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# Preparing students for safe and confident practice in a changing optical sector

## Analysis of responses to the GOC's Education Strategic Review concepts and principles consultation

Prepared for:

General Optical Council

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# Contents

# 1. Executive summary

## 1.1 Introduction

As part of its Education Strategic Review (ESR), the GOC ran a consultation from December 2017 to March 2018 on the concepts and principles that could underpin optical education and training in the future. The consultation comprised 21 questions across 11 concepts, most of which were open-ended. This report provides an independent analysis of the 36 responses received.

## 1.2 Key findings

The majority of responses to this consultation were supportive of the concepts being explored by the GOC. In particular, there was a strong endorsement of the GOC taking outcomes-based approach to it regulation of education provision.

However, in some cases support was with reservations or caveats due to uncertainty about how these high level principles would be translated into specific proposals or because of concerns about risks or potential implementation challenges.

Some also questioned whether the GOC should be involved in certain areas being explored, as this was not seen to be in keeping with an outcomes-based approach.

A summary of responses to each of the concepts is provided below.

| | Concept overview and questions | Summary of responses |
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| **Concept 1: Standards for education providers** | *We are exploring the concept of introducing a new single set of high-level Education Standards for all education and training providers that deliver programmes and qualifications for optometrists and dispensing opticians that lead to professional registration with us.*<br>1. *Do you agree or disagree with us further exploring the concept of new Education Standards in the way we describe above?*<br>2. *Please tell us more about your views on this concept, including any opportunities or risks you foresee.* | • 32 of the 33 who responded to Q1 agreed with the concept of introducing new standards for education.<br>• In describing more about their views, respondents indicated two main reasons for their agreement with this concept:<br>○ It was felt that undertaking periodic reviews of education standards is good practice; and<br>○ It was expected that such standards would be less prescriptive and thereby enable greater agility and innovation from providers. |

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| | | • However, there was a perception that some of the detail provided by the GOC on this concept relates to inputs and this was regarded as not being in keeping with an outcomes focus.<br>• Some stakeholders expected that it will be more challenging for the GOC to evaluate high-level Education Standards and a number of considerations were identified for the further development of such an approach. |
| **Concept 2: Education standards and professionalism** | *We are considering linking any new Education Standards directly to our Standards of Practice for Optometrists and Dispensing Opticians.*<br>3. *Do you agree or disagree with the concept of informing our education requirements by our professional standards?*<br>4. *Please tell us more about your views on this concept, including any opportunities or risks you foresee.* | • 27 of the 32 respondents who directly answered Q3 agreed with the concept of informing education requirements with the professional standards.<br>• In explaining their views, respondents felt that it is important for students to learn what will be expected from them in practice from an early stage in their education.<br>• However, some objected to the reference in the detailed description to a 'strong link' because they:<br>  ○ Perceived the professional standards to have some gaps from an educational perspective; and<br>  ○ Were concerned that a strong link could create pressure to fit different topic areas against each standard instead of ensuring that they are covered in the most optimal way. |
| **Concept 3: Learning outcomes** | *We are considering introducing education learning outcomes which all optometry and dispensing optician education providers would be required to deliver.* | • Most responses to this concept were supportive but with caveats.<br>• A number of stakeholders could see a case for change because of what they perceived to be deficiencies in the current, competency-based framework. |

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| | 5. *What are your views on the concept of system-wide learning outcomes for optometry and dispensing optician education and training, instead of an educational competency-based approach?* | • In addition, some identified an opportunity for broader learning outcomes to afford education providers more flexibility over how they deliver their programmes.<br>• However, the potential for learning outcomes to lead to greater variability in, or a lowering of, standards was identified as a risk that would need to be carefully managed. |
| **Concept 4: Links to continuing education and training** | *We are considering the implications of our Education Strategic Review on Continuing Education and Training (CET) including whether any change to the education competency-based approach would enable us to focus the CET scheme on our Standards of Practice for Optometrists and Dispensing Opticians rather than the current education competencies.*<br>6. *What do you see as the merits to removing the current link between CET and our education requirements, if any?*<br>7. *Do you envisage any disadvantages or risks in this approach, and if so what are they?* | • While not all addressed the GOC's questions in relation to this concept directly some did see potential for the removal of the link to entry-level education competencies to better enable further skills development and a transition to Continuing Professional Development (CPD).<br>• The great majority expressed their support for the CET scheme to evolve into a CPD approach as it was felt that this would better support further skills development and help to engender an ethos of life-long learning.<br>• Some risks of moving to CPD were also perceived, the most significant of these being the potential for some registrants not to maintain core competencies and for the GOC to have less ability to evaluate this. |
| **Concept 5: Educational content** | *We are considering reviewing the content of education and training leading to professional registration with us.*<br>8. *What do you see as the key changes needed to the current content of optometry programmes and dispensing optician programmes to ensure our future requirements are fit for purpose?* | • A number of stakeholders felt that any involvement of the GOC in setting educational content would be at odds with taking an outcomes-focused approach and some questioned the assertion made in relation to this concept that change is required.<br>• Nonetheless, a number of respondents highlighted specific areas where they felt increased emphasis will be needed given changes in the practice environment |

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| | | and patient needs. The suggestions made covered a broad territory including patient types, modes of practice, clinical skills, research skills, technology, professional skills and statutory requirements.<br>• It was expected that some difficult decisions and trade-offs would be needed to accommodate new content if course lengths remain unchanged. |
| **Concept 6: Enhanced clinical experience for students** | *We are exploring the implications of introducing a hybrid approach to all education programmes leading to professional registration with us – an approach that combines academic study with clinical experience from the start.*<br>*9. Do you agree or disagree with the concept of embedding clinical elements of education and training progressively from the outset of programmes?*<br>*10. Tell us more about your views on this concept.*<br>*11. What do you foresee as being any positive or negative impacts on students, education providers, employers, patients and carers from taking a hybrid approach?* | • 23 of the 28 who directly responded to Q9 agreed with this concept.<br>• However, there were some significant caveats and areas of uncertainty about how it would work in practice.<br>• The importance and value of including a high quality and varied clinical experience within education programmes was uncontested and a number felt that there is scope to increase this.<br>• However, some considerable implementation challenges and risks were foreseen with respect to providing a greater number of external placements in particular.<br>• As such, stakeholders would want to see strict rules and guidelines in place to ensure students receive a high quality clinical experience, and a number also felt that further feasibility testing would be required.<br>• A number would be strongly opposed to the implementation of this concept resulting in a move away from a pre-registration year where this applies in optometry. |
| **Concept 7: National registration examination** | *We are exploring whether we should retain the principle of a national standardised examination or assessment as a requirement, together with other elements, for* | • 21 of the 26 who directly answered Q12 agreed with the concept of a national registration examination. |

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| | *UK trained practitioners to enter the GOC's professional register.*<br>12. *Do you agree or disagree with the concept of a national registration examination?*<br>13. *What are the merits and risks of this concept?* | • The main merit perceived of this concept was as a mechanism to ensure consistency of standards.<br>• Many were of the view that this already exists in optometry through the Scheme for Registration (SfR) including the final Objective Structured Clinical Examination (OSCE), and the registration exam in dispensing optics.<br>• In the absence of being provided details about any new alternative approach, a number of stakeholders said that they do not see any obvious advantages in replacing what currently exists. |
| **Concept 8: Multi-disciplinary education** | *We are exploring whether we should retain the principle of a national standardised examination or assessment as a requirement, together with other elements, for UK trained practitioners to enter the GOC's professional register.*<br>14. *Do you agree or disagree with the concept of a national registration examination?*<br>15. *What are the merits and risks of this concept?* | • Multi-disciplinary learning was perceived to have significant value in preparing students for multi-disciplinary health delivery, and a number of education providers reported that it already forms part of their programmes.<br>• However, it was regarded as important that multi-disciplinary learning approaches are designed in such a way to demonstrably enhance learning rather than being treated as a tick box exercise.<br>• In addition, a number of implementation challenges were identified, leading some to caution against the GOC taking a prescriptive approach in this area, given the different circumstances of education providers. |
| **Concept 9: Duration of education and training programmes** | *We are considering whether or not to retain the current minimum duration of education and training for optometrists and dispensing opticians.*<br>16. *What do you see as the strengths and weaknesses of* | • Most focused on initial optometry education in addressing this concept, with some considering the potential impact of lengthening and others of shortening courses.<br>• Overall, there was no consensus about whether longer courses would |

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| | *retaining the current minimum duration as described above?*<br>17. *What could be done differently in order to ensure students become competent, confident and safe beginners?* | be beneficial (to enable more content and clinical experience to be provided) or detrimental (because of the additional costs and potentially reduced attractiveness to students). This led some to suggest that there should be further exploration of alternatives to increasing course length (e.g. apprenticeships or transitioning to a clinical degree).<br>• Shorter courses were generally not favoured as it was felt that this could compromise the depth and scope of programmes and reduce the opportunity for students to consolidate their learning or to practise skills.<br>• Beyond the issue of duration of education and training, some suggested that interventions be considered to ensure the quality of the student intake and to better support newly qualified registrants in practice. |
| **Concept 10: UK educational routes to registration** | *We are considering how the structure and content of courses delivered in the UK that lead to professional registration with the GOC could enable effective career progression and transference into and between different optical roles.*<br>18. *What do you see as the opportunities for more flexibility between the education of different regulated and non-regulated optical professions?*<br>19. *What are the constraints and risks to this?* | • There was widespread support of this concept as a way of creating a flexible, well-trained workforce and also from an equality and diversity perspective.<br>• However, it was seen as critical to patient safety that all potential entrants to educational programmes demonstrate the required criteria and minimum competency standards.<br>• There were perceived to be no issues currently with the pathway between dispensing optics and optometry and between optometry and independent prescribing (IP) optometry.<br>• Career progression into optometry or dispensing optics from orthoptics and non-regulated roles was felt to be less clear and stakeholders would welcome an approach which |

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| | | encourages non-regulated colleagues to develop and expand their skills. |
| **Concept 11: Proportionate quality assurance** | *We will in due course be considering how we develop a proportionate approach to our approval and quality assurance mechanisms for education providers in the context of the future recommendations of the Education Strategic Review.*<br>*20. Are there any other principles and concepts we should consider at this stage in exploring future approaches to our quality assurance processes?* | • Stakeholders would like to see the GOC develop a risk-based, evidence-led and proportionate approach to quality assurance.<br>• As part of being proportionate they called on the GOC only to request information it will use and to ensure that its requirements do not duplicate other quality assurance processes.<br>• There were also a number of recommendations related to effective communication and relationship management.<br>• Some would expect quality assurance of education to become more challenging for the GOC if higher level Education Standards and learning outcomes are adopted as this will (intentionally) lead to more variation in education programmes.<br>• It was perceived to be particularly important in this context that the GOC's visitors are well-trained, that its quality assurance approach is consistently applied across providers, and that there is a focus on outputs rather than inputs. |
| **Equality and diversity** | *We must ensure that we recognise the impact of any future proposals from the Education Strategic Review on all our stakeholders.*<br>*21. Please tell us about any direct or indirect impact you can foresee from the concepts and principles we have set out in this public consultation on anyone with protected characteristics.* | • The majority did not answer this question or said that that they could not foresee particular impacts.<br>• Among those who gave a response, both positive and negative impacts were perceived as possible:<br>  ○ More access to education transference and career development opportunities.<br>  ○ Practical barriers to some students (including with |

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| | | protected characteristics) taking up multiple external placements.<br>○ Increased costs associated with multiple external placements and potentially longer courses.<br>○ Possibility of less rigorously applied equality and diversity procedures in clinical placements compared to the university environment. |

# 2. Introduction

## 2.1 Context

The General Optical Council (GOC) is the regulator for the optical professions in the UK and its role is to protect and promote the health and safety of the public. One of the GOC's statutory functions is to accredit and quality assure the education programmes and qualifications that lead to registration with the GOC.

The optical sector is going through a period of significant change as a result of developments in technology and an increasing demand for eye care caused by the ageing population. As a result, the roles of optical professionals are likely to change and the GOC is undertaking an education strategy review (ESR) with a view to ensuring that education and training equips optical students and professionals for the roles of the future.

