegations are being drafted the Case Examiners should bear in mind outcomes should not be relied upon in allegations unless they are genuinely determinative of the issue."* We would reiterate that point in light of the significant number of examples we found of cases where outcomes were expressly relied upon in allegations.	FtP Team	4	FtP Team	**Accept**	**Action 1: Staff Training** **Completed** December 2020 (allegation-drafting session run by external lawyers)
As we noted in each of the last two years, this cases illustrate scope for tightening up the reviewing process before cases are sent to the Case Examiners to ensure the relevant statutory grounds are referred to and the corresponding parts of the Act are cited.	FtP Team	5	FtP Team	**Accept**	**Action 4: Process Changes** **Complete.** We amended our casework team structure in August 2020 to provide for improved scrutiny of draft allegations at case examiner stage.
Realistic Prospect Test					
The Case Examiners should be reminded that in considering the Real Prospect Test with respect to factual allegations they should not rely on the findings made by third parties.	CEs/IC	6	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**

Learning Point	Learning Point for	Learning Point Number(s)	Training?	GOC Formal Response	GOC Action Points
Evidence from the last two years' audits suggests that Case Examiners have taken on board the learning from previous audits. Nonetheless, Case Examiners should be reminded to take care in their choice of language when recording the outcome of the real prospect test.	CEs/IC	7	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**
The Case Examiners should be reminded of the need to for caution in cases where adverse health and misconduct are alleged together. They are dealing with cases on the papers and at an early stage, often without independent medical expert opinion to assist them in distinguishing between pure misconduct and misconduct which may be caused or mitigated by adverse health. They should exercise due caution in closing the misconduct element in such cases.	CEs/IC	8	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**
Grounds of Impairment					
Case Examiners should be reminded of the importance of dealing separately with each of the alleged grounds of impairment when more than one ground is relied upon.	CEs/IC	9	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**
The Public Interest					
As we noted last year, Case Examiners must address the issue of the Public Interest with care, considering the constituent elements of the public interest and setting out their reasons for determining whether the public interest is or is not engaged. Further reinforcement of this point is required.	CEs/IC	10	CEs/IC	**Accept**	**Action 2 – CE/IC training** **(Completed Nov 20)**

Learning Point	Learning Point for	Learning Point Number(s)	Training?	GOC Formal Response	GOC Action Points
Health Matters					
The Case Examiners should be reminded that where health issues are raised in a case they must be mindful of the quality and sufficiency of the health evidence and should expressly consider whether a referral to the IC for consideration of a Health Assessment is appropriate.	CEs/IC	11	CEs/IC	**Accept**	**Action 2 – CE/IC training** **(Completed Nov 20)**
Giving Advice					
Case Examiners should be reminded that advice issued to registrants during the fitness to practise process should be clearly linked to the applicable standards of professional conduct promulgated by the Council.	CEs/IC	12	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**
CE/IC Warnings					
Case Examiners should be reminded of the importance of providing sufficient reasons for their decisions in relation to not giving warnings and this should include consideration of the public interest elements of the Council's function.	CEs/IC	13	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**
Case Examiners should be reminded that there should be an undisputed factual basis on which to issue a warning. There may be a small category of cases where there is overwhelming evidence in respect of a departure from standards. They should also be reminded that it is not appropriate for the Council to make a formal response to allegations when they, the Case Examiners, have determined that there is no real prospect of proving those allegations.	CEs/IC	14	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)** **Action 3** – GOC to review three cases identified where warnings were imposed and to consider seeking a review of those decisions. **Ongoing.**

Learning Point	Learning Point for	Learning Point Number(s)	Training?	GOC Formal Response	GOC Action Points
Case Examiners should be reminded that the nature and effect of warnings needs to be considered when determining whether a warning is proportionate. Those considerations should be addressed at the Minded to Warn stage. This would serve two distinct functions; Firstly, it would ensure that the issue of proportionality is addressed by the Case Examiners. Secondly, it would afford the registrant the opportunity to address those matters in any representations before a final decision is made.	CEs/IC	15	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**
Case Examiners should be reminded to make explicit reference to the relevant guidance on warnings. Decisions should ideally provide a clear indication of any aggravating or mitigating factors which have been considered, in accordance with the guidance.	CEs/IC	16	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**
The text of warnings should be clearly anchored in the applicable standards.	CEs/IC	17	CEs/IC	**Accept**	**Action 2** – CE/IC training **(Completed Nov 20)**
Review of CE Decisions					
When a review of a Case Examiners' decision identifies potential errors then great care should be exercised in determining how to address these taking proper account of the limited scope which Case Examiners have to make any modification to their decisions once they are delivered.	FtP Team	18	n/a	**Accept**	**Action 4** – **Complete.** GOC has ceased plans to implement a CE decision review process and will re-visit via the regulatory reform process.

Learning Point	Learning Point for	Learning Point Number(s)	Training?	GOC Formal Response	GOC Action Points
FTPC – IO Hearings					
Echoing observations which we have made previously we note: The FTPC should take care to provide some indication of the nature of the submissions made by the parties and the content of the legal advice received. In the absence of such information it is difficult for the determination to serve as a standalone document. The absence of such information also makes it difficult for the parties to ascertain whether the submissions and advice have been correctly understood.	FtPC	19	FtPC	**Accept**	**Action 5** – FtPC training **(Completed Sep 20)**
FTPC – Drafting Determinations					
Whilst we have identified relatively few issues in the sample of FTPC determinations reviewed this year we nonetheless believe it is important that Committees are reminded of the importance of writing their determinations to be standalone documents which are intended for a general readership who do not have access to the supporting documents. This means that it is crucial that sufficient detail is recorded so that the reader can understand the positions advanced by the parties on key points, the legal principles which have guided the decision-making and the Committee's reasoning.	FTPC	20	FTPC	**Accept**	**Action 5** – FTPC training **(Completed Sep 20)**

COUNCIL FORWARD PLAN Q1 TO Q4

Q1	Q2	Q3	Q4
14.07.2021	**22.09.2021**	**08.12.2021**	**16.03.2022**
• CEO Report • Chair Report • Education Strategic Review • Education Annual Monitoring Report • FTP Performance Review / Update and/or rules changes • PSA performance review • Q4 financial and performance reports • Raising concerns guidance consultation outcome • Meeting dates for 2022-23	• CEO Report • Chair Report • Education Strategic Review • OCCS Annual Report • Legislative change update • Annual report and financial statements for year ended 31 March 2020 • Council member appointments • Q1 financial and performance reports • Equality, Diversity and Inclusion: monitoring report • Communications strategy	• CEO Report • Chair Report • Education Strategic Review • FTP Audit of Decisions • Accreditation and quality assurance • FTP Update • First Draft External Business Plan • Council's Trustee Duty responsibilities and PSA regulatory responsibilities assessment review • Q2 financial and performance reports • ToR: RemCo	• CEO Report • Chair Report • FTP Improvement Programme Update • FTP Audit of decisions • Public perceptions survey • Registrant survey • Standards of Practice for individual registrants for consultation • Stakeholder survey • Equality, Diversity and Inclusion: monitoring report • Budget and Business Plan for 2022/23 • ToR NomCo

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