To commence this review, the GOC published a call for evidence in December 2016 which asked for feedback on a total of 17 broad ranging questions about the future of eye care delivery and implications of these changes for the education of optical professions. The responses to this review were independently analysed and published in June 2017[1].

Following this, the GOC commissioned a review of patterns and trends in initial education, focusing both on optical education in other jurisdictions and on education of other health professions within the UK. This report was published in November 2017[2].

Most recently, the GOC ran a consultation from December 2017 to March 2018 on the concepts and principles that could underpin optical education and training in the future. This consultation is the subject of this report and more details on its content and responses are provided below.

## 2.2 Concepts and principles consultation

The concepts and principles consultation comprised 21 questions across 11 concepts, most of which were open-ended. A summary of the concepts and questions is included in the body of the report and the full detail is contained in Appendix 1.

A total of 36 responses to the consultation were received between 15 December 2016 and 16 March, 2017. The respondents received fell into the following categories[3]:

- Education and training providers (11)

[1] http://www.optical.org/filemanager/root/site_assets/education/education_strategic_review/supplementary_reading/goc_education_strategy_review_-_call_for_evidence_summary.final_64303.pdf

[2] http://www.optical.org/filemanager/root/site_assets/education/education_strategic_review/supplementary_reading/educational_patterns_and_trends_-_november_2017_fin.pdf

[3] One organisation responded in a dual capacity and is counted both as an education provider and other organisation. A number of the individuals have a role in education and training delivery and some of their responses were similar to those given by education providers. Included in responses were 9 organisations based in the devolved nations.

- Other organisations (17)
- Individuals (10)

## 2.3 This report

This report provides an independent analysis of responses to the concepts and principles analysis. Both quantitative and qualitative methods have been applied. A grounded thematic approach to the qualitative analysis was employed which identified the themes emerging from the verbatim responses and measured their prevalence. All responses have been considered and each category of respondent has been given equal weight.

This report provides a thematic summary of the main feedback collected against each of the consultation questions. It also identifies variations in responses and exceptional views where these occurred. Selected anonymised quotes have been included to provide a flavour of views expressed.

The verbatim responses received will also be published on the GOC's website in cases where specific permission for this has been provided by the individual respondents.

# 3. Concept 1: Standards for education providers

## 3.1 Overview of concept and questions asked

*We are exploring the concept of introducing a new single set of high-level Education Standards for all education and training providers that deliver programmes and qualifications for optometrists and dispensing opticians that lead to professional registration with us.*

1. *Do you agree or disagree with us further exploring the concept of new Education Standards in the way we describe above?*
2. *Please tell us more about your views on this concept, including any opportunities or risks you foresee.*

## 3.2 Summary of responses

- Most respondents agreed with this concept. This was for two main reasons:
    - It was felt that undertaking periodic reviews of education standards is good practice; and
    - It was understood that such standards would be less prescriptive and thereby enable greater agility and innovation from providers.
- However, there was a perception that some of the detail provided by the GOC on this concept relates to inputs and which was regarded as not in keeping with an outcomes focus.
- Some stakeholders expected that it will be more challenging for the GOC to evaluate high-level Education Standards and a number of issues to consider were identified for any further development of such an approach.

## 3.3 Responses in more detail

Most respondents (32) stated that they agree with this concept, however for a small number amongst these it was not full agreement (with reservations; majority but not universal agreement within their organisation). Only one said that they don't know and no respondents disagreed. The remainder did not answer this question (3).

One of the reasons for agreement was the view that it is good practice for regulators and accrediting bodies to undertake periodic reviews of their approach to the setting of educational standards in order to ensure the continued relevance of these standards to modern practice and that a strong emphasis on patient safety is maintained.

> *"In the light of projected changes to future optical practice it is sensible to reconsider Educational Standards in this way. Introducing new Education Standards would enable the*

> *profession to re-emphasise the central tenet of the GOC: patient safety."* (Education provider)
>
> *"All accreditation and registration organisations have a duty to review their standards periodically…Introducing new Education Standards would enable the profession to re-emphasise the priority of patient care and safety as the primary focus in education, and in the development of the professions and their scopes of practice."* (Education provider)

Another reason for agreeing with this concept was the perception that high-level Education Standards, which are more focused on outcomes and less on process, will enable greater agility and innovation from providers to respond to predicted changes to optical practice. In particular, it was regarded as important that such standards enable and support the expected continuing trend for optical professionals to move up the skills ladder.

> *"…this approach would allow training institutions to respond to change quickly. Training institutions must have the ability to adapt quickly whenever there is new technology and innovation in eyecare. The GOC should allow this agility by being less prescriptive with regard to course content, standing back from competencies and allowing an outcome based approach."* (Other organisation)

One stakeholder said that they view the concept as being in line with principles of good regulation. Another felt that it reflects the approach taken by other regulators such as the GMC. An associated opportunity was seen for new Education Standards to facilitate greater alignment with other programmes of health education and different models of eye care nationally.

Some also perceived an opportunity for new Education Standards to improve on particular aspects of the GOC's current education requirements by de-emphasising areas covered by other quality assurance measures or believed to be too prescriptive or input-driven. However, whilst supporting the concept of education standards, there were others who do not regard the GOC's existing competency-based approach as holding back innovation. They felt that the current curricula already incorporate features that the GOC has highlighted as being beneficial, and are regularly reviewed.

There was also a perception that some of the detail behind this concept provided by the GOC is input-related and at odds with a high-level approach. This view was particularly held about references (on p13 of the GOC consultation document) to new Education Standards potentially relating to the design and delivery of programmes, and to course content. One stakeholder questioned whether the GOC's goal is to assure quality or to drive education in a particular direction, whilst indicating a strong preference for the former.

A number also identified some factors that they believed to be worthy of further consideration for any future development of Education Standards:

- That an evidence-based approach is taken - in particular, some questioned the evidence to support the opinion that the GOC has drawn from the Call for Evidence about there being *"insufficient clinical competence, confidence and professional willingness among optical*

*professionals to undertake new roles"* and that "*this is seen to be linked to the content and structure of existing education and training"* (GOC consultation document, p12).

- That the new Education Standards need to be sufficiently detailed to ensure they can be understood and implemented but not so prescriptive as to stifle innovation and difference.
- That the notion of education rather than training should be maintained in any new Education Standards, so that good practice is underpinned by good theory.
- That the value of inter-professional education is balanced against a need to ensure that core content is not lost, and that this learning has an explicit purpose and does not become generic.
- That the value of developing active relationships with employers is balanced against a need for education providers to ensure quality and not to skew provision in a particular direction or risk a conflict of interest.

Some perceived a risk for it to be more difficult for the GOC to evaluate high level Education Standards compared to the current approach. It was generally believed to be critical for the GOC to guard against new Education Standards leading to variation in quality or a reduction in the overall standards demonstrated by students and graduates. This was perceived to require robust systems of assessment and skilled appraisers to ensure all providers adopt an appropriate and consistent interpretation of the standards.

> *"The risk with introducing higher level, less explicit standards is that it is harder to assess them consistently. Visitors will need to be highly skilled and the GOC will need to ensure that the assessment system they work within encourages appropriate and consistent interpretation of the standards."* (Other organisation)

# 4. Concept 2: Education standards and professionalism

## 4.1 Overview of concept and questions asked

*We are considering linking any new Education Standards directly to our Standards of Practice for Optometrists and Dispensing Opticians.*

3. *Do you agree or disagree with the concept of informing our education requirements by our professional standards?*
4. *Please tell us more about your views on this concept, including any opportunities or risks you foresee.*

## 4.2 Summary of responses

- The majority of respondents agreed with this concept and as they believed it to be important for students to learn what will be expected from them in practice from an early stage in their education.
- However, some objected to the reference in the detailed description to a 'strong link' as they:
    - Perceived the professional standards to have some gaps from an educational perspective: and
    - Were concerned that a strong link could create pressure to fit different topic areas against each standard instead of ensuring that they are covered in the most optimal way.

## 4.3 Responses in more detail

The majority of respondents (27) who directly answered the rating question stated that they agree with this concept, however for a few amongst these it was agreement with reservations or caveats. A small number disagreed (3) or said that they don't know (2). The remainder reported lacking consensus within their organisation (1) or did not answer this question (3).

The main reason given for supporting this concept was the view that it is important to make students aware from an early stage of what will be expected of them in practice and, in particular, to instil in them a sense of professionalism from the outset.

> *"We are supportive of the GOC using its standards for professionals to inform its new education requirements…It should help to ensure that the standards for professionals are well understood at an early stage and should help to embed these requirements when students qualify and join the register."* (Other organisation)

> *"(We) see them as a pragmatic framework for registrants to abide by. It is entirely sensible that, if compliance with the standards is the measure of clinical competence by which registrants are judged,…the education system is built on that framework."* (Other organisation)

Some stakeholders stated that their support was contingent on the professional standards being dynamic and subject to review so that they continue to be relevant.

Among the minority who were ambivalent, some felt that standards are already included in the curricula and questioned the need for making this an explicit requirement. A couple also stated that they were unsure about how such a link would work as they understood Education Standards to refer to expectations of education providers whereas professional standards to apply to students. They would like greater clarity to be provided on this.

In addition, it was felt by some that standards of practice should 'inform' but not be 'strongly linked to' educational standards. This was main reason given for disagreeing with the concept but some who agreed in principle also held the view. One of the reasons for being opposed to a strong link being made is that the professional standards were regarded by some to have gaps from an educational perspective, including placing little emphasis on knowledge and critical thinking.

> *"We appreciate the importance of the standards for professional practice but they include relatively little emphasis on knowledge and application of a critical approach to new knowledge, evidence and/or technology. It is our view that the professional standards should inform but not be strongly linked to education requirements."* (Education provider)

It was also believed by some that a strong link would risk the format of the professional standards dominating and creating pressure to fit different topic areas against each standard instead of just ensuring that they are covered in the most appropriate way. For example, it was believed to be important that professionalism is not confined to a single module but woven into all aspects of the curriculum.

A couple of respondents also took the opportunity in answering this consultation question to ask for clarification from the GOC on what it expects from educational providers in applying Fitness to Practise procedures to students.

# 5. Concept 3: Learning outcomes

## 5.1 Overview of concept and questions asked

*We are considering introducing education learning outcomes which all optometry and dispensing optician education providers would be required to deliver.*

5. *What are your views on the concept of system-wide learning outcomes for optometry and dispensing optician education and training, instead of an educational competency-based approach?*

## 5.2 Summary of responses

- The majority of responses to this concept were supportive but with caveats.
- A number of stakeholders could see a case for change because of what they perceived to be deficiencies in the current, competency based framework.
- In addition, some identified an opportunity for broader learning outcomes to provide education providers with more flexibility over how they deliver their programmes.
- However, the potential for learning outcomes to lead to greater variability in, or a lowering of, standards was identified as a risk that would need to be carefully managed.

## 5.3 Responses in more detail

A number of respondents saw a case for change because of what they perceived to be deficiencies with the current, competency-based framework. In particular, there was a widespread view that the current approach places too much focus on inputs and that some of the required outcomes may be too advanced for students at earlier stages in their development.

> *"We support the concept of high level learning outcomes to define what trainee practitioners must demonstrate they can do at a given stage of their training e.g. on graduation or at registration. The current input driven approach has resulted in a reductionist and rather mechanistic approach to assessment at times."* (Education provider)

> *"From our perspective the problems with the current model are: i) Detailed inputs are described as well as outputs… (and) ii) The outputs described at undergraduate level (Stage 1 competencies) are detailed (not 'high level outcomes') and arguably too advanced for undergraduates…"* (Education provider)

The adoption of higher level learning outcomes was also seen to afford education providers greater flexibility over how they deliver their programmes.

> *"New outcome requirements should give educational providers the flexibility to meet changing demands and developments. The requirements should enable innovation while*

*ensuring that common learning outcomes, including clinical and critical thinking skills, are embedded across course content – within and across different institutions."* (Other organisation)

In addition, one stakeholder saw the potential for learning outcomes to lead to a full outcomes approach to education, as is the case currently with some other health professions, wherein all curriculum and assessment decisions are based on defined learning outcomes.

A number of suggestions for any future development of learning outcomes were made by some stakeholders:

- That the GOC receives wide-ranging input from practitioners, educators and employers in the development of learning outcomes to ensure broad agreement is reached on the appropriateness of their contents.
- That the learning outcomes are sufficiently detailed to enable providers – and students - to understand what is required but not so prescriptive as to leave no room for innovation. In addition, careful wording was seen to be required to ensure consistent interpretation.
- That they include a focus not only on practical clinical skills but also contain requirements for academic and intellectual attainment such as a strong understanding of the science of the visual system and visual processing, critical thinking skills and the ability to weigh evidence. It was perceived that this mix of skills would be important for the future proofing of the sector by equipping graduates with the skills needed to adapt to changes in practice and technology. There was also a view that learning outcomes need to be relevant to different stages of students' development.
- Some strongly believed that there should be separate learning outcomes for student dispensing opticians and optometrists to reflect what they regard to be fundamental differences in the professions. Others felt that there would be an opportunity for such an approach to facilitate a move towards a single register with entry based on the demonstration of core outcomes with further skills development options to allow progression up or within the register.

The potential for learning outcomes to lead to greater variability in, or a lowering of, standards was identified as a risk as there was perceived to be more room for interpretation with this approach compared to a competency-based framework. One stakeholder perceived a specific risk to patient safety from removing competencies for work with patients under supervision. As with Education Standards, it was seen as critical that learning outcomes be robustly applied and assessed and to ensure quality and consistency in education.

That being said, only a small minority said that they would prefer to retain (but modify) the current competency-based approach.

Some would like more clarity from the GOC on how it envisages learning outcomes will link to Education Standards.

# 6. Concept 4: Links to continuing education and training

## 6.1 Overview of concept and questions asked

*We are considering the implications of our Education Strategic Review on Continuing Education and Training (CET) including whether any change to the education competency-based approach would enable us to focus the CET scheme on our Standards of Practice for Optometrists and Dispensing Opticians rather than the current education competencies.*

6. *What do you see as the merits to removing the current link between CET and our education requirements, if any?*
7. *Do you envisage any disadvantages or risks in this approach, and if so what are they?*

## 6.2 Summary of responses

- While not all addressed the GOC's questions in relation to this concept directly some did see an opportunity for a removal of the link to entry-level education competencies to better enable further skills development and a transition to Continuing Professional Development (CPD).
- The great majority expressed their support for the CET scheme to evolve into a CPD approach as it was felt that this would better support further skills development and help to engender an ethos of life-long learning.
- Some risks to moving to CPD were also perceived, the most significant of these being the potential for some registrants not to maintain core competencies and for the GOC to have less ability to evaluate this.

## 6.3 Responses in more detail

In providing feedback on this concept, a number did not specifically address the potential removal of the current link between CET and the GOC's education requirements. However, some did see the opportunity for a removal of the link to entry-level education competencies to better enable further skills development and a transition to CPD.

> *"Whilst the current education links to CET enable registrants to keep updated in fields they may not see regularly, removing the rigid links between pre-qualification education competencies and post-registration education would make a continuing professional development (CPD) scheme possible, and would go some way to addressing the future pathways of optical registrants."* (Education provider)

Some understood in relation to this concept that the GOC is considering linking not just initial education and training but also post-graduate education and professional development to relevant learning outcomes, which they supported. However, a small number felt it might be difficult to set

learning outcomes for all qualified practitioners given the range of clinical skills that exist across different modes of practice. One stakeholder also felt that it could be challenging for registrants to self-assess whether they have achieved their learning outcomes through their professional development activity.

A number of respondents commented on the CET scheme more generally and most stated that they believe the current CET scheme should be reformed. This relates to the widespread perception that CET is primarily focused on maintenance of entry-level skills and does not sufficiently support further skills development or encourage an ethos of life-long learning, both of which were believed to be important for the future of the optical professions. Most, therefore, would support a move towards a CPD approach, and any measures that would facilitate this.

> *"CET is currently a largely tick-box based exercise and, as such, results in registrants doing the bare minimum for certain competencies which they may not enjoy/find interesting/know much about...This means that registrants are not keen to expand their knowledge base. A better approach would be to allow practitioners to expand their knowledge in specific areas, those which they either have more exposure to because of their job, or because they have an interest in that particular area."* (Other organisation)

> *"Entry level registration requirements should not be the limit of learning for registrants, yet this has been an unintended outcome of the CET system. A system of CPD should be implemented for maintenance of registration, in order to nurture the GOC's ambition for lifelong learning and professional development or registrants. In particular, emerging roles are not effectively supported by the current approach."* (Other organisation)

However, moving to CPD was seen as a significant change of approach which would require the engendering of cultural change among registrants, as well as the provision of the necessary infrastructure and guidance to enable them to manage their own learning and development.

> *"It would require a significant change in mind set by registrants, with more personal planning of development activities and maintenance of records of activity."* (Individual)

As such some risks were identified, the most significant of these being the potential for some registrants to fail to maintain core competencies and for the GOC have less ability to evaluate this. Given this, some believed that a compulsory element should be retained if the GOC does not wish to move to revalidation. It was also generally believed that an effective audit system would need to be developed, which could be risk-based.

> *"I think it would take a while for CPD to bed in and, without some mandatory components as in the present CET structure, we could find ourselves as practitioners cherry picking areas we feel comfortable learning about and not filling in the gaps..."* (Individual)

> *"The downside of a portfolio approach is that only a sample would be able to be reviewed in any one year – perhaps (it could be) a random sample combined with added focus on the*

*newly-qualified, those taking on new non-traditional roles and those working in higher risk clinical practice."* (Other organisation)

In addition, some stakeholders mentioned some associated changes that they felt would need to be made to ensure a CPD system could be successfully implemented:

- That registrants are provided protected time and funding for undertaking CPD.
- That registrants are able to record and credit a broader range of relevant learning than is presently possible, including higher qualifications.
- That the GOC register has a means of recognising and informing the public about a registrant's enhanced skills.

# 7. Concept 5: Educational content

## 7.1 Overview of concept and questions asked

*We are considering reviewing the content of education and training leading to professional registration with us.*

8. *What do you see as the key changes needed to the current content of optometry programmes and dispensing optician programmes to ensure our future requirements are fit for purpose?*

## 7.2 Summary of responses

- A number of stakeholders felt that any involvement by the GOC in setting educational content would be at odds with taking an outcomes-focused approach and some questioned the assertion made in relation to this concept that change is required.
- Nonetheless, a number of respondents highlighted specific areas where they felt increased emphasis will be needed given changes in the practice environment and patient needs. The suggestions made covered a broad territory including patient types, modes of practice, clinical skills, research skills, technology, professional skills and statutory requirements.
- It was expected that some difficult decisions and trade-offs would be needed to accommodate new content if course lengths remain unchanged.

## 7.3 Responses in more detail

A number of stakeholders challenged this concept as they regarded detailed specification of the curriculum not to be part of the GOC's role as a regulator, particularly if it intends moving to a more outcomes-focused approach.

> *"(We are) not in favour of the GOC specifying curriculum content in any more detail than is required to deliver outcome-based high-level standards. Education providers should be empowered to develop course content in collaboration with the sector as a whole to deliver the learning standards/outcomes required and should be held rigorously to account for doing so. Over-specification of inputs detail could restrict innovation and might not keep up with changing practice and technology."* (Other organisation)

Some also felt that any discussion of content is premature and should only be considered once learning outcomes have been agreed.

In addition, some questioned what evidence the GOC has to support the assertion associated with this concept that *changes* to the current content of educational programmes are required. They were of the view that a number of areas highlighted by the GOC as being important have already been built into education programmes and that regular, evidence-based reviews are undertaken of curricula.

> *"What is the evidence that changes are needed to the current content of optometry programmes to ensure future requirements are fit for purpose? The Call for Evidence Summary Report has gathered opinion about a changing eye care landscape which we do not contend. This may require optical providers to change the mode and scope of services they deliver, but where is the evidence that graduates with a BSc/MOptom in Optometry are not suitably equipped to contribute to these new and evolving models of care?"* (Education provider)

> *"Optometry programmes regularly undertake curriculum reviews to take account of technological advancement and changes in clinical practice… In our view, prescribed step changes in course content are not required; programme content continually evolves in light of the latest research and professional standards."* (Education provider)

Related to the above, many of those who made content-related suggestions did not position these as required changes but more generally as areas they believe to be priorities. Some specifically commented that they believe a number of their suggestions are in fact already in place within current education programmes in many instances.

Stakeholders approached making suggestions in a variety ways. Some referred to the core principles of initial education and what they expected the content and delivery of education programmes to engender in students:

- The safety of patients was perceived to be paramount and it was regarded as critical that the education system develops the core skills, knowledge and behaviours to support this.
- It was strongly believed that courses need to build students' competence and confidence in clinical decision-making and the application of evidence-based practice. A number specifically cautioned against any de-emphasis of basic science and research skills which they perceived to be fundamental to evidence-based practice and future personal development.
- Professional as well as clinical skills were seen to be required, including the ability to communicate effectively with patients, carers, other health professionals and the wider health system.
- It was also regarded as essential that students develop the ability for self-reflection and to direct their own learning.

Others highlighted specific content-related areas where they felt increased emphasis will be needed given changes in the practice environment and patient needs:

- Patient types: Vulnerable patients; patients with additional needs; paediatrics.
- Modes of practice: Domiciliary practice.
- Clinical skills: Minor eye conditions; low vision; age-related macular degeneration; cataract post-surgery care; glaucoma monitoring; therapeutics.

- Research skills.
- Technology: Understanding the impact of new technologies; use of electronic patient records and e-referrals.
- Professional skills: Equality and diversity; management and leadership skills; supervision skills.
- Statutory requirements: Clinical governance; equality and diversity; GDPR.

As highlighted above, a number expressed their belief that enhanced clinical skills will need to be covered in initial education and training to reflect changing scopes of practice and the general transition of the optical professions from 'detecting and referring' to 'diagnosing and managing' conditions.

> *"There is widespread agreement that optometry graduates should, as standard, be competent in the management of extended primary eye care services (i.e. the delivery of GOS services in Scotland, MECs in England and WECs in Wales). This would also mean that Level 1 prescribing should be included in core competences."* (Other organisation)

> *"The one area I believe… (could be improved)… would be to increase our therapeutic content and teach students more extensively about common eye diseases such as age related macular degeneration and glaucoma; in essence introduce more content that is taught in these areas at post-graduate level into the under-graduate level."* (Individual)

There was also discussion about perceived challenges related to the introduction of additional content:

- Some perceived that mandating enhanced skills in undergraduate programmes might mean curricula become outdated more rapidly.
- Some also felt that the implication of introducing additional content in this way would be to lengthen and increase the cost of courses.
- It was suggested that further clarity would be needed about the future roles of the optical professions and the skills and knowledge they will require, before the appropriate education content can be determined. This view was linked to a perceived risk that new skills may be under-utilised if not adopted by local commissioners.
- One stakeholder proposed that, similar to the medical model, undergraduate optometry degrees be focused on ensuring that every graduate has the same core skills while all specialist training is provided post-registration either through postgraduate qualifications or more informally.
- There were mixed views expressed about whether independent prescribing (IP) should remain a postgraduate qualification or move into the undergraduate programme.

There were also differing views about how new technology should be treated in initial education and training programmes. While there was a general acknowledgement that it is important for students to understand new and emerging technologies, some felt that technology should not dominate programmes at the expense of focusing on the development of skills required for evidence-based practice. Those who made this point were of the view that core skills will best equip graduates to respond to whatever future developments they experience, be they technological or otherwise. They also strongly believed that skills in retinoscopy should continue to be taught because automated processes were not regarded as appropriate for a significant proportion of vulnerable patients.

> *"To future-proof optometry education and training, an increasing emphasis…will need to be placed on the ability of graduates to utilise primary research as an evidence-base for practice, applying this in conjunction with sound clinical skills and taking a problem-solving approach to clinical care…We need to deliver clinicians confident to harness technological developments as they arise for best assessment of eye care, rather than put technology itself at the heart of a programme. Additionally, automated approaches are not appropriate for a significant, vulnerable minority of patients…"* (Education provider)

In answering this question some stakeholders acknowledged that difficult decisions and trade-offs would be needed to accommodate new content and increased clinical experience if course lengths remain unchanged.

> *"Content needs to be carefully reviewed to ensure that any 'nice to have' content can justify its position in a curricula where space for the 'need to have' will be at a premium. Some topics that may have previously considered to be advanced will become core and likewise some areas currently included may turn out to be of niche interest and therefore once the basics are secured, their further development can be safely deferred to post-graduate development*. (Other organisation)

In addition to educational content, some suggestions made in response to this concept related to the structure and delivery of education programmes, including that there should be:

- More and earlier exposure to patients.
- More involvement of clinicians in teaching and assessment.
- More exposure to multi-disciplinary teams.
- Use of techniques known to be effective in the building of skills and confidence (e.g. problem-based learning, small group work, case studies etc.).

# 8. Concept 6: Enhanced clinical experience for students

## 8.1 Overview of concept and questions asked

*We are exploring the implications of introducing a hybrid approach to all education programmes leading to professional registration with us – an approach that combines academic study with clinical experience from the start.*

9. *Do you agree or disagree with the concept of embedding clinical elements of education and training progressively from the outset of programmes?*
10. *Tell us more about your views on this concept.*
11. *What do you foresee as being any positive or negative impacts on students, education providers, employers, patients and carers from taking a hybrid approach?*

## 8.2 Summary of responses

- The majority of respondents agreed with this concept in principle, but with some significant caveats and areas of uncertainty about how it would work in practice.
- The importance and value of including a high quality and varied clinical experience within education programmes was uncontested and a number saw scope for increasing this compared to what is currently provided.
- However, some considerable implementation challenges and risks were foreseen with respect to providing a greater number of external placements in particular.
- As such, stakeholders would want to see strict rules and guidelines in place to ensure students receive a high quality clinical experience, and a number also felt that further feasibility testing would be required.
- A number would be strongly opposed to the implementation of this concept resulting in a move away from a pre-registration year where this applies in optometry.

## 8.3 Responses in more detail

The majority of respondents who directly answered this question (23) stated that they agree with this concept, however for some amongst these it was agreement with reservations or caveats. A small number disagreed (3) or said that they don't know (3). The remainder regarded the concept as too complex to rate or had mixed views (3), or they did not express a view (5).

The importance of providing clinical experience to students within education and training programmes was regarded as incontrovertible by the stakeholders who responded to this consultation. The benefits were perceived to include the opportunity for students to link theoretical knowledge to practical application and to build better clinical and communication skills.

> *"Giving the student exposure to patients (properly supervised) from the outset of a course helps to link the theoretical knowledge with practical application. It builds confidence in dealing with a variety of patients and therefore the student progresses faster as they can see the benefit to the patients of solving visual problems, embracing the latest technology and innovative ideas."* (Other organisation)

> *"We believe that a key factor in improving optical education is early and ongoing exposure to other professionals working in day-to-day practice and with patients. Eye health is, when all is said and done, a people-focussed, caring profession. It is therefore at the coal-face and by watching good role models, delivering clinical skills in a business environment, that students will best learn what professionalism looks like and what the professional standards and expectations on them will be."* (Other organisation)

While it was acknowledged that clinical elements are already incorporated into optometry education programmes, several stakeholders stated that they believe there needs to be more focus on providing exposure to real patients compared to what is currently provided. Some also saw an opportunity for greater integration between the practical and theoretical elements of the curriculum. One stakeholder pointed out that this type of blended approach is used in the education and training of dispensing opticians (combining college attendance and correspondence papers with supervised hours, tasks and case records).

> *"Most, if not all, optometry undergraduate programmes commence practical clinical experience in their university eye clinics during the first year of the programme. This exposure to clinical practice is increased throughout the programme and involves both in-house and placement activity…Many students also undertake placements during the summer period between second and third year."* (Education provider)

> *"In optometry in particular, best practice is evolving rapidly and it is essential that training occurs alongside where the optometrist in practice is delivering this patient care. High quality placements must become a central part of the undergraduate programme. Blended learning programmes have great potential to support this new immersive approach to clinical education."* (Other organisation)

In particular, a number supported the intention of this concept to "*optimise access to a range of patient groups and condition types."* (GOC consultation document, p21) as they felt that students will benefit from receiving more varied clinical experience.

> *"We support the concept of students spending structured time in a clinical setting with exposure to different types of patients to help them relate what they are learning in a classroom, clinic or laboratory setting to a real life environment."* (Education provider)

> *"We support an approach that would provide students with a more varied clinical experience in different modes of practice during their education. Working in different clinical*

*environments should better prepare students for future changes in service delivery and different career paths."* (Other organisation)

However, some significant implementation challenges were perceived to be associated with increasing the number of external clinical placements in particular, leading some to feel that further exploration of the feasibility of this concept is required:

- Such a development was expected to require universities to assume responsibility for a variety of aspects such as finding the placements, managing and quality assuring their provision, as well as training and accrediting supervisors and overseeing assessment. It was felt by a number of respondents that education providers are not sufficient resourced to take on these roles under current funding arrangements.
- It was expected to be challenging to deliver the varied clinical experience envisaged by the GOC given the large number of students to accommodate and expected capacity constraints particularly in smaller, independent practices and hospital eye services.
- In a related point, some stakeholders felt that there could be challenges in providing a consistent, high quality placement experience to all students, particularly for education providers with large student intakes.
- In addition, some challenges were foreseen with respect to ensuring equality of experiences across multiple practice placements, as well a in monitoring and validating student progress remotely.
- It was felt that the success of this concept relies on close partnerships between education providers and optical practices. Some questioned the willingness of employers to engage, invest time to teach and be subject to the authority of providers.

In addition, some specifically commented on what they foresee as risks and potential unintended consequences of placements for students, such as:

- More onus on students to seek their own placements and associated equity issues for less connected students.
- Not all students receiving a variety of experiences due to capacity constraints in specific areas.
- Students not being given practical clinical experience (e.g. shadowing rather than doing, or conducting administrative tasks), in early years.
- Short-term placements being fragmented and leaving knowledge gaps.
- Students incurring higher costs e.g. related to travel or cost of living.
- Some students finding it challenging take up placements e.g. due to their location, financial circumstances or protected characteristics.

In addition, whilst the concept was believed to have significant in-principle merit, some felt that it should not be seen, in itself, as a panacea. Those who felt this way were of the view that there is little evidence to support that more patient contact, of itself, leads to better outcomes. This is one of the reasons that some stakeholders were opposed to the current patient minima requirements. Some also felt that the positive benefits of other methods of providing clinical experience (e.g. simulation, university eye clinics, peer-to-peer) should not be overlooked.

Overall, strict rules and guidelines were regarded as being necessary for a successful placement programme and some specifically identified requirements that they believed would need to be met to ensure students receive good quality clinical experiences:

- Placements would need to be seen as periods of education in their own right and not just clinical experience to consolidate learning.
- There would need to be clear objectives set for placements that match the level of students' attainment.
- The type of clinical experience provided would need to be phased according to students' level of experience with minimum standards to be reached before students see real patients.
- Relevant scientific theory should be continually revisited and reinforced as part of an integrated curriculum.

> *"To ensure good quality, placements must be structured so students have clear objectives that match their level of attainment, and it must be an integral part of the curriculum."* (Education provider)

> *"…for long term educational benefit, it should be emphasised that relevant scientific theory must be continually revisited and reinforced as the degree progresses, and not left out altogether from later clinical training. We recognise a truly integrated optometry curriculum incorporating a spiral approach, in which relevant sciences are learnt progressively across time and across different subject, as a worthwhile aim..."* (Education provider)

Some other associated points were made by some stakeholders in relation to the implementation of this concept:

- A number stated that, in their view, a significant change of this nature would require a sufficiently long transition period.
- The point was also made that there would need to be sufficient training and support in place for both clinical teachers and practice-based supervisors.
- Some felt that those providers enrolling large numbers of students should be required to clearly demonstrate how such a large cohort would not be disadvantaged because of a saturation of students in the local area.

- One stakeholder suggested the exploration of new delivery models, such as apprenticeships or academies, as well as the development of an accredited cadre of optometrist/optician educators/lecturers who could teach or supervise equally well in practice, clinic or academic settings.
- In addition, some stakeholders felt that GOC's approach to clinical experience, similar to educational content, should not be prescriptive, but allow providers to design programmes which can be shown to meet the higher level learning objectives.

Importantly, a number of stakeholders said that they would be strongly opposed to the implementation of this concept resulting in a move away from a pre-registration year where this applies in optometry:

- They felt that the current pre-registration year and the Scheme for Registration (SfR) provided by the College of Optometrists represents a consistent, rigorous, accountable and well-resourced approach to preparing students for practice, and one which is independent of both providers and employers.
- They perceived there to be specific benefits of pre-registration for trainees, such as being able to choose the location of their placements, receiving a salary and having the flexibility to complete the requirements in a timeframe that suits their needs.
- In addition, a couple of stakeholders stated that they felt pre-registration was appropriate for preparing optometrists as they are likely to work independently and autonomously from the point of registration. One likened pre-registration to the foundation programme in Medicine.

As a result, some stakeholders mentioned that they do not see dropping the pre-registration year, and mandating that all degrees are registrable, to be a necessary or justifiable consequence of providing an enhanced clinical experience during the undergraduate optometry programme.

> *"We do not support the notion that taking a more hybrid approach to undergraduate education would result in an inevitable move away from the current pre-registration period. The independent Scheme for Registration currently run by the College of Optometrists reassures the general public that despite a range of undergraduate courses, the profession can demonstrate consistency of standards at the point of registration."* (Education Provider)

> *"The current system is the most effective to date, because of the work-based assessments in which the College assessors give continuous feedback to trainees which complements support given by their supervisors. I would oppose removing the opportunity for pre-registration students to benefit from work based assessment and invaluable feedback from College assessors, because I cannot see how a university would be able to provide this as well as it is currently provided."* (Individual)

*"I would be utterly opposed to the idea of a hybrid course replacing the pre-registration year as I do not feel that a hybrid course would effectively duplicate the benefits of the pre-registration year of supervised practice. It has been said that the pre-registration year is the hardest and most important year of any optometrists career and that is very much because it builds on the theoretical and very basic clinical skills and clinical experience that the universities provide. It has its flaws but I would need a lot more evidence to consider getting rid of it."* (Individual)

Below, we summarise the potential positive and negative impacts identified by stakeholders in relation to this concept overall.

| | Potential positive impacts | Potential negatives and risks |
|---|---|---|
| **Students** | • Better understanding of the role, different places of work and where they may be best suited<br>• Better clinical and communication skills | • May be more onus on students to seek their own placements and associated equity issues<br>• May not receive the variety of experiences due to capacity constraints or large student intakes<br>• May be shadowing rather than doing, or conducting non-clinical tasks, in early years<br>• May be detrimental to development if short-term placements are fragmented and leave knowledge gaps<br>• May be higher costs to students e.g. travel, cost of living<br>• May be challenging for some students to take up opportunities e.g. due to their location, financial circumstances or caring responsibilities |
| **Education providers** | • Opportunity for the development of more collaborative relationships with employers | • Represents significantly greater responsibilities which providers are not resourced to take on<br>• Challenging for providers to acquire, monitor and ensure quality and consistency of experience |

| | | |
|---|---|---|
| | • Longer-term benefits if producing better-equipped graduates | |
| **Employers** | • Opportunity for the development of more collaborative relationships with education providers<br>• Longer-term benefits if receiving better-equipped graduates | • Potential lack of willingness to engage in this way<br>• Capacity and resource limitations may mean not possible for some employers to provide placements |
| **Patients** | • Longer-term benefits if leads to more competent clinicians | • Will not be patient benefits if trainees are practising unrefined clinical skills or there is insufficient supervision<br>• Risk that appropriate consent is not sought |
| **Generally** | | • Strong and widespread opposition to linking this concept with the removal of the pre-registration year and SfR, as reported above |

# 9. Concept 7: National registration examination

## 9.1 Overview of concept and questions asked

*We are exploring whether we should retain the principle of a national standardised examination or assessment as a requirement, together with other elements, for UK trained practitioners to enter the GOC's professional register.*

*12. Do you agree or disagree with the concept of a national registration examination?*

*13. What are the merits and risks of this concept?*

## 9.2 Summary of responses

- The majority of stakeholders agreed with this concept, the main reason being that they supported having a mechanism in place to ensure the consistency of standards.
- Many were of the view that this already exists in optometry through the Scheme for Registration (SfR) including the final Objective Structured Clinical Examination (OSCE), and the registration exam in dispensing optics.
- In the absence of being provided details about any new alternative approach, a number of stakeholders said that they do not see any obvious advantages in replacing what currently exists.

## 9.3 Responses in more detail

The majority of respondents (21) stated that they agree with this concept, however for a couple amongst these it was agreement with caveats. A small number disagreed (3) or said that they don't know (2). The remainder said that there was no consensus on this in their organisation (2), that they had no view (1), or did not answer this question (7).

The basis for the agreement with this concept was strong support for having a mechanism in place to ensure that a common set of national standards has been met by all graduates. This was perceived to provide a safeguard against the risk of variability in the quality of education provision between institutions, ultimately helping to ensure patient safety as well as providing reassurance to potential employers about the competency of new registrants.

> *"We believe that, in order to ensure that high and consistent standards are demonstrated by new registrants, independent assessment at the point of entry to the register is essential. We see many merits in a national registration examination and believe that it should be retained."* (Education provider)

Many stakeholders were of the view that this already exists in optometry through the SfR, including the final OSCE, and the registration exam in dispensing optics.

> *"We think it is clearly necessary to have common national standards for the registration of optical professionals, and robust, externally monitored verification that prospective registrants have all the necessary skills and experience, of the kind currently provided for the large majority of optometrists by the College of Optometrists' independent OSCE (practical-based Objective Structured Clinical Examination)."* (Other organisation)

The current system of examination for optometry was the focus of most feedback in responses to this question. The OSCE was widely perceived to have a number of strong plus points including that it is independently administered and practically based. Conversely, there were few criticisms of this approach or suggestions for change made, and no evidence from responses that the process is seen as duplicative with providers' examinations.

> *"The College of Optometrists is well placed to act as the independent body to deliver this national examination at the point of registration. The College have considerable experience of designing and delivering assessments to assess the fitness to practise of prospective registrants."* (Education provider)

> *"Overall, we consider that the Scheme for Registration currently managed by the College of Optometrists already meets the requirement of providing an independent assessment framework, with well-established and high-quality governance already in place. A distinct advantage of the College continuing to act in this capacity is that, as the professional body, it is well-placed to understand the standards required for professional practice and how they should be assessed. Also, it is independent of the optometry programme providers."* (Education provider)

In the absence of being provided details about any new alternative approach, a number of stakeholders said that they do not see any obvious advantages in replacing what currently exists. This was the main reason given by those who disagreed or had mixed views about the concept (as they assumed that change here was being proposed) but this view was also held by a number of those who agreed (as they wished to retain the current approach).

> *"The current scheme for registration by the College of Optometrists is already independent of HE institutions so forms a National Standardised Examination. We do not know how creating a national registration examination would either be different to this, or if it is of any worth."* (Education provider)

> *"(We) consider that the current College of Optometrists Scheme for Registration (SfR) following the undergraduate degree is a suitable to route to registration. The independent nature of the scheme and the quality of the governance applied by the College is very beneficial. We recognise the value of graduates being able to choose the type of practice in which they undertake the clinical placement during the SfR period; the inclusion of multiple, hospital, independent and mixed placements should be maintained."* (Other organisation)

The prospect of making changes to the OSCE here raised a number of questions from respondents about who would provide such a new system and how it would be paid for.

Some also pointed out that the current approach is not currently universally applied and allows exceptions, such as a registrable optometry degree provided by Manchester University and Anglia Ruskin University producing its own recognised dispensing optics qualification. In addition, Scotland currently requires its own optometry exam in recognition of the extra skills which are required to work in Scotland. It was felt that the GOC would need to consider the implications for these cases of any changes that it implements.

Overall, it was regarded as imperative that any changes in this area be at least as robust as what is currently in place, and that any lowering in standards is strictly guarded against. In addition, a number said that hey would not like to see the OSCE being replaced by a purely knowledge-based test as they would expect this to result in a more limited evaluation of standards and also to risk a 'teach to test' approach being adopted by education providers.

# 10. Concept 8: Multi-disciplinary education

## 10.1 Overview of concept and questions asked

*We are considering the concept of embedding a multi-disciplinary ethos into education programmes.*

14. *How feasible would it be to develop inter-professional and multi-disciplinary elements of study within optometry and dispensing optician education programmes?*
15. *Tell us about any examples you know of already in other disciplines from within or outside the UK.*

## 10.2 Summary of responses

- Multi-disciplinary learning was perceived to have a number of benefits for preparing students for multi-disciplinary health delivery, and a number of education providers reported that it already forms part of their programmes.
- However, it was regarded as important that this approach is designed in such a such a way to demonstrably enhance learning rather than being treated as a tick box exercise.
- In addition, some implementation challenges were identified, leading some to caution against the GOC taking a prescriptive approach in this area, given the different circumstances of education providers.

## 10.3 Responses in more detail

There was broad consensus about the value of multi-disciplinary learning (which was referred to as 'interprofessional learning' or 'IPL' in most responses) given the expected trend towards optical professionals increasingly working as part of a multi-disciplinary team. Such learning approaches were reported to be already a component of many optometry programmes and it was seen as having a role to play in:

- Improving communication and building trust between different health professions.
- Developing consistent approaches to patient safety.
- Ensuring eye care pathways can be delivered effectively.
- Enabling practitioners to adapt to changing professional requirements throughout their careers.

  *"It is clear that interprofessional learning (IPL) experience is becoming an increasingly important element of healthcare training... In the context of optometry, IPL provides a route to increase knowledge of the roles and responsibilities of other professionals; build interprofessional team working skills; broaden understanding of patient management; and,*

> *when working with medical professions, develop a greater understanding of the NHS. Furthermore, IPL may reduce the risk of patients who receive care from a range of professionals experiencing problems linked to poor communication and collaboration between healthcare providers..."* (Education provider)

> *"…we support the concept of a modular education model which would allow optometrists and DOs to benefit from joint study alongside other eye health (and other) professionals where there are genuine common elements to their training. Students should be taught to develop skills that will allow them to adapt to changing professional requirements during their career."* (Other organisation)

However, it was regarded as important that multi-disciplinary learning is designed in such a such a way to demonstrably enhance learning rather than being treated as a tick box exercise. This was seen to require the development of clear ground rules to ensure relevance to learning outcomes.

> *"An important pedagogical principle is that learning activities are framed in a discipline-specific context and it is very challenging to ensure that this shared learning material is relevant and useful to the different student groups."* (Education provider)

In considering the feasibility of multi-disciplinary learning, some perceived there to be general challenges associated with the delivery of education in multi-disciplinary learning environments:

> *"…Optometry programmes are focussed upon delivering clinically-relevant education from Year 1 of the programme. Accordingly there is limited scope for substantial and, therefore, meaningful multi-disciplinary education. For example, shared teaching sessions (e.g. on basic science, or ethical principles) is one method of promoting multi-disciplinary education. The content of these sessions, however, is, by necessity, generic and not directly relevant to the clinical aspects of Optometry. It is very challenging to ensure that this shared learning material is relevant and useful to the different student groups."* (Education provider)

> *"…it has proved difficult to provide material or support that is relevant to multiple disciplines, resulting in reduced student satisfaction, diluted learning outcomes, and significant challenges for staff to manage the different expectations and prior experience all students. Student satisfaction is particularly low in students who already work in relevant practice-based employment..."* (Education provider)

Others were of the view that multi-disciplinary learning experiences may be more difficult to provide in certain specific contexts, such as:

- Where the institution does not provide complementary healthcare courses or only has limited engagement with the secondary sector.
- Where there are a large number of students enrolled on the course.
- Where programmes are being delivered using blended learning or earn as you learn methods, presumably because of scheduling challenges.

Moving forward, some suggested that there could be value in further exploring the opportunities specifically for practice-based interdisciplinary study, as well as for multi-disciplinary learning, as part of postgraduate education. One stakeholder was of the view that optometry needs to do more to be seen as a valuable collaborator by other professionals in order to achieve multi-disciplinary learning.

A number cautioned against the GOC taking a prescriptive approach in this area, given the different circumstances of education providers. The point was also made that changes made in relation to other concepts in this consultation may impact what multi-disciplinary learning it is possible to provide.

> *"The key to feasibility is not to be prescriptive as regards the how but to identify the end goal for the just-safe registrant on entry, based on the job that they need to be doing to help academic institutions work on the relevant assessed learning objectives."* (Other organisation)

A small number of stakeholders were able to give examples of multi-disciplinary learning that they were aware of from other disciplines in the UK or elsewhere. Verbatim responses are provided below:

| From UK | From elsewhere |
|---|---|
| • *"Teeside University - nursing, physiotherapy and paramedics."*<br>• *"Those that already take place within funded NHS settings for medics, nurses, allied health professionals such as orthoptists, dieticians, physiotherapists OTs and podiatrists etc., who all learn in a multidisciplinary setting where a substantial funding tariff for placements is provided and the ethos is integrated into the standards and expectations put upon the professions."*<br>• *"We are aware that some of the other professional regulators have done work in this area. For example, the Health and Care Professions Council has made interprofessional education a requirement within their standards of education and training. Additionally, the NMC have recently committed to align with the Royal* | • *"Olson and Bialocerkowski (2014) report in a systematic review of pre-qualification IPL in allied health programmes many examples in the USA, Canada, UK and Ireland. Health professions included dentistry; diagnostic imaging; medicine; nursing; pharmacy and physical therapy. It has been argued that transferability of IPL activities and effectiveness across professions, institutions and countries cannot be assumed (Richards, 2003)."* |

| | |
|---|---|
| *Pharmaceutical Society's approach to prescribing as part of their commitment to interprofessional learning and a multi-professional approach to prescribing proficiency."* | |

# 11. Concept 9: Duration of education and training programmes

## 11.1 Overview of concept and questions asked

*We are considering whether or not to retain the current minimum duration of education and training for optometrists and dispensing opticians.*

16. *What do you see as the strengths and weaknesses of retaining the current minimum duration as described above?*
17. *What could be done differently in order to ensure students become competent, confident and safe beginners?*

## 11.2 Summary of responses

- Most focused on initial optometry education in addressing this concept, with some considering the potential impact of lengthening and others of shortening courses.
- Overall, there was no consensus about whether longer courses would be beneficial (to enable more content and clinical experience to be provided) or detrimental (because of the additional costs and potentially reduced attractiveness to students). This led some to suggest that there should be further exploration of alternatives to increasing course length (e.g. apprenticeships or transitioning to a clinical degree).
- Shorter courses were generally not favoured as it was felt that this could compromise the depth and scope of programmes and reduce the opportunity for students to consolidate their learning or to practise skills.
- Beyond the issue of duration of education and training, some suggested that interventions be considered to ensure the quality of the student intake and to better support newly qualified registrants in practice.

## 11.3 Responses in more detail

A number of stakeholders pointed out that, in their view, there is no formal minimum applied to optometry or dispensing optics course lengths at present. Rather, their understanding is that standard for optometry is 4 years (normally 4 years undergraduate + 1 year pre-registration but there is also a 4 year registrable degree and optometry honours courses in Scotland are 4 years in duration) and 3 years (2 years of full-time study + 1 year of practical experience but also with part-time options) for dispensing optics.

Several were of the view that the level of qualification is more important than the length of the course, with the key requirement being to produce professionals who can demonstrate the required

standards. Some felt, therefore, that the duration of courses should be discussed only once learning outcomes and education standards have been decided and the new curriculum has been built.

Beyond this, stakeholders responded to this question in different ways but most focused on initial optometry education in their response.

Some considered the impact of lengthening courses. There was no consensus about whether this would be beneficial or detrimental. Some felt that extension would enable courses to be augmented to encompass additional relevant content as well as to provide further opportunities for experiential learning. Others believed that lengthening courses should be avoided because of the greater financial burden this would create for students, and potentially reduced attractiveness of the course, which they felt might result in workforce shortages.

> *"A strength of increasing the length of the degree programme would be the opportunity to enable higher standards and a broader knowledge base to be achieved prior to registration. A weakness is that would increase the financial burden on all students, and the time commitment may deter other students regardless of financial considerations. We note, however, that 4 year degree programmes are commonly recognised as being necessary in other health-related professions. "* (Education provider)

Others discussed the possible impacts of shortening courses. This was generally not favoured except potentially for those with prior qualifications. This was because it was perceived that shorter courses could compromise the depth and scope of programmes, and reduce the opportunity for students to consolidate their learning or to practise skills.

> *"The strength of maintaining a minimum duration of 4 years is to ensure all the vital foundations of optical education are in place and built upon and students have enough time to become clinically competent. It is impossible to ensure that students have the best knowledge and clinical ability in a time frame that is less than this. There is an importance to having a four year course for students who have just left school – this time is vitally important for them to properly mature into adults capable of clinical decision-making. The weakness of having a minimum of 4 years is that employers do have to wait for future employees, however, as mentioned above, this wait is justified."* (Education provider)

Some stakeholders suggested that there should be further exploration of alternative models, such as apprenticeships, as an alternative to increasing degree length. In addition, some felt that there could be merit in transitioning optometry from a scientific to a clinical degree as this would mean the time between academic years could be better utilised and more content fitted in without necessarily requiring an overall increase in course length.

Responses to the supplementary question of *"what else could be done to ensure students become safe beginners"* focused on factors other that course length. The main suggestions made were to:

- Explore ways that educational programmes can provide greater clinical exposure to students (reinforcing their responses to Concept 6).

- Consider interventions to ensure the quality of the student intake, such as by setting limits on numbers and mandating that optometry schools rather than universities set tariffs of entry.
- Support newly qualified registrants in practice, such as by regulating working patterns or promoting a buddy/mentoring system.
- Ensure the quality of clinical teaching and supervision during clinical placements.

# 12. Concept 10: UK educational routes to registration

## 12.1 Overview of concept and questions asked

*We are considering how the structure and content of courses delivered in the UK that lead to professional registration with the GOC could enable effective career progression and transference into and between different optical roles.*

18. *What do you see as the opportunities for more flexibility between the education of different regulated and non-regulated optical professions?*
19. *What are the constraints and risks to this?*

## 12.2 Summary of responses

- There was widespread support of this concept as a way of creating a flexible, well-trained workforce and also from an equality and diversity perspective.
- However, it was seen as critical to patient safety that all potential entrants to educational programmes demonstrate the required criteria and minimum competency standards.
- There were perceived to be no issues currently with the pathway between dispensing optics and optometry and between optometry and independent prescribing (IP) optometry.
- Career progression into optometry or dispensing optics from orthoptics and non-regulated roles was felt to be less clear and stakeholders would welcome an approach which encourages non-regulated colleagues to develop and expand their skills.

## 12.3 Responses in more detail

There was widespread support expressed for the principle that there should be a variety of entry points and routes available for career progression and no unnecessary barriers to moving into and between different roles. It was felt that this would help to create the flexible, well-trained workforce needed to future proof the sector. Potential benefits were also identified from an equality and diversity perspective, as it was believed that facilitating a more flexible career path in this way could enable a wider range of people to gain access to optical professions.

> *"The demand for eye care services means that the workforce must keep pace with the demand for services. A flexible well trained workforce is needed to future proof eye care services and as such flexibility between education of different regulated and non regulated optical professions is to be encouraged."* (Other organisation)

> *"We are supportive of encouraging flexibility of entry into different optical professional roles and allowing individuals to move more easily between professional groups. This might allow*

> *a wider range of people to gain access to the profession and allow professionals a more flexible career path within the optical professions."* (Other organisation)

However, there were differing points of view on the ultimate goal with greater workforce flexibility. A couple said that they would like to see fewer divisions between professional groups and the ability to perform functions not being restricted to specific titles. Some others said that they would strongly disagree with any development to treating the different roles as different stages in a skills-based continuum rather than distinct professions. This is because they were of the view that there are significant differences in their academic foundations, scopes of practice and professional motivation.

Not withstanding this difference, there was consensus on the importance that all potential entrants to educational programmes demonstrate the required criteria and minimum competency standards. Stakeholders felt that the main risk with this concept is to patient safety and relates to the possibility that an individual wishing to transfer across professions has missed important background education. However, it was felt that appropriate selection and training procedures would mitigate this risk and ensure that this educational model is consistent with others in terms of ensuring the competency of individuals.

> *"…whatever the entry point, admission and accredited prior learning and experience must focus on the ability to understand optics and health care from first principles, the basic ability to weigh evidence (maths/statistics), and the interpersonal and team-working skills that will be required of anyone in a modern clinical practice."* (Other organisation)

> *"Admission should be focused on an ability to understand the fundamentals of eye health and optics, good communication skills and the ability to work as part of a team…"* (Other organisation)

There were perceived to be no issues currently with the pathway between dispensing optics and optometry and between optometry and IP optometry. A well-established route reportedly already exists that includes accreditation of prior learning (APL) and foundation degrees are offered by a number of education providers.

Career progression into optometry or dispensing optics from orthoptics and non-regulated roles was felt to be less clear and responses suggest that stakeholders would welcome an approach which encourages non-regulated colleagues to develop and expand their skills.

One stakeholder felt that it may become more challenging for providers to enable this kind of flexible career ladder in the future if the GOC moves towards a higher level, outcomes-based approach to regulation and this leads to more variation between educational programmes. For example, if education providers are given more flexibility to set their curricula it may become less possible to join programme of study at any point other than the beginning. In addition, if there are more modular courses and spiral curricula it may be more difficult for providers to award APL.

Some suggestions were also made about for what might help in achieving this concept:

- More mutual recognition of common learning across both optical and wider health professions.
- Development of a competency framework demonstrating expectations for each professional level.
- Addressing the potential barrier of funding constraints for individuals. It was felt modular and earn as you learn models may be helpful, and that degree apprenticeships could also provide new opportunities.
- One stakeholder suggested having a common regulator for all eye health related professions.

# 13. Concept 11: Proportionate quality assurance

## 13.1 Overview of concept and questions asked

*We will in due course be considering how we develop a proportionate approach to our approval and quality assurance mechanisms for education providers in the context of the future recommendations of the Education Strategic Review.*

21. *Are there any other principles and concepts we should consider at this stage in exploring future approaches to our quality assurance processes*?

## 13.2 Summary of responses

- Stakeholders would like to see the GOC develop a risk-based, evidence-led and proportionate approach to quality assurance.
- As part of being proportionate they called on the GOC only to request information it will use and to ensure that its requirements do not duplicate other quality assurance processes. There were also a number of recommendations related to effective communication and relationship management.
- Some would expect quality assurance of education to become more challenging for the GOC if higher level Education Standards and learning outcomes are adopted as this will (intentionally) lead to more variation in education programmes.
- It was perceived to be particularly important in this context that the GOC's visitors are well-trained, that its quality assurance approach is consistently applied across providers, and that there is a focus on outputs rather than inputs.

## 13.3 Responses in more detail

Stakeholders felt that all regulators including the GOC should apply a risk-based, evidence-led and proportionate approach to quality assurance in line with principles of good regulation. Linked to this, it was felt important that the GOC's requirements do not duplicate other regulatory or quality assurance processes.

> *"A risk-based approach to quality assurance would seem sensible, together with using evidence about the most appropriate methods of clinical training and assessment as a benchmark."* (Education provider)

> *"We support the proposal that the GOC should develop a proportionate approach to approval and quality assurance. We think this should be based on careful consideration of the evidence, including the risks associated with quality assurance in this context. The GOC should also design its approach in a way that minimises unnecessary duplication, in accordance with the principles of good regulation."* (Other organisation)

In addition, a number of responses to this question focused on communication and relationship management, with stakeholders calling for the GOC to:

- Be clear about its requirements and responsive to queries.
- Only require information that it needs and will use.
- Make transparent and substantiated decisions.
- Provide feedback to enable education institutions to work toward their requirements.
- Generally be supportive rather than adversarial, particularly during the transition to a new approach, including by sharing good practice.

Some also made the point that they expect quality assurance of education to become more challenging for the GOC if higher level Education Standards and learning outcomes are adopted as this will (intentionally) lead to more variation in education programmes. It was perceived to be particularly important in this context that the GOC's visitors are well-trained, that its quality assurance approach is consistently applied across providers, and that there is a focus on outputs rather than inputs.

In addition, a suggestion was made for the GOC to develop its quality assurance processes alongside learning objectives and Education Standards to ensure that these are measurable and possible to evaluate.

> *"Setting up quality assurance processes should be integral to the education strategic review so that there is a) clarity over how education providers will be required to demonstrate that they are meeting any new education standards and b) assurance that the new education standards are assessable in practice."* (Education provider)

A couple of stakeholders also made a suggestion related to the GOC's role beyond quality assurance of education. They felt that the GOC should consider amending current regulation so that dispensing to people with learning disabilities, others who may be vulnerable, and those with special appliance needs (high prescription, safety spectacles, special optical appliances) are restricted functions.

# 14. Equality and diversity

## 14.1 Overview and questions asked

*We must ensure that we recognise the impact of any future proposals from the Education Strategic Review on all our stakeholders.*

22. *Please tell us about any direct or indirect impact you can foresee from the concepts and principles we have set out in this public consultation on anyone with protected characteristics.*

## 14.2 Summary of responses

- The majority did not answer this question or said that that they could not foresee particular impacts.
- Among those who gave a response, both positive and negative impacts were perceived as being possible:
    - More access to education transference and career development opportunities.
    - Practical barriers to some students (including with protected characteristics) taking up multiple external placements.
    - Increased costs associated with multiple external placements and potentially longer courses.
    - Potential for less rigorously applied equality and diversity procedures in clinical placements compared to the university environment.

## 14.3 Responses in more detail

The majority did not answer this question or said that that they could not foresee particular impacts.

Among those who gave a response, the main themes raised were as follows:

- It was felt that by some respondents that a number of the changes being considered, such as the development of more flexible modes of learning and greater flexibility to move between non-regulated and regulated roles, could reduce barriers and provide a wider group of people access to education and career development opportunities.
- However, some stakeholders anticipated that those with certain protected characteristics, such as disabilities or caring responsibilities might find an increased emphasis on clinical placements practically difficult to take up.
- In addition, more focus on clinical exposure was expected to add to the cost of education. This is both in terms of directly associated costs (travel, living expenses) and also due to the potential for this to lead to the pre-registration year in optometry being dropped in favour

of registrable degrees as the norm (meaning that students would lose a year of salary and gain another year of student fees). It was anticipated that higher costs would represent a particular burden for those with financial constraints, including some who may also have protected characteristics.

- More generally, some cautioned that with an increased emphasis on clinical experience the it would be important to ensure that equality and diversity procedures are as stringent in placements as they are within university policies.

# 15. Conclusions

Responses to this consultation suggest that the GOC is exploring the right sorts of concepts for the future of optical education. However, support will be contingent on the specifics of future approaches and a number of stakeholders called on the GOC to continue seeking wide-ranging input as it develops its proposals.

A number also foresaw significant risks and implementation challenges, particularly to accommodate further content and external clinical placements within educational programmes. They suggested that the GOC undertakes further feasibility testing and a full risk assessment.

For example, whilst moving to a more high-level, outcomes-based approach was supported, one risk identified is that it becomes more challenging to assess whether appropriate standards have been met. It was seen as critical that any new approach is robustly applied and assessed so that it doesn't lead to greater variability in, or a lowering of, standards.

Although stakeholders responded to each concept separately in this consultation, some could see the potential for changes in one area to affect another. Their responses indicate that the GOC should consider these cross-impacts, and the order in which changes are made, in the further development of its approach.

Some also referred to speed of change and felt that it would be important for the success of a transformation of this kind to provide a sufficient transition period and support to enable providers to adapt to the new requirements.

Finally, while the concepts themselves were supported, a number of stakeholders would not wish the GOC to prescribe how education providers design and deliver their programmes. This would be regarded as incompatible with the reported intention to take a more outcomes-based approach.

# Appendix 1: Detailed explanation of the concepts

**Concept 1: Standards for education providers**

**We are exploring the concept of introducing a new single set of high-level Education Standards for all education and training providers that deliver programmes and qualifications for optometrists and dispensing opticians that lead to professional registration with us.**

We are considering requiring all education and training providers to meet and maintain new Education Standards in order to be approved and continue to deliver programmes that lead to registration with the GOC.

Our objective in developing these Standards would be to ensure all programmes remain fit for purpose in equipping new practitioners to practise competently, confidently and safely howsoever the optical sector across all four countries of the UK continues to evolve and that our regulatory expectations are clearly understood. Our Call for Evidence indicated that there are some barriers to change in how and where eye care is provided that include "*Insufficient clinical competence, confidence and professional willingness among optical professionals to undertake new roles. This is seen to be linked to the content and structure of existing education and training as well as to uncertainty about how new roles would be remunerated…"* (p11, Call for Evidence Summary Report).

At the moment our requirements for education providers are contained in our Education Handbooks. These mainly relate to how education providers deliver their programmes and describe in detail the requirements that must be met. We foresee that in future we may wish to move to a more high-level set of Education Standards, which would inform underpinning regulatory policies and processes relating to the approval and quality assurance of programmes leading to GOC registration.

If we were to introduce new Education Standards and position them in this way, we might direct them more strongly towards encouraging and engendering innovation, variety and flexibility in the way programmes leading to registration with us are delivered and continue to evolve, while ensuring the quality, safety and equivalence of programmes is maintained.

We would subject any draft new Education Standards, which we would expect all education and training providers to meet and maintain, to a future public consultation in due course.

At this stage, we envisage any new Education Standards might include, but may not be limited to:

- standards relating to the design and delivery of programmes, associated support functions, policies and procedures;
- course content;
- mechanisms to enable us to regularly assess and assure the quality of provision; and
- the learning outcomes we would expect all students to have achieved on qualification (see below).

As part of meeting any new Education Standards, we would expect education providers to demonstrate to us certain features of their programmes to ensure ongoing sufficiency, safety and quality of programmes.

These criteria and features could include, but may not be limited to:

- an evidence-based approach to designing and delivering education - developing and drawing upon relevant clinical, technical, professional, and educational research;
- understanding current and evolving eye health needs across the UK;
- recognising the various ways by which eye health services are delivered and how they may continue to evolve;
- collaboration with other programmes of health professional education;
- developing active relationships with employers/service provider bodies of all types, to understand and respond to patient need and expectations, and relevant workforce requirements; and
- utilising and developing modes of learning and programme delivery in line with evolving educational practice.

Our Call for Evidence indicated that some of our stakeholders have an appetite for new and different approaches to the delivery of education such that "*…modular and flexible learning models should be considered, including the opportunity for more e-learning, blended learning, part-time and earn-as-you-go etc.*" (p27, Call for Evidence Summary Report).

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that a number of jurisdictions already set overarching education standards.

**Questions**

1. **Do you agree or disagree with us further exploring the concept of new Education Standards in the way we describe above?**

Agree
Disagree
Don't know

2. **Please tell us more about your views on this concept, including any opportunities or risks you foresee.**

**Concept 2: Education Standards and Professionalism**

**We are considering linking any new Education Standards directly to our Standards of Practice for Optometrists and Dispensing Opticians.**

We already have Standards of Practice for Optical Students - https://www.optical.org/en/Standards/standards-for-optical-students.cfm which are strongly reflective of our Standards of Practice for Optometrists and Dispensing Opticians - https://www.optical.org/en/Standards/Standards_for_optometrists_dispensing_opticians.cfm. All optical students must be registered and adhere to our standards for students throughout this period. Our Standards for Optical Students describe the standards of knowledge, skills and behaviour we expect all student optometrists and student dispensing opticians to demonstrate and are equivalent to our professional standards, except that students do not need to meet our Continuing Education and Training (CET) requirements.

In making a strong link between any new Education Standards and our Standards of Practice we would be seeking to ensure our professional practice standards inform and permeate the education and training that student optometrists and dispensing opticians receive. This is to ensure the professional standards and values, central to optical practice, are also at the heart of the education and training that UK optometry and dispensing optician students receive.

**Questions**

3. **Do you agree or disagree with the concept of informing our education requirements by our professional standards?**
   Agree
   Disagree
   Don't know
4. **Please tell us more about your views on this concept, including any opportunities or risks you foresee.**

**Concept 3: Learning outcomes**

**We are considering introducing education learning outcomes which all optometry and dispensing optician education providers would be required to deliver.**

We are exploring the extent to which it would be appropriate and effective to describe in the form of learning outcomes the professional competencies to be required of future newly qualified optometrists and dispensing opticians. We know that some other health professional regulators have already moved from a prescriptive educational competencies approach towards this method.

Any learning outcomes in this context would be high level and potentially applicable to all programmes leading to registration with us. If we were to take this approach, it could enable a greater variety of approaches to course delivery as long as it could be assured that the learning outcomes we set out were being achieved. The obligation to deliver any learning outcomes could be embedded within new Education Standards that we are exploring, as discussed above. The Call for Evidence indicated that "*It is generally felt, even by the majority which is supportive of the GOC's involvement in this area, that the GOC's approach to accreditation and quality assurance of education programmes should be less input-driven and more focused on outcomes…*" (p20, Call for Evidence Summary Report).

In this context, we may expect education and training providers to interpret and apply any learning outcomes over time in the context of a range of dynamic factors such as, but not necessarily limited to:

- clinical practice techniques and the application of relevant research - the Call for Evidence indicated "*a consensus on desirable principles or outcomes of the approach to education" including "be clinically focused and experientially based"* (p16, Call for evidence Summary Report).
- new and emerging technology;
- demographic needs and patient expectations;
- safety and professionalism - the Call for Evidence indicated "*a consensus on desirable principles or outcomes of the approach to education*" including *"build(ing) strong communication and problem-solving skills*" (p16, Call for Evidence Summary Report); and
- new and evolving service delivery/business models.

We envisage that such an approach could lead to our requirements having more flexible application for education providers. Indeed, the Call for Evidence indicated that "*There is a…commonly held view that the GOC's approach should not seek to prescribe standardised methods (so institutions have flexibility to select the most appropriate approach for their setting and to innovate) but that it should seek to ensure standards are equivalent across training institutions*" (p21, Call for Evidence Summary Report).

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that "*Regulators and accreditation bodies in all of the jurisdictions…have in common that they take a largely outcomes-based approach to their intervention in initial education*" (p4, Patterns and Trends Research Collaborate Research 2017).

**Question**

5. **What are your views on the concept of system-wide learning outcomes for optometry and dispensing optician education and training, instead of an educational competency-based approach?**

**Concept 4: Links to Continuing Education and Training**

**We are considering the implications of our Education Strategic Review on Continuing Education and Training (CET) including whether any change to the education competency-based approach would enable us to focus the CET scheme on our Standards of Practice for Optometrists and Dispensing Opticians rather than the current education competencies.**

At present our CET scheme, a requirement of continued registration with us, is linked to the current education competencies for optometry and dispensing optician education and training programmes. If we were to move away from the education competencies currently in place, it would have a direct consequence for the way in which we define and approve CET.

You can find out more about our current CET requirements here: www.optical.org/en/Education/CET/index.cfm

This consultation is not directly about CET: we are currently undertaking a review of our CET scheme separately to our Education Strategic Review. However, we recognise the important interdependency between these aspects of our regulatory approach. Some of our stakeholders have also reflected to us that the link between CET and the current educational competencies may be perceived by some as restrictive, in that it could unintentionally discourage training and development beyond the level of initial education and training. The Call for Evidence showed that "*While CET is to be the subject of a separate review, it has been frequently raised in response to this Education Strategic Review. There is a commonly held view that the current CET system is not fit for purpose, as it is perceived to result in a tick box approach, and maintenance of entry level standards, rather than a genuine development*" (p30, Call for Evidence Summary Report).

If we were to move to a learning outcomes-based approach, it could provide an opportunity to disconnect the CET requirements from our education requirements entirely. This could enable CET to be refocused on more strongly encouraging continuing professional development, with registrants being required to demonstrate that their practice was being maintained in accordance with our Standards of Practice for Optometrists and Dispensing Opticians. This would also be more in line with the approaches of some other UK health professional regulators.

**Questions**

6. **What do you see as the merits to removing the current link between CET and our education requirements, if any?**

7. **Do you envisage any disadvantages or risks in this approach, and if so what are they?**

**Concept 5: Educational content**

**We are considering reviewing the content of education and training leading to professional registration with us.**

We heard repeatedly in our Education Strategic Review Call for Evidence about the range of technological developments shaping contemporary optical practice, how patient need is changing and how there are a variety of new services being designed, developed and delivered in some parts of the UK. We also heard that "*It is generally expected that more optical care will need to be provided in the community, including in domiciliary settings, in response to changing needs of patients…and alleviate pressure on already overstretched hospital eye services*" (p9, Call for Evidence Summary Report).

In considering what the future content of education and training programmes should be, we must take into account any relevant current legislative requirements and the requirements of other bodies, as well as the full extent of what students will need to know, understand and do as competent, confident and safe optical professionals in the future.

We plan to engage with our stakeholders further about the clinical, technical and academic content of programme content in 2018. However, at this stage we are exploring certain relevant cross-cutting aspects which could inform our future proposals, including:

- the extent to which enhanced service delivery or extended roles for practitioners are becoming, or will become, normalised in the optical sector UK wide, and the bearing this would have on what newly qualified practitioners need to be equipped to do;
- the impact of technology on practice and the extent to which this may or may not be replacing certain traditionally manual and measurement skills;
- the potential for more optical services to be led by optometrists or dispensing opticians in high street, domiciliary and other community settings, rather than in hospital eye services in the future;
- the potential for optometrists and dispensing opticians to contribute further to service delivery in these settings and in ophthalmologist-led hospital settings;
- the impact of evolving service provision on specialist practice;
- the trends towards multidisciplinary working between healthcare professionals within and across team and organisational boundaries;
- the skills of confident clinical decision-making and application of evidence-based practice;
- the need for the professionals we register to communicate effectively and confidently with patients, carers, other health professionals and the wider health system and optical sector;

- monitoring and promoting public health.

Consistent with this, our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that "*Within optometry, additional skill development has been required in those jurisdictions where practitioners now diagnose and manage eye health conditions. Across all of the health professions, there is an increasing priority being placed on…evidence based practice; team working; a patient-centred approach to delivering care; and a commitment to career-long learning and development*" (p3-4, Patterns and Trends Research Collaborate Research 2017).

**Questions**

**8. What do you see as the key changes needed to the current content of optometry programmes and dispensing optician programmes to ensure our future requirements are fit for purpose?**

**Concept 6: Enhanced clinical experience for students**

**We are exploring the implications of introducing a hybrid approach to all education programmes leading to professional registration with us – an approach that combines academic study with clinical experience from the start.**

We are considering the merits and potential ways of enabling clinical experience to be embedded throughout the whole educational journey, starting from year 1 and progressively increasing through to the end of the programme. This applies particularly, but not solely, to optometry programmes: there is already strong clinical practice experience embedded in the vocational routes to registration as a dispensing optician.

Our current perspective is that such an approach could help to further build professional confidence, effective communication and professionalism, and support education providers to optimise access to a range of patient groups and condition types during the student years. Our Call for Evidence indicated that for some "*It is felt that practice experience should be woven into the programme at an early stage so that students are prepared for a broadened and more varied clinical role*" (p16, Call for Evidence Summary Report).

Our Call for Evidence and continuing stakeholder engagement has suggested that in some cases the current minimum requirements for patient episodes may be insufficient, although we have received some mixed views on this perspective. However, it also indicated that *"…there is a consensus that core training needs to be more clinically and practice based*" (p15, Call for Evidence Summary Report). We are also aware that there is already some variation in the extent and range of clinical experience being provided to students by different education providers.

A consequence of taking a more hybrid approach would be to move away from the notion of the 'pre-registration year', where that applies, and that education providers would take on responsibility for the entirety of the student journey, with the awarding of an academic qualification that could lead to registration with us at the end.

Our Call for Evidence Summary Report indicated a mixed picture on the concept of a pre-registration year for optometrists. It said "*A number of respondents support the continuation of the College's* (College of Optometrists) *SfR* (Scheme for Registration) *unchanged for optometry but some feel that the current approach may warrant some review*" (p37, Call for Evidence Summary Report). It also indicated that "*there is support for core training to be maintained as a two-part process within which there is an undergraduate programme followed by a period of time working under supervision (pre-registration)*", although "*a number of respondents were unsure about how to incorporate the additional content required to raise standards without an increase in the length of the undergraduate degree*" (p15 & 16, Call for Evidence Summary Report).

If we were to develop a more hybrid approach, it would most likely necessitate education and training institutions building active, innovative and ongoing relationships with a range of eye health service providers - such as independent and multiple community optometry practices, domiciliary care providers, community ophthalmology-led services, and hospital eye services, as well as where relevant continuing to develop their university eye clinics.

We also envisage that education providers might wish to continue, and where relevant, extend their collaboration and cooperation with those professional associations and learned societies that have existing expertise in practice-based training and supervision. This would be in order to ensure that student placements – ranging from the observational to the practical - could be facilitated effectively, including in terms of range, variety and depth, and are supervised safely in accordance with adequate clinical governance procedures.

If we were to take this approach we would not necessarily be prescriptive about the amount and format of the practical elements of programmes, but might instead expect education providers to be proactive and innovative in how they are designed and delivered, while ensuring safety and adequate support is in place for students, patients and placement providers and that all relevant clinical governance requirements are maintained.

There would also be an opportunity for education and training providers to develop and utilise innovative ways of providing alternative modes of practical experience, which might in some cases include patient simulation techniques and drawing upon other technological advances.

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that other regulators have also sought to ensure that students have "*sufficient and varied opportunities to gain practical and clinical experience*" (p5, Patterns and Trends Research Collaborate Research 2017).

**Questions**

*9.* **Do you agree or disagree with the concept of embedding clinical elements of education and training progressively from the outset of programmes?**

Agree

Disagree
Don't Know

*10.* **Tell us more about your views on this concept.**

*11.* **What do you foresee as being any positive or negative impacts on students, education providers, employers, patients and carers from taking a hybrid approach?**

**Concept 7: National registration examination**

**We are exploring whether we should retain the principle of a national standardised examination or assessment as a requirement, together with other elements, for UK trained practitioners to enter the GOC's professional register.**

At present a recognised qualification, based on a programme of study approved by us as a UK route to registration, together with the successful completion of a practical period of training is required to enter our professional register. For most student optometrists, and some student dispensing opticians, a significant proportion of practical training is contained within a pre-registration year.

We are considering retaining the concept of a standardised assessment as a requirement for registration with us. This could be in the form of national registration examination for optometrists and for dispensing opticians, which the GOC would accredit and quality assure. The Call for Evidence Summary Report said: "*There has also been a suggestion made that the GOC may wish to consider an alternative (or additional) approach to accreditation and quality assurance of education programmes involving standardised exams of graduating students*". It also said that "*In addition, the GMC (who responded to the call for evidence) is also now looking at introducing a medical licensing assessment that would create a single, objective demonstration that those applying for registration…can meet a common threshold for safe practice*" (p22, Call for Evidence Summary Report).

We recognise that if we were to introduce the concept of hybrid courses the practical elements would already have been subjected to testing and assessment by education providers and therefore a standardised national qualifying examination might be duplicative and disproportionate. It might create tension with our objective of stimulating more innovation and flexibility and we would need to consider how best to manage this tension.

On the other hand we can see that a standardised examination or assessment could maintain a national benchmark for equivalence that overarches a potentially more varied range of approved education programmes. The Call for Evidence indicated "*There is broad agreement that, to ensure that sufficiently high and consistent standards are demonstrated by new registrants, a system needs to be retained for the independent assessment of all optometry students at the point of graduation (currently in the UK this is via the College's SfR), along with a period of assessed and supervised practice prior to entering the register*" (p37, Call for Evidence Summary Report).

If we were to take this approach we would expect any assessment to be delivered independently from the providers that we approve to deliver optometry and dispensing optician qualifications. We intend to reflect further on this potential approach and draw upon relevant research and experience from other regulators.

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that a number of other regulatory jurisdictions already have 'standardised licensure examinations in place' in the UK and overseas and others are currently considering introducing a pre-registration standardised assessment (p75, Patterns and Trends Research Collaborate Research 2017).

**Questions**

*12.* **Do you agree or disagree with the concept of a national registration examination?**

Agree
Disagree
Don't know

*13.* **What are the merits and risks of this concept?**

**Concept 8: Multi-disciplinary education**

**We are considering the concept of embedding a multi-disciplinary ethos into education programmes.**

We have heard from our stakeholders that some optometrists and dispensing opticians are increasingly expected to work in conjunction and/or in collaboration with other health professionals. The Call for Evidence Summary Report was clear that "*it is anticipated that…provision will need to be by multi-disciplinary teams in order to use resources efficiently and enable holistic, joined up care to be provided*" (p8, Call for Evidence Summary Report). This is sometimes within a single practice setting, such as a hospital eye service, or across organisational boundaries - such as between a high street practice and a GP practice, with domiciliary care providers, or other community or hospital eye services. This may also be characterised by shared patient care responsibilities and referrals into and from of other health services, for example.

A multi-disciplinary approach within our future education standards and requirements could help to prepare students to practise more effectively alongside and together with other health professionals.

We are considering the extent to which the following could add value to education programmes:

- inter-professional and multi-disciplinary elements of study, alongside other student health professionals,
- joint 'clinically oriented' academic schools,

- inter-institutional relationships.

We understand that some education providers may find it easier to develop these relationships more quickly than others, based on the range of academic departments already within their own institutions. We would be unlikely to take a prescriptive approach to this, in order to facilitate continued innovation.

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that other regulators are also "*considering ways in which students can undertake inter-professional learning*" (p5, Patterns and Trends Research Collaborate Research 2017).

**Questions**

14. **How feasible would it be to develop inter-professional and multi-disciplinary elements of study within optometry and dispensing optician education programmes?**
15. **Tell us about any examples you know of already in other disciplines from within or outside the UK.**

**Concept 9: Duration of education and training programmes**

**We are considering whether or not to retain the current minimum duration of education and training for optometrists and dispensing opticians.**

If we were to move to education programmes that embed clinical experience from the start without a distinct pre-registration practical year for optometrists and dispensing opticians, this could have implications for the current duration of education and training i.e. at least 4 years for optometrists and at least 3 years for dispensing opticians. Retaining the current minimum durations would mean the awarding of academic qualifications would take place at the end of the final year for optometrists (e.g. year 4) and at the end of the final year for dispensing opticians (e.g. year 3).

We will need to consider carefully what the range and depth of mandatory elements of course content should be (as described above) to ensure all elements of education programmes remain relevant and any new areas are taken into account. Equally some education providers may be able to develop more innovative approaches to the delivery of programmes that could have an impact on the length of programmes. If we were to change the minimum duration of the education and training period leading to registration with us, we would need to take account of the impact any change would have on maintaining equivalence with the non-UK educational qualifications we recognise as part of our professional registration requirements.

We are also aware that the duration of programmes has a direct financial impact on students and education providers and we must ensure that we balance the need to develop future-proof education requirements with the range of practical implications for students, education providers and employers.

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that for optometry the duration of initial education requirements is at least 4 years in length and none of the overseas jurisdictions considered had a separate pre-registration practical period, although one jurisdiction is considering it (p7-8, Patterns and Trends Research Collaborate Research 2017).

**Questions**

16. **What do you see as the strengths and weaknesses of retaining the current minimum duration as described above?**
17. **What could be done differently in order to ensure students become competent, confident and safe beginners?**

**Concept 10: UK educational routes to registration**

**We are considering how the structure and content of courses delivered in the UK that lead to professional registration with the GOC could enable effective career progression and transference into and between different optical roles.**

We are considering how our future approach can avoid any unnecessary constraints on the ability for individuals with the right aptitudes, attitudes and interests to move into and between optical roles where they wish. Some of these roles may be regulated and some may not be. The Call for Evidence indicated that in future education could be structured so as to "*provide a career progression path for optical professionals which is both clear and flexible*" (p17, Call for Evidence Summary Report).

The GOC has consulted on a policy on the accreditation of prior learning, which recognises that some practical experience in non-registered roles may be equivalent to elements of our education standards and requirements and therefore can be taken into account by education providers making decisions about admission to current programmes that lead to registration with us. The Call for Evidence Summary Report said *"…accrediting prior learning (e.g. as an optical assistant or in another healthcare profession) is expected to play a part in future admissions procedures*" (p36, Call for Evidence Summary Report).

As eye health roles and the needs of patients and nature of services continue to evolve, we recognise that the professions we regulate may need to change more fundamentally in the future. The Call for Evidence indicated that "*There are mixed views as to whether the GOC should retain the current optometrist/dispensing optician distinction on the register…or dispense with these (because of an expected blurring of boundaries between the professions moving forward…*)" (p18, Call for Evidence Summary Report). We want to ensure the outcomes of our Education Strategic Review promote accessibility and flexibility, pending further discussion about the structure of our registers.

In the context of the Education Strategic Review, we are exploring how in the future individuals could move either into or more easily between the professional groups that we regulate in ways that enable flexible and agile eye health teams to continue to develop while at the same time continuing to maintain public protection. This could include supporting new and different routes into and between the education programmes we approve, such as from:

- non-regulated optical roles to dispensing opticians or optometrists,
- dispensing opticians to optometrists or vice versa,
- regulated or non-regulated roles to contact lens optician,
- optometrist to Independent Prescriber optometrist.

Some developments in this area would require changes to legislation and it may not be possible to pursue them within the duration of our Education Strategic Review, whether or not it is appropriate in the long term. However, others may be more possible, such as considering higher level or degree apprenticeships as possible routes to registration, facilitating conversion courses between approved programmes, and recognising that certain inter-professional education between optometrist and dispensing optician programmes may be appropriate. It was indicated in the Call for Evidence "*That there should be more opportunities for inter-disciplinary learning, perhaps via parts of the course content provided alongside other eye health professionals*" (p27, Call for Evidence Summary Report).

**Questions**

18. **What do you see as the opportunities for more flexibility between the education of different regulated and non-regulated optical professions?**
19. **What are the constraints and risks to this?**

**Concept 11: Proportionate quality assurance**

**We will in due course be considering how we develop a proportionate approach to our approval and quality assurance mechanisms for education providers in the context of the future recommendations of the Education Strategic Review.**

We will consult in more detail in the future about the quality assurance processes that could accompany any future education standards and requirements, as our Education Strategic Review progresses. At this stage, we are considering how we can ensure these approaches are and remain effective and proportionate for education and training providers and the GOC.

Some of the concepts and principles we are exploring further in this area include, but are not limited to:

- proportionality and cost-effectiveness,

- avoidance of unnecessary duplication, including with other regulatory or quality assurance approaches,
- a risk-based and evidence-led approach - The Call for Evidence suggested that "*in designing its future approach to accreditation and quality assurance, the GOC should consider the available evidence base on what makes the most demonstrable difference when training students*" (p21, Call for Evidence Summary Report),
- equivalence and fairness in decision-making.

As described above, if we were to develop future approaches that promote greater innovation and a variety of approaches to programme delivery we must still ensure the same level of quality and safety of education provision across all programmes.

Although our quality assurance process in such a context may become procedurally 'right-touch', it must still be meticulous in scrutiny if we are to fulfil our public protection duty. We intend to learn lessons where relevant from the experience of other health professional regulators, in the UK and beyond, where they have introduced approaches similar to those we are exploring.

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that "*in a number of jurisdictions (there is) a trend…towards adopting a risk-based approach to quality assurance and re-accreditation of providers*" (p5, Patterns and Trends Research Collaborate Research 2017).

**Question**

*20.* **Are there any other principles and concepts we should consider at this stage in exploring future approaches to our quality assurance processes?**

**Equality and Diversity**

**We must ensure that we recognise the impact of any future proposals from the Education Strategic Review on all our stakeholders.**

We have set out a number of concepts and principles above that we are exploring as part of our ongoing Education Strategic Review. These are not formal proposals for change but, if we were to develop them further into proposals for the future, we need to fully understand their implications on all stakeholders, including those with protected characteristics under the Equality Act 2010.

The protected characteristics are:

- age
- disability
- gender reassignment
- race

- religion or belief
- sex
- sexual orientation
- marriage and civil partnership
- pregnancy and maternity

**Question**

*21.* **Please tell us about any direct or indirect impact you can foresee from the concepts and principles we have set out in this public consultation on anyone with protected characteristics.**